

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 16010 N. 28th Avenue  
 Check if different than previously reported. (ACC)  
Phoenix AZ 85053

2. **FEC IDENTIFICATION NUMBER** C00459743  
**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 Quarterly 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 07 01 2010 through 09 30 2010

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 Electronically Filed by William Cahill Date 10 14 2010

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 Use Only									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		34103.38
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	37227.36									
(c) Total Receipts (from Line 19) .....	17140.22	27664.20								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	54367.58	61767.58								
7. Total Disbursements (from Line 31) .....	3250.00	10650.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	51117.58	51117.58								
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

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) .....	16905.22	26789.82
(ii) Unitemized .....	235.00	874.38
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	17140.22	27664.20
(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) .....	17140.22	27664.20
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 Transfer (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)) .....	17140.22	27664.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	17140.22	27664.20

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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.....	3250.00	10650.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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) Shared 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))..	3250.00	10650.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3250.00	10650.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	17140.22	27664.20
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17140.22	27664.20
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 / 12  
(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

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.**

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

Mailing Address 41725 North Harbour Town Way

City State Zip Code  
Anthem AZ 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 ▼  
3800.00

Date of Receipt  
MM / DD / YYYY  
07 / 08 / 2010

Transaction ID: 01008.C32006

Amount of Each Receipt this Period  
1330.00

Receipt

Payroll Deduction: (190.00/Bi-Weekly)

**B.**

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

Mailing Address 412 Idleoak Ct.

City State Zip Code  
Severna Park MD 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 ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
07 / 08 / 2010

Transaction ID: 01008.C32003

Amount of Each Receipt this Period  
700.00

Receipt

Payroll Deduction: (100.00/Bi-Weekly)

**C.**

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

Mailing Address 41703 North Shadow Creek Way

City State Zip Code  
Anthem AZ 85086

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

Name of Employer  
TriWest Healthcare Alliance

Occupation  
VP, Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 08 / 2010

Transaction ID: 01008.C32007

Amount of Each Receipt this Period  
350.00

Receipt

Payroll Deduction: (50.00/Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2380.00**

**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 7 / 12  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
Elizabeth Dodd

Mailing Address 6731 W Oraibi Dr

City State Zip Code  
Glendale AZ 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 ▼  
1200.00

Date of Receipt  
07 / 08 / 2010

**Transaction ID:** 01008.C32013

Amount of Each Receipt this Period  
1050.00

Receipt

Payroll Deduction: (150.00/Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Kenneth L. Farmer, Jr.

Mailing Address 7307 E Milton Dr

City State Zip Code  
Scottsdale AZ 85266-1860

FEC ID number of contributing federal political committee. C

Name of Employer  
TriWest Healthcare Alliance

Occupation  
EVP & COO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
08 / 17 / 2010

**Transaction ID:** 01008.C32036

Amount of Each Receipt this Period  
5000.00

Receipt

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

Mailing Address PO Box 41580

City State Zip Code  
Phoenix AZ 85080-1580

FEC ID number of contributing federal political committee. C

Name of Employer  
TriWest Healthcare Alliance

Occupation  
VP, eBusiness

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
07 / 08 / 2010

**Transaction ID:** 01008.C32004

Amount of Each Receipt this Period  
700.00

Receipt

Payroll Deduction: (100.00/Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... 6750.00

**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 / 12
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) William Heroman	Date of Receipt MM / DD / YYYY 07 / 08 / 2010
	Mailing Address 13645 Glencliff Way	<b>Transaction ID:</b> 01008.C32008
	City State Zip Code San Diego CA 92130-1324	Amount of Each Receipt this Period 700.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (100.00/Bi-Weekly)
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 ▼ 2000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Willie Inazu	Date of Receipt MM / DD / YYYY 08 / 19 / 2010
	Mailing Address 5720 Harbor Pines Pt	<b>Transaction ID:</b> 01008.C32037
	City State Zip Code Colorado Springs CO 80919-3592	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer TriWest Healthcare Alliance	Occupation Advisor to President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Janet E. Kornblatt	Date of Receipt MM / DD / YYYY 07 / 08 / 2010
	Mailing Address 11998 N 133rd Way	<b>Transaction ID:</b> 01008.C32012
	City State Zip Code Scottsdale AZ 85259-3661	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (50.00/Bi-Weekly)
Name of Employer TriWest Healthcare Alliance	Occupation General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6050.00</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 9 / 12
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) John P. Pontrelli	Date of Receipt MM / DD / YYYY 07 / 08 / 2010
	Mailing Address 10683 N 140th Way	<b>Transaction ID:</b> 01008.C32010
	City State Zip Code Scottsdale AZ 85259-5500	Amount of Each Receipt this Period 269.22
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	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 ▼ 769.20
		Payroll Deduction: (38.46- /Bi-Weekly )

<b>B.</b>	Full Name (Last, First, Middle Initial) Lisa D Stevens	Date of Receipt MM / DD / YYYY 07 / 08 / 2010
	Mailing Address 7030 North 22nd Street	<b>Transaction ID:</b> 01008.C32009
	City State Zip Code Phoenix AZ 85020	Amount of Each Receipt this Period 406.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	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 ▼ 1160.00
		Payroll Deduction: (58.00- /Bi-Weekly )

<b>C.</b>	Full Name (Last, First, Middle Initial) Charlotte L. Tsoucalas	Date of Receipt MM / DD / YYYY 07 / 08 / 2010
	Mailing Address 317 S Fayette St	<b>Transaction ID:</b> 01008.C32011
	City State Zip Code Alexandria VA 22314-5902	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	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 ▼ 900.00
		Payroll Deduction: (50.00- /Bi-Weekly )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1025.22
<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 / 12	
	(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"/> 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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Wolpert		Date of Receipt
	Mailing Address 3931 West Range Mule Drive		<input type="text" value="07"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Phoenix	AZ	85083
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer TriWest Healthcare Alliance	Occupation VP, Controller	Transaction ID: 01008.C32005
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="700.00"/>	
Aggregate Year-to-Date ▼ <input type="text" value="2000.00"/>		Receipt  Payroll Deduction: (100.00/Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="700.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="16905.22"/>

# 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)

<b>A.</b> Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE <hr/> Mailing Address 430 S Capitol St SE FI 2 <hr/> City Washington State DC Zip Code 20003-4024 <hr/> Purpose of Disbursement DIRECT CONTRIBUTION <hr/> Candidate Name DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: ANNUAL/OTHER <hr/>	Transaction ID: 01008.E873 Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 250.00 <hr/> DIRECT CONTRIBUTION	
	Full Name (Last, First, Middle Initial) Colleen Hanabusa for Congress <hr/> Mailing Address PO Box 1416 <hr/> City Honolulu State HI Zip Code 96806-1416 <hr/> Purpose of Disbursement DIRECT CONTRIBUTION <hr/> Candidate Name COLLEEN WAKAKO HANABUSA <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: HI District: 02 <hr/>	Transaction ID: 01008.E874 Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> DIRECT CONTRIBUTION
	Full Name (Last, First, Middle Initial) Stephanie Herseth Sandlin for SD <hr/> Mailing Address PO Box 2009 <hr/> City Sioux Falls State SD Zip Code 57101-2009 <hr/> Purpose of Disbursement DIRECT CONTRIBUTION <hr/> Candidate Name STEPHANIE HERSETH <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SD District: 00 <hr/>	Transaction ID: 01008.E876 Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> DIRECT CONTRIBUTION

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)

PAGE 12 / 12

<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)

A.

Full Name (Last, First, Middle Initial)  
Adam Smith for Congress Cmte

Transaction ID: 01008.E875

Date of Disbursement

Mailing Address PO Box 23626

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	0

City State Zip Code  
Federal Way WA 98093-0626

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
DIRECT CONTRIBUTION

Category/ Type

Candidate Name  
D ADAM SMITH

Office Sought:  House  
 Senate  
 President  
State: WA District: 09

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

DIRECT CONTRIBUTION

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

1000.00
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TOTAL This Period (last page this line number only) .....

3250.00
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