

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

**TRIWEST HEALTHCARE ALLIANCE CORP. PAC (TRIWEST ALLIANCE PAC)**

ADDRESS (number and street) 15810 N. 28TH AVE.

(Check if address is changed)

PHOENIX AZ 85053

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) zpac@cox.net

Optional Second E-Mail Address  
pmackmer@triwest.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 03 / 09 / 2022

3. FEC IDENTIFICATION NUMBER ▶ C C00459743

4. IS THIS STATEMENT  NEW (N) OR  AMENDED (A)

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

Type or Print Name of Treasurer Wolpert, Robert, , ,

Signature of Treasurer Wolpert, Robert, , , *[Electronically Filed]* Date 03 / 09 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State   
 District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number
2. \_\_\_\_\_ FEC ID number
3. \_\_\_\_\_ FEC ID number
4. \_\_\_\_\_ FEC ID number

Write or Type Committee Name

TRIWEST HEALTHCARE ALLIANCE CORP. PAC (TRIWEST ALLIANCE PAC)

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

TRIWEST HEALTHCARE ALLIANCE CORP.

Mailing Address 15810 N. 28TH AVENUE

PHOENIX

AZ

85053

CITY

STATE

ZIP CODE

Relationship: [x] Connected Organization [ ] Affiliated Committee [ ] Joint Fundraising Representative [ ] Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Mackmer, Paul, , ,

Mailing Address 15810 N. 28th Avenue

Phoenix

AZ

85053

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

602

564

2010

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Wolpert, Robert, , ,

Mailing Address 15810 N. 28th Avenue

Phoenix

AZ

85053

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number

703

795

9703

Full Name of Designated Agent

Kinsley, Elizabeth, , ,

Mailing Address

15810 N. 28th Avenue

Phoenix

AZ

85053

CITY

STATE

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

602

564

2120

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

CAPITAL BANK

Mailing Address

2275 RESEARCH BLVD

SUITE 600

ROCKVILLE

MD

20850

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE