07/28/2011 18:39

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC) 1610 N. 28th Avenue ADDRESS (number and street) Check if different than previously Phoenix ΑZ 85053 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00459743 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Oct 20 (M10) Jul 20 (M7) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year Х (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2011 06 30 2011 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. William Cahill Type or Print Name of Treasurer Electronically Filed by William Cahill 07 28 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page :	2
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FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC)

D D [®]D 0 1 0 1 2011 0.6 3 0 2011 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2011[°] 48824.34 January 1 (b) Cash on Hand at 48824.34 Begining of Reporting Period 13127.98 13127.98 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 61952.32 61952.32 6(a) and 6(c) for Column B) 19500.00 19500.00 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 42452.32 42452.32 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC)

м м 0 1 0 1 м°м 06 3 0 2 0 1 1 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 12857.98 12857.98 (i) Itemized (use Schedule A) 270.00 270.00 (ii) Unitemized (iii) TOTAL (add 13127.98 13127.98 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 13127.98 13127.98 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 13127.98 13127.98 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts

FE6AN026

(subtract Line 18(c) from Line 19)

13127.98

13127.98

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

COLUMN A COLUMN B II. DISBURSEMENTS Total This Period Calendar Year-to-Date 21. Operating Expenditures:
(a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 0.00 Expenditures..... (c) Total Operating Expenditures 0.00 0.00 (add 21(a)(i), (a)(ii) and (b))........... 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to Federal Candidates/Committees.....and Other Political Committees..... 19500.00 19500.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 19500.00 19500.00 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 19500.00 19500.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	13127.98	13127.98
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	13127.98	13127.98
86.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 16 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the such as	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TriWest Healthcare Alliance Corp. P.	AC (TriWest Alliance PAC)	
Full Name (Last, First, Middle Initial) A. Elizabeth Dodd		Date of Receipt
Mailing Address 6731 W Oraibi Dr		0 6 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR799270991
Glendale FEC ID number of contributing federal political committee.	AZ 85308-5504	Amount of Each Receipt this Period 1500.00
Name of Employer TriWest Healthcare Allian-	Occupation SVP, Finance	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1500.00	P/R Deduction (\$100.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) William Cahill Mailing Address 410 Idlands Ct		Date of Receipt
Mailing Address 412 Idleoak Ct.		06 30 2011
City	State Zip Code	Transaction ID: PR799274991
Severna Park FEC ID number of contributing federal political committee.	MD 21146-1663	Amount of Each Receipt this Period 1300.00
Name of Employer TriWest Healthcare Allian- ce	Occupation Director, Washington Office	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	P/R Deduction (\$100.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) James G. Griffith		Date of Receipt
Mailing Address PO Box 41580		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR799276991
Phoenix FEC ID number of contributing federal political committee.	AZ 85080-1580	Amount of Each Receipt this Period 1300.00
Name of Employer TriWest Healthcare Allian- ce	Occupation VP, eBusiness	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	P/R Deduction (\$100.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)		4100.00
TOTAL This Period (last page this line numb	·	

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 16 (check only one) X
A	ny information copied from such Reports and a r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) TriWest Healthcare Alliance Corp. PA	AC (TriWest /	Alliance PAC)	
	Full Name (Last, First, Middle Initial) Robert Wolpert			Date of Receipt
	Mailing Address 3931 West Range Mu	lle Drive		06 30 7 2011
	City Phoenix	State AZ	Zip Code 85083	Transaction ID: PR799277991 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1300.00
	Name of Employer TriWest Healthcare Allian-	Occupatio VP, Con		7
	CE Receipt For:	- 	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1300.00	P/R Deduction (\$100.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mark E Babbitt			Date of Receipt
	Mailing Address 41725 North Harbour	Town Way		0 6 3 0 2 0 1 1
	City	State	Zip Code	Transaction ID: PR799278991
	Anthem	AZ	85086	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2470.00
	Name of Employer TriWest Healthcare Allian- ce	Occupation Sr. VP, 0	n Corp & Field Operation	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		2470.00	P/R Deduction (\$190.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Debra A. Cavanaugh			Date of Receipt
	Mailing Address 41703 North Shadow	Creek Way		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR799279991
	Anthem	AZ	85086	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		650.00
	Name of Employer TriWest Healthcare Allian- ce	Occupation VP, Ope	rations	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 650.00	P/R Deduction (\$50.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional) .	_1		4420.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 16 (check only one) X 11a 11b 11c 12 13 14 15 16
Ai	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) TriWest Healthcare Alliance Corp. PA	e name and add	dress of any political committee to	on for the purpose of soliciting contributions
	Triwest Healthcare Alliance Corp. PA	.C (Trivvest F	Milance PAG)	
_	Full Name (Last, First, Middle Initial)			
	William Heroman Mailing Address 13645 Glencliff Way			Date of Receipt M M D D Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR799280991
	San Diego	CA	92130-1324	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1300.00
	Name of Employer TriWest Healthcare Allian- ce	Occupation VP, Heal	n th Plan Design & Mgmt	
	Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1300.00	P/R Deduction (\$100.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Lisa D Stevens			Date of Receipt
	Mailing Address 7030 North 22nd Street	et		0 6 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR799281991
	Phoenix	AZ	85020	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		458.00
	Name of Employer TriWest Healthcare Allian- ce	Occupation VP, Prov	n ider Services	1
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		458.00	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) John P. Pontrelli			Date of Receipt
	Mailing Address 10683 N 140th Way			0 6 3 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR799283991
	Scottsdale	AZ	85259-5500	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		499.98
	Name of Employer TriWest Healthcare Allian- ce	Occupation VP, Chie	n f Security Officer	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi- Weekly)
_	UBTOTAL of Receipts This Page (optional)	1		2257.98

SCHEDULE A (FITEMIZED RECE		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 16 (check only one) X
Any information copied fro or for commercial purpose	m such Reports and Statements s, other than using the name and	may not be sold or used by any perso d address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTE TriWest Healthcare	E (In Full) Alliance Corp. PAC (TriWe	est Alliance PAC)	
Full Name (Last, First, Charlotte L. Tsoucalas	Middle Initial)		Date of Receipt
Mailing Address 317	S Fayette St		0 6 3 0 / Y Y Y Y Y
City Alexandria	State VA	e Zip Code 22314-5902	Transaction ID: PR799284991 Amount of Each Receipt this Period
FEC ID number of confederal political commit	ributing		650.00
Name of Employer TriWest Healthcare All	an- Occup		
Receipt For: Primary Other (specify)	Aggre General	egate Year-to-Date ▼ 650.00	P/R Deduction (\$50.00 Bi- Weekly)
Full Name (Last, First, Janet E. Kornblatt	Middle Initial)		Date of Receipt
Mailing Address 119	98 N 133rd Way		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	'	Transaction ID: PR799285991
Scottsdale FEC ID number of confederal political commit		85259-3661	Amount of Each Receipt this Period 650.00
Name of Employer TriWest Healthcare All	Occup an- Gene	pation eral Counsel	
ce Receipt For: Primary Other (specify) ■	General Aggre	egate Year-to-Date ▼ 650.00	P/R Deduction (\$50.00 Bi- Weekly)
Full Name (Last, First,	Middle Initial)		Date of Receipt
Karen Jones Mailing Address 372	37 N 19th Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State		Transaction ID: PR799287991
Phoenix FEC ID number of cont		85086-9154	Amount of Each Receipt this Period 455.00
federal political commit		antion	400.00
Name of Employer TriWest Healthcare All ce	IVPS	outhwest Operations	
Receipt For: Primary Other (specify)	General	egate Year-to-Date ▼ 455.00	P/R Deduction (\$35.00 Bi- Weekly)
OUDTOTAL (D	This Page (optional)		1755.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 16 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using			
NAME OF COMMITTEE (In Full) TriWest Healthcare Alliance Corp. I	PAC (TriWest A	Alliance PAC)	
Full Name (Last, First, Middle Initial) William J. Pokorny Mailing Address 33805 North Second			Date of Receipt 0 6 3 0 7 2 0 1 1
City Phoenix	State AZ	Zip Code 85085	Transaction ID: PR799290991 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		325.00
Name of Employer TriWest Healthcare Allian- ce	Occupation Director	n Field Operations	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 325.00	P/R Deduction (\$25.00 Bi- Weekly)

SUBTOTAL of Receipts This Page (optional)	•	325.00
TOTAL This Period (last page this line number only)	•	12857.98

SCHEDULE B (FEC Form 3X)

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	ny Information copied from such Reports and State for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full) TriWest Healthcare Alliance Corp. PAC (e and address of any politica										
	Full Name (Last, First, Middle Initial) Norm Dicks for Congress Mailing Address PO Box 1663							-	ement		3 201	1 Y
	City Tacoma	State Zip Code WA 98401-1663	3			Amou	ınt of	Each	Disbu		ent this	
	Purpose of Disbursement Direct Contribution Candidate Name Norm Dicks		Ca	01 ateg Typ	ory/	L.				2	2500.0	0
		ement For: 2012 Primary General Other (specify)				Direct	t Co	ntribu	ution			
	Full Name (Last, First, Middle Initial) Committee to Re-Elect Trent Franks Mailing Address P.O. Box 8105							sburse	: 422 ement	_	1 Ž 0 Ĭ	1 Y
	City Glendale Purpose of Disbursement Direct Contribution Candidate Name	State Zip Code AZ 85312	-	01 ateg		Amou	int of	Each	Disbu		ent this	
	Trent Franks Office Sought: X House Disburs	ement For: 2012 Primary General Other (specify)	1	Тур	,	Direct	t Co	ntribu	ution			
-	Full Name (Last, First, Middle Initial) Committee to Re-Elect Trent Franks							sburse				Y
	Mailing Address P.O. Box 8105 City	State Zip Code				0 4 Amou	ınt of			ırsem	2 0 1 ent this	
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	Candidate Name Trent Franks Office Sought: X House Disburs	ement For: 2012		ateg Typ	-	IT	175	O+	Devi			
		Primary General Other (specify) ▼				ITEM	ı∠E	ыор	rayr	nent		

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)		check on	E NUMBER: PAGE 12 / 16
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	y Information copied from such Reports and Stor commercial purposes, other than using the					
	NAME OF COMMITTEE (In Full) TriWest Healthcare Alliance Corp. PAG	C (TriWest Alliance PAC)				
<u> </u>	Full Name (Last, First, Middle Initial) Committee to Re-Elect Trent Franks					Transaction ID: 4227873 Date of Disbursement
	Mailing Address P.O. Box 8105					$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Glendale	State Zip Code AZ 85312				Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution		-	Ò.		1000.00
	Candidate Name Trent Franks	9949			egory/ pe	-
	Senate President	oursement For: 2012 X Primary General Other (specify)				Direct Contribution
	State: AZ District: 02 Full Name (Last, First, Middle Initial) Buck McKeon for Congress					Transaction ID: 4227875 Date of Disbursement
	Mailing Address 23942 Lyons Ave #10	05				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ D & 2 \end{smallmatrix} \end{bmatrix} 1 \overset{Y}{}$
	City Santa Clarita	State Zip Code CA 91321				Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution		-	0		2500.00
	Candidate Name Howard 'Buck' Mckeon				egory/ rpe	
	Office Sought: X House Senate President State: CA District: 25	oursement For: 2012 X Primary General Other (specify)				Direct Contribution
	Full Name (Last, First, Middle Initial) Giffords for Congress					Transaction ID: 4227878 Date of Disbursement
	Mailing Address 209 Pennsylvania Av	e St.				03 / 11 / 2011
	City Washington	State Zip Code DC 20003				Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution		_	0		1000.00
	Candidate Name Gabrielle Giffords			ate Ty	gory/ pe	
	Senate President	oursement For: 2012 X Primary General Other (specify)				Direct Contribution
_	State: AZ District: 08					

5	CHEDULE	3 (FEC Form	3A)	Use sepa	arate schedule(s)				NUMBI	ER:		PAGI	13 /	16
IT	EMIZED DIS	SBURSEMEN	TS	for each	category of the Summary Page		(ch	eck on 21b 27	22 28a	X 23		24 E	25 29	П
		ed from such Reports poses, other than usi												5
\ \	NAME OF COMM		ng the name	and addic	33 of arry political	COIII	·	20 10 31	onon com	i ibution.	3 110111 30	1011 0011	milloc	
$\Big /$		care Alliance Corp	o. PAC (Tr	iWest All	iance PAC)									
	Full Name (Last, Jeff Flake for L	First, Middle Initial) J.S. Congress									ID: 42 ursemen			
	Mailing Address	1136 East Harr	mony Ave						0 ^M 3	M /	^D 2 1	Y .	ž 0 1 1	l Y
	City Mesa			State AZ	Zip Code 85204				Amo	unt of E	ach Disb			-
	Purpose of Disbu Direct Contributio						011		L.			1	000.00)
	Candidate Name Jeff Flake						tego Type	-						
	Office Sought:	X House Senate President	Disburse X	ment For: Primary Other (spe	2012 General				Direc	t Conti	ribution			
	State: AZ	District: 06												
	Full Name (Last, I Friends for Har	First, Middle Initial) rry Reid							Date	of Disb	ID: 42 ursemen	t		_
	Mailing Address	426 C St NE Rear Building							0 ^M 3	M /	29	/ Y	ž 0 1 1	I
	City Washington			State DC	Zip Code 20002				Amo	unt of Ea	ach Disb	urseme	nt this F	Perio
	Purpose of Disbu Direct Contributio						011		L.			1	500.00)
	Candidate Name Harry Reid						tego Type							
	Office Sought:	House X Senate President	Disburse X	ment For: Primary Other (spe	2016 General				Direc	t Conti	ribution			
	State: NV Full Name (Last,	District: First, Middle Initial)							Tran	saction	ID: 42	27881		
	Quayle for Cor	ngress							Date	of Disb	ursemen	t	Y	Y
	Mailing Address	1010 North 2nd	d Ave #425	S C					0 ^M 4		05		ž 0 1 1	
	City Phoenix			State AZ	Zip Code 85003				Amo	unt of Ea	ach Disb			
	Purpose of Disbu Direct Contributio						011		L.			1	000.00)
	Candidate Name Ben Quayle						tego Type	-						
	Office Sought:	X House Senate President	Disbursei X	ment For: Primary Other (spe	2012 General				Direc	t Conti	ribution			
_	State: AZ	District: 03												
			e (optional)							-			500.00	

CHEDULE B (FEC Form 3X)	Use separate schedule(s		FOR LINE	E NUMBE	R:		F	AGE	14 /	16
EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X 23	3 3b	24 280	, П	25 29	
ny Information copied from such Reports and State for commercial purposes, other than using the nan										3
NAME OF COMMITTEE (In Full)	le and address of any politica	ai COITII	TIILLEE LO S	Olicit Corti	ibution	5 1101	II Sucii	COITIII	IIIIee	
TriWest Healthcare Alliance Corp. PAC (riWest Alliance PAC)									
Full Name (Last, First, Middle Initial) Joe Wilson for Congress				Date o	action of Disb	urser		882		
Mailing Address P.O. Box 29576				0 ^M 4	M /	1	D / 1	ž	0 1 1	I
City Washington	State Zip Code DC 20017			Amou	nt of E	ach [Disburs	emen	this F	Perio
Purpose of Disbursement Direct Contribution			011		-			10	00.00)
Candidate Name Joe Wilson			egory/ ype							
	ement For: 2012 Primary General Other (specify)	•		Direct	Cont	ribut	ion			
State: SC District: 02	(-pooj) \									
Full Name (Last, First, Middle Initial) Susan Davis for Congress					action of Disb		5311 nent	688		
					M /		D /	YYY	0 1 1	Y
Mailing Address P.O. Box 84049				0.3	_		9		0 1 1	_
City	State Zip Code			Amou	nt of E	ach [Disburs	emen	this F	Perio
San Diego	CA 92138				•			10	00.00)
Purpose of Disbursement Direct Contribution)11			-			0.00	
Candidate Name Susan Davis		Cat	egory/							
	ement For: 2012	'	уре							
	Primary General Other (specify)			Direct	Cont	ribut	ion			
State: CA District: 53										
Full Name (Last, First, Middle Initial) Heller for Senate				Trans Date o	action of Disb			689		
Mailing Address PO Box 371907				0 ^M 5	M /	1 9	9 /	y ž	0 1 1	ı
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