

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.   
TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC)

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** ▼  CITY ▲  STATE ▲  ZIP CODE ▲   
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day **POST-Election** Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer William Cahill

Signature of Treasurer William Cahill [Electronically Filed] 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.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC)

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		48824.34
(b) Cash on Hand at Beginning of Reporting Period.....	42452.32	
(c) Total Receipts (from Line 19) .....	13374.98	26502.96
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	55827.30	75327.30
7. Total Disbursements (from Line 31).....	11000.00	30500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	44827.30	44827.30
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

Write or Type Committee Name

**TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC)**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	13374.98	26232.96
(ii) Unitemized .....	0.00	270.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	13374.98	26502.96
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	13374.98	26502.96
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	13374.98	26502.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	13374.98	26502.96

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	30500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	11000.00	30500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11000.00	30500.00

**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) .....	13374.98	26502.96
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13374.98	26502.96
36. 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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 14
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC)**

Full Name (Last, First, Middle Initial) <b>A. Elizabeth Dodd</b>			Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR7992702477</b>
Mailing Address 6731 W Oraibi Dr			Amount of Each Receipt this Period 1300.00
City Glendale	State AZ	Zip Code 85308-5504	P/R Deduction (\$100.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer TriWest Healthcare Alliance	Occupation SVP, Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2800.00	

Full Name (Last, First, Middle Initial) <b>B. William Cahill</b>			Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR7992742477</b>
Mailing Address 412 Idleoak Ct.			Amount of Each Receipt this Period 1300.00
City Severna Park	State MD	Zip Code 21146-1663	P/R Deduction (\$100.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer TriWest Healthcare Alliance	Occupation Director, Washington Office		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2600.00	

Full Name (Last, First, Middle Initial) <b>C. James G. Griffith</b>			Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR7992762477</b>
Mailing Address 5532 E Saguaro Vista Drive			Amount of Each Receipt this Period 1300.00
City Cave Creek	State AZ	Zip Code 85331	P/R Deduction (\$100.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer TriWest Healthcare Alliance	Occupation VP, eBusiness		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC)**

**A. Robert Wolpert**  
Full Name (Last, First, Middle Initial)

Mailing Address 3931 West Range Mule Drive

City Phoenix State AZ Zip Code 85083

FEC ID number of contributing federal political committee. **C**

Name of Employer TriWest Healthcare Alliance Occupation VP, Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR7992772477**

Amount of Each Receipt this Period  
**1300.00**

P/R Deduction (\$100.00 Bi-Weekly)

**B. Mark E Babbitt**  
Full Name (Last, First, Middle Initial)

Mailing Address 41725 North Harbour Town Way

City Anthem State AZ Zip Code 85086

FEC ID number of contributing federal political committee. **C**

Name of Employer TriWest Healthcare Alliance Occupation Sr. VP, Corp & Field Operation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4940.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR7992782477**

Amount of Each Receipt this Period  
**2470.00**

P/R Deduction (\$190.00 Bi-Weekly)

**C. Debra A. Cavanaugh**  
Full Name (Last, First, Middle Initial)

Mailing Address 42140 N. Mantle Way

City Anthem State AZ Zip Code 85086

FEC ID number of contributing federal political committee. **C**

Name of Employer TriWest Healthcare Alliance Occupation VP, Executive Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR7992792477**

Amount of Each Receipt this Period  
**650.00**

P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>4420.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC)**

Full Name (Last, First, Middle Initial) <b>A. William Heroman</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR7992802477</b>
Mailing Address 13645 Glenduff Way		Amount of Each Receipt this Period 1200.00
City San Diego	State CA	Zip Code 92130-1324
FEC ID number of contributing federal political committee.	C	
Name of Employer TriWest Healthcare Alliance	Occupation VP, Health Plan Design & Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
		P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Lisa D Stevens</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR7992812477</b>
Mailing Address 7030 North 22nd Street		Amount of Each Receipt this Period 520.00
City Phoenix	State AZ	Zip Code 85020
FEC ID number of contributing federal political committee.	C	
Name of Employer TriWest Healthcare Alliance	Occupation VP, Provider Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 978.00	
		P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. John P. Pontrelli</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR7992832477</b>
Mailing Address 10683 N 140th Way		Amount of Each Receipt this Period 499.98
City Scottsdale	State AZ	Zip Code 85259-5500
FEC ID number of contributing federal political committee.	C	
Name of Employer TriWest Healthcare Alliance	Occupation VP, Chief Security Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	
		P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2219.98
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC)**

Full Name (Last, First, Middle Initial) <b>A. Charlotte L. Tsoucalas</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 317 S Fayette St		<b>Transaction ID : PR7992842477</b>
City Alexandria	State VA	Zip Code 22314-5902
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 650.00	
Name of Employer TriWest Healthcare Alliance	Occupation Director	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) <b>B. Janet E. Kornblatt</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 11998 N 133rd Way		<b>Transaction ID : PR7992852477</b>
City Scottsdale	State AZ	Zip Code 85259-3661
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 650.00	
Name of Employer TriWest Healthcare Alliance	Occupation General Counsel	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) <b>C. Karen Jones</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 37237 N 19th Ave		<b>Transaction ID : PR7992872477</b>
City Phoenix	State AZ	Zip Code 85086-9154
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 455.00	
Name of Employer TriWest Healthcare Alliance	Occupation VP Southwest Operations	P/R Deduction (\$35.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 910.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1755.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 14
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC)**

Full Name (Last, First, Middle Initial) <b>A. Frankie Smith</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2011 <b>Transaction ID : PR7992882477</b>
Mailing Address 644 S Rosemont		Amount of Each Receipt this Period 130.00
City Mesa	State AZ	Zip Code 85206-2145
FEC ID number of contributing federal political committee. C	Name of Employer TriWest Healthcare Alliance	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
		P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. William J. Pokorny</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2011 <b>Transaction ID : PR7992902477</b>
Mailing Address 33805 North Second Street		Amount of Each Receipt this Period 325.00
City Phoenix	State AZ	Zip Code 85085
FEC ID number of contributing federal political committee. C	Name of Employer TriWest Healthcare Alliance	Occupation Director Field Operations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	
		P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Patricia Ann Sommervold</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2011 <b>Transaction ID : PR7992912477</b>
Mailing Address 19616 N 68th Avenue		Amount of Each Receipt this Period 105.00
City Glendale	State AZ	Zip Code 85308
FEC ID number of contributing federal political committee. C	Name of Employer TriWest Healthcare Alliance	Occupation Manager CT Operations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	
		P/R Deduction (\$5.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	560.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 14  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC)**

**A.** Full Name (Last, First, Middle Initial)  
**Deborah M. M Funk**

Mailing Address 412 East Fort Avenue

City Baltimore State MD Zip Code 21230

FEC ID number of contributing federal political committee. **C**

Name of Employer TriWest Healthcare Alliance Occupation Deputy Director DC Office

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **560.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 31 / 2011**

**Transaction ID : PR8292052477**

Amount of Each Receipt this Period  
**520.00**

P/R Deduction (\$40.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>520.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>13374.98</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC)**

Full Name (Last, First, Middle Initial)

**A. Nelson 2012**

Mailing Address PO Box 8666

City Omaha State NE Zip Code 68108

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Sen. Ben Nelson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NE District:

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2011

**Transaction ID : 5726045**

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Paul Gosar For Congress**

Mailing Address P.O. Box 3586

City Flagstaff State AZ Zip Code 86003

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Paul Gosar**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: AZ District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2011

**Transaction ID : 5789793**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Schweikert For Congress**

Mailing Address 8776 E Shea Blvd, Suite B3a-626

City Scottsdale State AZ Zip Code 85260

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. David Schweikert**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: AZ District: 05

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2011

**Transaction ID : 5789801**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC)**

Full Name (Last, First, Middle Initial)

**A. Susan Davis for Congress**

Mailing Address P.O. Box 84049

City San Diego State CA Zip Code 92138

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Susan Davis**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 53

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2011

**Transaction ID : 5801056**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Buck McKeon for Congress**

Mailing Address 23942 Lyons Ave #105

City Santa Clarita State CA Zip Code 91321

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Howard 'Buck' McKeon**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 25

Date of Disbursement

MM / DD / YYYY  
11 / 08 / 2011

**Transaction ID : 5888553**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Lamborn For Congress**

Mailing Address P.O. Box 64107

City Colorado Springs State CO Zip Code 80962

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Doug Lamborn**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CO District: 05

Date of Disbursement

MM / DD / YYYY  
11 / 08 / 2011

**Transaction ID : 5888554**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC)**

Full Name (Last, First, Middle Initial)

**A. Coffman For Congress 2012**

Mailing Address 9249 South Broadway #200-501

City Highlands Ranch State CO Zip Code 80129

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Mike Coffman**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CO District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 05 / 2011

**Transaction ID : 5945963**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Heck**

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Mr. Joe Heck**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NV District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 05 / 2011

**Transaction ID : 5945964**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Cathy McMorris Rodgers For Congress**

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Cathy McMorris Rodgers**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: WA District: 05

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 22 / 2011

**Transaction ID : 5977262**

Amount of Each Disbursement this Period

1500.00

Direct Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3500.00

**TOTAL** This Period (last page this line number only)..... ▶

11000.00