

**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)

A.	Full Name (Last, First, Middle Initial) William Heroman	Date of Receipt MM / DD / YYYY 07 / 08 / 2010
	Mailing Address 13645 Glencliff Way	Transaction ID: 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. C	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.	Full Name (Last, First, Middle Initial) Willie Inazu	Date of Receipt MM / DD / YYYY 08 / 19 / 2010
	Mailing Address 5720 Harbor Pines Pt	Transaction ID: 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. C	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	

C.	Full Name (Last, First, Middle Initial) Janet E. Kornblatt	Date of Receipt MM / DD / YYYY 07 / 08 / 2010
	Mailing Address 11998 N 133rd Way	Transaction ID: 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. C	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	

SUBTOTAL of Receipts This Page (optional)	6050.00
TOTAL This Period (last page this line number only)	