

SECRET
03 AUG 2003

| | |
|---|--|
| Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515 | Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510 |
|---|--|

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

| | | | |
|---|------------------------------------|---|-----------------------------------|
| 1. Registrant Name TriWest Healthcare Alliance | | | |
| 2. Address <input type="checkbox"/> Check if different than previously reported 15451 N. 28th Avenue | | | |
| 3. Principal Place of Business (if different from line 2) Phoenix AZ/85053 City: State/zip (or Country) | | | |
| 4. Contact Name Scott Celley | Telephone (602) 564-2526 | E-mail (optional) scelley@triwest.com | 5. Senate ID # 38506-12 |
| 7. Client Name <input checked="" type="checkbox"/> Self Self | | | 6. House ID # 33361000 |

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-December 31) 9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report ⇨ Termination Date _____11. No Lobbying **INCOME OR EXPENSES** Complete Either Line 12 OR Line 13

| 12. Lobbying Firms | 13. Organizations |
|--|---|
| INCOME relating to lobbying activities for this reporting period was: | EXPENSES relating to lobbying activities for this reporting period were: |
| Less than \$10,000 <input type="checkbox"/> | Less than \$10,000 <input type="checkbox"/> |
| \$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000) | \$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>80,000.00</u> Expenses (nearest \$20,000) |
| Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client). | 14. REPORTING METHOD. Check box to indicate reporting method. See instructions for description of methods. |
| | <input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions |
| | <input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code |
| | <input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code |

Signature *Scott Celley* Date August 14, 2009

Printed Name and Title Scott Celley - Vice President, External Affairs

LD-2 (REV. 4/03)

PAGE 1 of 1

Registrant Name TriWest Healthcare Alliance Client Name Self

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code information as requested. Attach additional page(s) as needed.

15. General issue area code CSP (one per page)

16. Specific lobbying issues

Information Theft
Defense Health Program

17. House(s) of Congress and Federal agencies contacted Check if None

U.S. House of Representatives
U.S. Senate
Department of Defense

18. Name of each individual who acted as a lobbyist in this issue area

| Name | Covered Official Position (if applicable) |
|--------------|---|
| Scott Celley | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature Scott K Celley Date Aug 14, 2003

Printed Name and Title Scott Celley - Vice President, External Affairs

Form LD-2 (Rec. 4/03)

Page _____

Registrant Name TriWest Healthcare Alliance Client Name Self

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each cod information as requested. Attach additional page(s) as needed.

15. General issue area code DEF (one per page)

16. Specific lobbying issues

Information Theft
Defense Health Program

17. House(s) of Congress and Federal agencies contacted Check if None

U.S. House of Representatives
U.S. Senate
Department of Defense

18. Name of each individual who acted as a lobbyist in this issue area

| Name | Covered Official Position (if applicable) |
|--------------|---|
| Scott Celley | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature *Scott K Celley* Date Aug 14, 2003

Printed Name and Title Scott Celley - Vice President, External Affairs

Form LD-2 (Rec. 4/03)

Page _____

Printed Name and Title Scott Celley - Vice President, External Affairs

Form LD-2 (Rev. 4/03)

Page _____

Registrant Name TriWest Healthcare Alliance Client Name Self

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each cod information as requested. Attach additional page(s) as needed.

15. General issue area code VET (one per page)

16. Specific lobbying issues

Information Theft
Defense Health Program

17. House(s) of Congress and Federal agencies contacted Check if None

U.S. House of Representatives
U.S. Senate
Department of Defense

18. Name of each individual who acted as a lobbyist in this issue area

| Name | Covered Official Position (if applicable) |
|--------------|---|
| Scott Celley | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature *Scott K Celley* Date Aug 14, 2003

Printed Name and Title

Scott Geley - vice President, External Affairs

Form LD-2 (Rev. 4/03)

Page _____

Registrant Name TriWest Healthcare Alliance Client Name Self

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City

State/Zip (or Country)

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

Glenn Gray

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

| Name | Address | Principal Place of Bus (city and state or cou |
|------|---------|--|
| | | |

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

| Name | Address | Principal place of business (city and state or country) | Amount of contribution for lobbying activities | C P c |
|------|---------|--|---|-------------|
| | | | | |

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls **or** is affiliated with the registrant, cl
affiliated organization

Signature

Scott K. Callery

Date

Aug 14, 2003

Printed Name and Title Scott Celley - Vice President, External Affairs

Form LD-2 (Rev. 4/03)

Page _____