

**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="2012"/>	<input type="text" value="44827.30"/>	<input type="text" value="44827.30"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="35179.20"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="0.00"/>	<input type="text" value="19351.90"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="35179.20"/>	<input type="text" value="64179.20"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="30809.96"/>	<input type="text" value="59809.96"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="4369.24"/>	<input type="text" value="4369.24"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	16713.06
(ii) Unitemized	0.00	2638.84
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	19351.90
(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)	0.00	19351.90
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))..... ▶	0.00	19351.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	0.00	19351.90

DETAILED SUMMARY PAGE

of Disbursements

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.....	0.00	29000.00
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	30809.96	30809.96
(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)).....	30809.96	30809.96
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)) ..	30809.96	59809.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30809.96	59809.96

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)	0.00	19351.90
34. Total Contribution Refunds (from Line 28(d))	30809.96	30809.96
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	-30809.96	-11458.06
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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN
Transaction ID :

The \$30,809.96 listed on line 28(a) as 'Refunds of Contributions to Individuals' represents refunds issued to individuals in August for PAC contributions received during the period June 2011 through July 2012. Due to recent organizational changes at TriWest Healthcare Alliance Corporation, an internal decision was made to provide refunds to employees for contributions made to the PAC during the stated time period.

Form/Schedule:
Transaction ID:

**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 24
<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

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)

A. William Inazu
Full Name (Last, First, Middle Initial)

Mailing Address 5720 Harbor Pines Pt

City Colorado Springs State CO Zip Code 80919-3592

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

Name of Employer TriWest Healthcare Alliance Occupation Advisor to President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2012

Transaction ID : 6726699

Amount of Each Receipt this Period
 0.00

[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$2000.00 This changes the YTD Total to \$0.00

B. Elizabeth Dodd
Full Name (Last, First, Middle Initial)

Mailing Address 6731 W Oraibi Dr

City Glendale State AZ Zip Code 85308-5504

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

Name of Employer TriWest Healthcare Alliance Occupation SVP, Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2012

Transaction ID : 6726700

Amount of Each Receipt this Period
 0.00

[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$1300.00 This changes the YTD Total to \$200.00

C. William Cahill
Full Name (Last, First, Middle Initial)

Mailing Address 412 Idleoak Ct.

City Severna Park State MD Zip Code 21146-1663

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

Name of Employer TriWest Healthcare Alliance Occupation Director, Washington Office

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2012

Transaction ID : 6726701

Amount of Each Receipt this Period
 0.00

[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$1300.00 This changes the YTD Total to \$200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

TOTAL 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 24
<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. Frank Maguire
Full Name (Last, First, Middle Initial)

Mailing Address 12102 E Cortez Dr

City State Zip Code
Scottsdale AZ 85259-3325

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

Name of Employer Occupation
TriWest Healthcare Alliance Sr. VP, Healthcare Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
08 / 01 / 2012
Transaction ID : **6726702**

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$2000.00 This changes the YTD Total to \$0.00

B. James G. Griffith
Full Name (Last, First, Middle Initial)

Mailing Address 5532 E Saguaro Vista Drive

City State Zip Code
Cave Creek AZ 85331

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

Name of Employer Occupation
TriWest Healthcare Alliance VP, eBusiness

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
08 / 01 / 2012
Transaction ID : **6726703**

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$1300.00 This changes the YTD Total to \$200.00

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

Mailing Address 3931 West Range Mule Drive

City State Zip Code
Phoenix AZ 85083

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

Name of Employer Occupation
TriWest Healthcare Alliance VP, Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
08 / 01 / 2012
Transaction ID : **6726704**

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$1300.00 This changes the YTD Total to \$100.00

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL 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 24
<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. Mark E Babbitt
Full Name (Last, First, Middle Initial)

Mailing Address 41725 North Harbour Town Way

City Anthem	State AZ	Zip Code 85086
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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 ▼ **380.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		01		2012

Transaction ID : 6726705

Amount of Each Receipt this Period

0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$2470.00 This changes the YTD Total to \$380.00

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

Mailing Address 42140 N. Mantle Way

City Anthem	State AZ	Zip Code 85086
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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 ▼ **100.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		01		2012

Transaction ID : 6726706

Amount of Each Receipt this Period

0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$650.00 This changes the YTD Total to \$100.00

C. William Heroman
Full Name (Last, First, Middle Initial)

Mailing Address 13645 Glenciff Way

City San Diego	State CA	Zip Code 92130-1324
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FEC ID number of contributing federal political committee. **C**

Name of Employer TriWest Healthcare Alliance	Occupation VP, Health Plan Design & Mgmt
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		01		2012

Transaction ID : 6726707

Amount of Each Receipt this Period

0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$1300.00 This changes the YTD Total to \$200.00

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL 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 10 OF 24
<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. Lisa D Stevens
 Full Name (Last, First, Middle Initial)
 Mailing Address 7030 North 22nd Street
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **80.00**

Date of Receipt **08 / 01 / 2012**
Transaction ID : 6726708
 Amount of Each Receipt this Period **0.00**
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$520.00 This changes the YTD Total to \$80.00

B. John P. Pontrelli
 Full Name (Last, First, Middle Initial)
 Mailing Address 10683 N 140th Way
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **76.92**

Date of Receipt **08 / 01 / 2012**
Transaction ID : 6726709
 Amount of Each Receipt this Period **0.00**
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$499.98 This changes the YTD Total to \$76.92

C. Charlotte L. Tsoucalas
 Full Name (Last, First, Middle Initial)
 Mailing Address 317 S Fayette St
 City Alexandria State VA Zip Code 22314-5902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TriWest Healthcare Alliance Occupation Senior Advisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **100.00**

Date of Receipt **08 / 01 / 2012**
Transaction ID : 6726710
 Amount of Each Receipt this Period **0.00**
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$650.00 This changes the YTD Total to \$100.00

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL 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 24
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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)
A. Janet E. Kornblatt

Mailing Address 11998 N 133rd Way

City State Zip Code
Scottsdale AZ 85259-3661

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

Name of Employer Occupation
TriWest Healthcare Alliance General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2012

Transaction ID : 6726711

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$650.00 This changes the YTD Total to \$50.00

Full Name (Last, First, Middle Initial)
B. Karen Jones

Mailing Address 37237 N 19th Ave

City State Zip Code
Phoenix AZ 85086-9154

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

Name of Employer Occupation
TriWest Healthcare Alliance VP Southwest Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
70.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2012

Transaction ID : 6726712

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$455.00 This changes the YTD Total to \$70.00

Full Name (Last, First, Middle Initial)
C. Frankie Smith

Mailing Address 644 S Rosemont

City State Zip Code
Mesa AZ 85206-2145

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

Name of Employer Occupation
TriWest Healthcare Alliance Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2012

Transaction ID : 6726713

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$130.00 This changes the YTD Total to \$20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **0.00**

TOTAL This Period (last page this line number only)..... ▶ **0.00**

**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 12 OF 24
<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. William J. Pokorny
Full Name (Last, First, Middle Initial)

Mailing Address 33805 North Second Street

City Phoenix	State AZ	Zip Code 85085
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FEC ID number of contributing federal political committee. **C**

Name of Employer TriWest Healthcare Alliance	Occupation Director Field Operations
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **50.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2012

Transaction ID : 6726714

Amount of Each Receipt this Period

0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$325.00 This changes the YTD Total to \$50.00

B. Patricia Ann Sommervold
Full Name (Last, First, Middle Initial)

Mailing Address 19616 N 68th Avenue

City Glendale	State AZ	Zip Code 85308
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FEC ID number of contributing federal political committee. **C**

Name of Employer TriWest Healthcare Alliance	Occupation Manager CT Operations
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **10.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2012

Transaction ID : 6726715

Amount of Each Receipt this Period

0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$65.00 This changes the YTD Total to \$10.00

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

Mailing Address 412 East Fort Avenue

City Baltimore	State MD	Zip Code 21230
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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 ▼ **80.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2012

Transaction ID : 6726716

Amount of Each Receipt this Period

0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$520.00 This changes the YTD Total to \$80.00

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	0.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Mark E Babbitt

Mailing Address 41725 North Harbour Town Way

City Anthem State AZ Zip Code 85086

Purpose of Disbursement
Refund of Jul-Dec 2011 Contributions

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

010
Category/
Type

Date of Disbursement
MM / DD / YYYY
08 / 01 / 2012

Transaction ID : 6604859

Amount of Each Disbursement this Period
2470.00

Refund of Jul-Dec 2011 Contributions

Full Name (Last, First, Middle Initial)

B. Mark E Babbitt

Mailing Address 41725 North Harbour Town Way

City Anthem State AZ Zip Code 85086

Purpose of Disbursement
Refund of Jan-Jun 2012 Contributions

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

010
Category/
Type

Date of Disbursement
MM / DD / YYYY
08 / 01 / 2012

Transaction ID : 6604864

Amount of Each Disbursement this Period
2470.00

Refund of Jan-Jun 2012 Contributions

Full Name (Last, First, Middle Initial)

C. William Cahill

Mailing Address 412 Idleoak Ct.

City Severna Park State MD Zip Code 21146-1663

Purpose of Disbursement
Refund of Jul-Dec 2011 Contributions

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

010
Category/
Type

Date of Disbursement
MM / DD / YYYY
08 / 01 / 2012

Transaction ID : 6604865

Amount of Each Disbursement this Period
1300.00

Refund of Jul-Dec 2011 Contributions

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

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

6240.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. William Cahill

Mailing Address 412 Idleoak Ct.

City Severna Park State MD Zip Code 21146-1663

Purpose of Disbursement
Refund of Jan-Jun 2012 Contributions

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 6604866

Amount of Each Disbursement this Period

Refund of Jan-Jun 2012 Contributions

Full Name (Last, First, Middle Initial)

B. Debra A. Cavanaugh

Mailing Address 42140 N. Mantle Way

City Anthem State AZ Zip Code 85086

Purpose of Disbursement
Refund of Jul-Dec 2011 Contributions

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 6604968

Amount of Each Disbursement this Period

Refund of Jul-Dec 2011 Contributions

Full Name (Last, First, Middle Initial)

C. Debra A. Cavanaugh

Mailing Address 42140 N. Mantle Way

City Anthem State AZ Zip Code 85086

Purpose of Disbursement
Refund of Jan-Jun 2012 Contributions

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 6604969

Amount of Each Disbursement this Period

Refund of Jan-Jun 2012 Contributions

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

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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Elizabeth Dodd

Mailing Address 6731 W Oraibi Dr

City Glendale State AZ Zip Code 85308-5504

Purpose of Disbursement
Refund of Jul-Dec 2011 Contributions

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

010
Category/
Type

Date of Disbursement

/ /

Transaction ID : 6604970

Amount of Each Disbursement this Period

Refund of Jul-Dec 2011 Contributions

Full Name (Last, First, Middle Initial)

B. Elizabeth Dodd

Mailing Address 6731 W Oraibi Dr

City Glendale State AZ Zip Code 85308-5504

Purpose of Disbursement
Refund of Jan-Jun 2012 Contributions

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

010
Category/
Type

Date of Disbursement

/ /

Transaction ID : 6604971

Amount of Each Disbursement this Period

Refund of Jan-Jun 2012 Contributions

Full Name (Last, First, Middle Initial)

C. Deborah M. Funk

Mailing Address 412 East Fort Avenue

City Baltimore State MD Zip Code 21230

Purpose of Disbursement
Refund of Jul-Dec 2011 Contributions

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

010
Category/
Type

Date of Disbursement

/ /

Transaction ID : 6604972

Amount of Each Disbursement this Period

Refund of Jul-Dec 2011 Contributions

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

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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Deborah M. Funk

Mailing Address 412 East Fort Avenue

City Baltimore State MD Zip Code 21230

Purpose of Disbursement
Refund of Jan-Jun 2012 Contributions

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

010

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2012

Transaction ID : 6604973

Amount of Each Disbursement this Period

520.00

Refund of Jan-Jun 2012 Contributions

Full Name (Last, First, Middle Initial)

B. James G. Griffith

Mailing Address 5532 E Saguaro Vista Drive

City Cave Creek State AZ Zip Code 85331

Purpose of Disbursement
Refund of Jul-Dec 2011 Contributions

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

010

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2012

Transaction ID : 6604974

Amount of Each Disbursement this Period

1300.00

Refund of Jul-Dec 2011 Contributions

Full Name (Last, First, Middle Initial)

C. James G. Griffith

Mailing Address 5532 E Saguaro Vista Drive

City Cave Creek State AZ Zip Code 85331

Purpose of Disbursement
Refund of Jan-Jun 2012 Contributions

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

010

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2012

Transaction ID : 6604975

Amount of Each Disbursement this Period

1300.00

Refund of Jan-Jun 2012 Contributions

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

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

3120.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. William Heroman

Mailing Address 13645 Glencliff Way

City San Diego State CA Zip Code 92130-1324

Purpose of Disbursement
Refund of Jul-Dec 2011 Contributions

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

010
Category/
Type

Date of Disbursement

/ /

Transaction ID : 6604976

Amount of Each Disbursement this Period

Refund of Jul-Dec 2011 Contributions

Full Name (Last, First, Middle Initial)

B. William Heroman

Mailing Address 13645 Glencliff Way

City San Diego State CA Zip Code 92130-1324

Purpose of Disbursement
Refund of Jan-Jun 2012 Contributions

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

010
Category/
Type

Date of Disbursement

/ /

Transaction ID : 6604977

Amount of Each Disbursement this Period

Refund of Jan-Jun 2012 Contributions

Full Name (Last, First, Middle Initial)

C. William Inazu

Mailing Address 5720 Harbor Pines Pt

City Colorado Springs State CO Zip Code 80919-3592

Purpose of Disbursement
Refund of Jan-Jun 2012 Contributions

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

010
Category/
Type

Date of Disbursement

/ /

Transaction ID : 6604978

Amount of Each Disbursement this Period

Refund of Jan-Jun 2012 Contributions

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

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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Karen Jones

Mailing Address 37237 N 19th Ave

City Phoenix State AZ Zip Code 85086-9154

Purpose of Disbursement
Refund of Jul-Dec 2011 Contributions

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 6604979

Amount of Each Disbursement this Period

Refund of Jul-Dec 2011 Contributions

Full Name (Last, First, Middle Initial)

B. Karen Jones

Mailing Address 37237 N 19th Ave

City Phoenix State AZ Zip Code 85086-9154

Purpose of Disbursement
Refund of Jan-Jun 2012 Contributions

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 6604980

Amount of Each Disbursement this Period

Refund of Jan-Jun 2012 Contributions

Full Name (Last, First, Middle Initial)

C. Janet E. Kornblatt

Mailing Address 11998 N 133rd Way

City Scottsdale State AZ Zip Code 85259-3661

Purpose of Disbursement
Refund of Jul-Dec 2011 Contributions

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 6604981

Amount of Each Disbursement this Period

Refund of Jul-Dec 2011 Contributions

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

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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Janet E. Kornblatt

Mailing Address 11998 N 133rd Way

City State Zip Code
Scottsdale AZ 85259-3661

Purpose of Disbursement
Refund of Jan-Jun 2012 Contributions

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2012

Transaction ID : 6604982

Amount of Each Disbursement this Period

650.00

Refund of Jan-Jun 2012 Contributions

Full Name (Last, First, Middle Initial)

B. Frank Maguire

Mailing Address 12102 E Cortez Dr

City State Zip Code
Scottsdale AZ 85259-3325

Purpose of Disbursement
Refund of Jan-Jun 2012 Contributions

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2012

Transaction ID : 6604983

Amount of Each Disbursement this Period

2000.00

Refund of Jan-Jun 2012 Contributions

Full Name (Last, First, Middle Initial)

C. William J. Pokorny

Mailing Address 33805 North Second Street

City State Zip Code
Phoenix AZ 85085

Purpose of Disbursement
Refund of Jul-Dec 2011 Contributions

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2012

Transaction ID : 6604984

Amount of Each Disbursement this Period

325.00

Refund of Jul-Dec 2011 Contributions

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

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

2975.00

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**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)

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<input type="checkbox"/> 27	<input checked="" 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. William J. Pokorny

Mailing Address 33805 North Second Street

City Phoenix State AZ Zip Code 85085

Purpose of Disbursement
Refund of Jan-Jun 2012 Contributions

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

010

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2012

Transaction ID : 6604985

Amount of Each Disbursement this Period

325.00

Refund of Jan-Jun 2012 Contributions

Full Name (Last, First, Middle Initial)

B. John P. Pontrelli

Mailing Address 10683 N 140th Way

City Scottsdale State AZ Zip Code 85259-5500

Purpose of Disbursement
Refund of Jul-Dec 2011 Contributions

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

010

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2012

Transaction ID : 6604986

Amount of Each Disbursement this Period

499.98

Refund of Jul-Dec 2011 Contributions

Full Name (Last, First, Middle Initial)

C. John P. Pontrelli

Mailing Address 10683 N 140th Way

City Scottsdale State AZ Zip Code 85259-5500

Purpose of Disbursement
Refund of Jan-Jun 2012 Contributions

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

010

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2012

Transaction ID : 6604987

Amount of Each Disbursement this Period

499.98

Refund of Jan-Jun 2012 Contributions

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

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

1324.96

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Frankie Smith

Mailing Address 644 S Rosemont

City Mesa State AZ Zip Code 85206-2145

Purpose of Disbursement
Refund of Jul-Dec 2011 Contributions

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 6604988

Amount of Each Disbursement this Period

Refund of Jul-Dec 2011 Contributions

Full Name (Last, First, Middle Initial)

B. Frankie Smith

Mailing Address 644 S Rosemont

City Mesa State AZ Zip Code 85206-2145

Purpose of Disbursement
Refund of Jan-Jun 2012 Contributions

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 6604989

Amount of Each Disbursement this Period

Refund of Jan-Jun 2012 Contributions

Full Name (Last, First, Middle Initial)

C. Patricia Ann Sommervold

Mailing Address 19616 N 68th Avenue

City Glendale State AZ Zip Code 85308

Purpose of Disbursement
Refund of Jul-Dec 2011 Contributions

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 6604990

Amount of Each Disbursement this Period

Refund of Jul-Dec 2011 Contributions

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

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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Patricia Ann Sommervold

Mailing Address 19616 N 68th Avenue

City State Zip Code
Glendale AZ 85308

Purpose of Disbursement
Refund of Jan-Jun 2012 Contributions

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2012

Transaction ID : 6604991

Amount of Each Disbursement this Period

65.00

Refund of Jan-Jun 2012 Contributions

Full Name (Last, First, Middle Initial)

B. Lisa D Stevens

Mailing Address 7030 North 22nd Street

City State Zip Code
Phoenix AZ 85020

Purpose of Disbursement
Refund of Jul-Dec 2011 Contributions

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2012

Transaction ID : 6604993

Amount of Each Disbursement this Period

520.00

Refund of Jul-Dec 2011 Contributions

Full Name (Last, First, Middle Initial)

C. Lisa D Stevens

Mailing Address 7030 North 22nd Street

City State Zip Code
Phoenix AZ 85020

Purpose of Disbursement
Refund of Jan-Jun 2012 Contributions

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2012

Transaction ID : 6604994

Amount of Each Disbursement this Period

520.00

Refund of Jan-Jun 2012 Contributions

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

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

1105.00

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**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Charlotte L. Tsoucalas

Mailing Address 317 S Fayette St

City Alexandria State VA Zip Code 22314-5902

Purpose of Disbursement
Refund of Jul-Dec 2011 Contributions

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

010
Category/
Type

Date of Disbursement

/ /

Transaction ID : 6604995

Amount of Each Disbursement this Period

Refund of Jul-Dec 2011 Contributions

Full Name (Last, First, Middle Initial)

B. Charlotte L. Tsoucalas

Mailing Address 317 S Fayette St

City Alexandria State VA Zip Code 22314-5902

Purpose of Disbursement
Refund of Jan-Jun 2012 Contributions

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

010
Category/
Type

Date of Disbursement

/ /

Transaction ID : 6604996

Amount of Each Disbursement this Period

Refund of Jan-Jun 2012 Contributions

Full Name (Last, First, Middle Initial)

C. Robert Wolpert

Mailing Address 3931 West Range Mule Drive

City Phoenix State AZ Zip Code 85083

Purpose of Disbursement
Refund of Jul-Dec 2011 Contributions

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

010
Category/
Type

Date of Disbursement

/ /

Transaction ID : 6604997

Amount of Each Disbursement this Period

Refund of Jul-Dec 2011 Contributions

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

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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Robert Wolpert

Mailing Address 3931 West Range Mule Drive

City Phoenix State AZ Zip Code 85083

Purpose of Disbursement
Refund of Jan-Jun 2012 Contributions

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 6604998

Amount of Each Disbursement this Period

Refund of Jan-Jun 2012 Contributions

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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/ /

Amount of Each Disbursement this Period

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

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