

**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  
MM / DD / YYYY  
08 / 01 / 2012

**Transaction ID : 6604982**

Amount of Each Disbursement this Period

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  
MM / DD / YYYY  
08 / 01 / 2012

**Transaction ID : 6604983**

Amount of Each Disbursement this Period

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  
MM / DD / YYYY  
08 / 01 / 2012

**Transaction ID : 6604984**

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)..... ▶