FEC FORM 3X	AND DISBURS			Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, to over the lines.	12FE4M5	
Health Alliance Plan	PAC			
ADDRESS (number and street)	2850 West Grand Boulevard			
•	1			
Check if different than previously reported. (ACC)			MI	48202
2. FEC IDENTIFICATION			STATE 🔺	ZIP CODE
C C00410670	3. IS RE	THIS NEW PORT X (N)	OR AME	NDED
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report 	(Q1) (Q2) Report Due On: Mar 2 Apr 2 (C) 12-Day PRE -Election Report for the:	0 (M3) Jun	General (1	(Non-Election Year Only) D (M9) Dec 20 (M12 (Non-Election Year Only) (M10) Jan 31 (YE) 2G) Runoff (12R) 2S)
January 31 Year-End Report	(YE) Election			in the State of
July 31 Mid-Year Report (Non-elec Year Only) (MY)	ion (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30)	R) Special (30S)
Termination Repo (TER)			D / Y Y Y Y	in the State of
5. Covering Period	09 / D D / Y Y Y Y 01 2012	through	M M / D D / 09 30	Y Y Y Y 2012
certify that I have examined Type or Print Name of Treasu	this Report and to the best of r	ny knowledge and belie	f it is true, correct and	complete.
Signature of Treasurer	ncy Cushman	[Electronically File	ed] Date 10	/ D D / Y Y Y Y 10 2012
NOTE: Submission of false, orr	pneous, or incomplete information	may subject the person	signing this Report to the	nenalties of 21150 8427
Office				FEC FORM 3X
Use				Rev. 12/2004

10/10/2012 13 : 19

FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		
Health Alliance Plan PAC		
Report Covering the Period: From:	09 01 Y Y Y Y Y 100 C1 C	b: 09 / 09 / 09 / 00 / 00 / 00 / 00 / 00
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2012		68165.72
(b) Cash on Hand at Beginning of Reporting Period	71446.32	
(c) Total Receipts (from Line 19)	1463.92	21046.04
 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	72910.24	89211.76
7. Total Disbursements (from Line 31)	3918.75	20220.27
B. Cash on Hand at Close of Reporting Period		

	(subtract Line 7 from Line 6(d))	68991.49	L		7		7
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00					
10.	Debts and Obligations Owed BY 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:

68991.49

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

×

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Health Alliance Plan PAC

Report Covering the Period: From: 09	01 2012 To	b: 09 30 2012
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	1298.22	13337.99
(ii) Unitemized	, 165.70	7708.05
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	1463.92	21046.04
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
 (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines 	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1463.92	21046.04
2. Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
L Leen Depoirmente Dessived	0.00	0.00
 Loan Repayments Received Offsets To Operating Expenditures 		
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	7 7 7	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
 Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 	1463.92	21046.04
Tatal Fadaral Dessists		
 Total Federal Receipts (subtract Line 18(c) from Line 19) 	1463.92	21046.0

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)		Page 4					
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date					
 Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) 							
(i) Federal Share	0.00	0.0					
(ii) Non-Federal Share		0.00					
(b) Other Federal Operating Expenditures		395.27					
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		395.2					
Transfers to Affiliated/Other Party Committees		0.00					
Contributions to Federal Candidates/Committees and Other Political Committees							
and Other Political Committees Independent Expenditures		1250.00					
(use Schedule E) Coordinated Party Expenditures	0.00	0.00					
(2 U.S.C. §441a(d)) (use Schedule F)		0.00					
Loan Repayments Made		0.00					
Loans Made		0.00					
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees		0.00					
(b) Political Party Committees		0.00					
(c) Other Political Committees		0.00					
(such as PACs)	0.00						
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00					
Other Disbursements		18575.00					
Federal Election Activity (2 U.S.C. §4 (a) Allocated Federal Election Activi							
(from Schedule H6) (i) Federal Share	0.00	0.00					
(ii) "Levin" Share		0.00					
(b) Federal Election Activity Paid Er With Federal Funds	0.00	0.00					
(c) Total Federal Election Activity (a Lines 30(a)(i), 30(a)(ii) and 30(b)		0.00					
Total Disbursements (add Lines 21(c), 22,						
23, 24, 25, 26, 27, 28(d), 29 and 30	(c)) 3918.75	20220.2					
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)/ii)						
from Line 31)		20220.27					

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DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	1463.92	21046.04
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1463.92	21046.04
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	43.75	395.27
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	43.75	395.27

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

19

		Detailed Summary Page		< 11a		11b	11c		12	
				13		14	15		16	17
Any information copied from such Reports a or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC										
Full Name (Last, First, Middle Initial) A. Irita Matthews				Date of	Re	ceipt				
Mailing Address 861 Whittier				м м 09	1	30) / Y		у 012	Y
City Grosse Pointe Park	State MI	Zip Code 48230		Trans Amount			PR7532			
FEC ID number of contributing federal political committee.	С				U	,			77	.00
Name of Employer	Occupation									
Health Alliance Plan Receipt For:		General Counsel	_							
Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 731.50		P/R Dedu	uctio	on (\$38	.50 Bi-W	eekly	y)	
Full Name (Last, First, Middle Initial) B. Kevin W Coughlin				Date of	Re	ceipt				
Mailing Address 43119 Hanford Rd.				м м 09	/	30	/ Y) 12	Y
City	State	Zip Code		Transa	acti	on ID :	PR7532	6844	74	
Canton	MI	48187	_	Amount	of	Each R	leceipt tl	nis P	Period	
FEC ID number of contributing federal political committee.	C			_	9		_	40.	00	
Name of Employer Health Alliance Plan	Occupation Dir- Bus Int	elligence&App Sprt								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 380.00	F	P/R Dedu	uctio	on (\$20.	00 Bi-W	eekly	/)	
Full Name (Last, First, Middle Initial) C. Diane Lynn Slon				Date of	Re	ceipt				
Mailing Address 31646 Robinhood Dr.				м м 09	/	30	/ Y)12	Y
City Beverly Hills	State MI	Zip Code 48025		Trans Amount			PR7532 leceipt th			
FEC ID number of contributing federal political committee.	С					7				.00
Name of Employer	Occupation	1								
Health Alliance Plan	AVP- Med8	Business Informatics								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00		P/R Ded	ucti	on (\$25	.00 Bi-W	eekly	y)	
SUBTOTAL of Receipts This Page (optiona TOTAL This Period (last page this line num	,		▶ - ▶		_	,		-	167.	00

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Detailed Summary Page	X	11a] 11b		11c	12	
				13		14		15	16	17
Any information copied from such Reports or for commercial purposes, other than usi										
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC					_					
Full Name (Last, First, Middle Initial) A. Peter Anderson Stewart				Date of	Re	eceip	ot			
Mailing Address 7961 Little Farm Lane				м – м 09	/	D	о 30	/ Y	у у 2012	Y
City	State	Zip Code		Trans	acti	ion l	ID : P	R75328		
West Bloomfield	MI	48322	A	mount	of	Eac	h Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С					7		7	24	ł.00
Name of Employer	Occupation	1	\neg							
Health Alliance Plan	Dir- Auditin	g Srvc & MAR Compl								
Receipt For:	Aggregate	Year-to-Date ▼		_						
Primary General Other (specify) ▼		240.00	P/	R Dedu	uctio	on (S	\$12.0	0 Bi-We	ekly)	
Full Name (Last, First, Middle Initial) B. Chrystal M. Roberts	I			Date of	Re	eceip	ot			
Mailing Address 24601 Pinehurst Ave.			м = м 09	/	D	30	/ Y	ү ү 2012	Y	
City	State	Zip Code						R75328		
Oak Park	MI	48237	A	mount	of	Eac	h Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	ů l									.60
Name of Employer Health Alliance Plan	Occupation Dir- Commu	unity Relations								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		346.00	P/	R Dedu	uctic	on (\$	\$17.30) Bi-We	ekly)	
Full Name (Last, First, Middle Initial) C. Donald Edward Kiefiuk				Date of	Re	eceip	ot			
Mailing Address 39810 Karola				м м 09	/	D	^р 30	/ Y	у у 2012	Y
City Sterling Heights	State MI	Zip Code						R75329		
Sterling Heights	IVII	48313	A	mount	of	Eac	h Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С					7		7	8().00
Name of Employer	Occupation	I	\neg							
Health Alliance Plan	VP - Claims	6								
Receipt For:	Aggregate	Year-to-Date ▼						_		
Other (specify) ▼		760.00	P/	R Ded	uctio	on (S	\$40.0	0 Bi-W€	eekly)	
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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		Detailed Summary Page		11a		11b	11c	12	
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NAME OF COMMITTEE (In Full)		pointoar committee			- er tik		5001		
Health Alliance Plan PAC									
			_		_				
Full Name (Last, First, Middle Initial)					_				
John David Calabria			i	Date of	Re	eceipt			
Mailing Address 2030 Brinston				M M	/		/ Y	YYY	Y
City	0464-	Zin Codo	-	09	Į.	30		2012	
City Troy	State MI	Zip Code 48083	<u> </u>			tion ID : I			
	111			4mount	of	Each Re	eceipt th	us Perio	L
FEC ID number of contributing federal political committee.	С				a ant				4.00
					<u> </u>	7	- J		
Name of Employer	Occupation		7						
Health Alliance Plan	Assoc Med	Dir							
Receipt For:	Aggregate	Year-to-Date ▼		-			.		
Primary General		418.00	P,	/R Dedu	ucti	ion (\$22.0	00 Bi-We	ekly)	
Other (specify)	418.00	.							
Full Name (Last, First, Middle Initial)			+-						
Jody L Doherty			r	Date of	Re	eipt			
Mailing Address 21115 Violet				M M			/ Y	Y Y	Y
				09	J.	30	J L	2012	
City	State	Zip Code				ion ID : F			
Saint Clair Shores	MI	48082	/	Amount	of	Each Re	eceipt th	is Period	t
FEC ID number of contributing	С			-				2	7.50
federal political committee.	U				-	7		Э.	
Name of Employer	Occupation	1	\neg						
Health Alliance Plan	Dir- Health	Mgmt Services							
Receipt For:	I	Year-to-Date ▼							
Primary General	<u></u>		P/	'R Dedu	uctio	ion (\$18.7	75 Bi-We	ekly)	
Other (specify) v		337.50							
Full Name (Last, First, Middle Initial)			r	Date of	P-	1Ceint			
Mailing Address 20810 Gardner St.					_	•		V	V
ZUOTU Garaner St.				м м 09		30	/ Y	2012	- T
City	State	Zip Code			act	tion ID : I	PR75331		_
Oak Park	MI	48237				Each Re			1
FEC ID number of contributing	C				-				4.00
federal political committee.	C			_	<u> </u>	7		2	- 1 .00
Name of Employer	Occupation	1	_						
Health Alliance Plan	Mgr- Provid								
Receipt For:		Year-to-Date ▼	\neg						
Primary General	Ayyreyale		P/	/R Ded	uctio	ion (\$12.0	00 Bi-We	ekly)	
Other (specify)		228.00		50		,, ·		.,	
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Use separate schedule(s) for each category of the

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		Detailed Summary Page		K 11a		11b		11c	1	2							
				13		14		15	1	6	1						
Any information copied from such Reports or for commercial purposes, other than usi																	
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC																	
Full Name (Last, First, Middle Initial) A. Glen P Koslakiewicz				Date of	Re	ceipt											
Mailing Address 30431 John Hauk				м м 09	/	30		/ Y	Y 201	Y 2	Y						
City Garden City	State MI	Zip Code 48135		Transa Amount				R75332 eipt thi									
FEC ID number of contributing federal political committee.	С					,		7		36.	00						
Name of Employer Health Alliance Plan	Occupation Dir- Fin Ope																
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 360.00		P/R Dedu	uctio	on (\$18	3.00	Bi-We	ekly)								
Full Name (Last, First, Middle Initial) Diane Pawlica				Date of	Re	ceipt											
Mailing Address 45568 Morningside				м м 09	1	D 30		/ Y	y 201		Y						
City Canton	State MI	Zip Code 48187		Transa Amount													
FEC ID number of contributing federal political committee.	s a la l							40.00									
Name of Employer Health Alliance Plan	Occupation Dir- System	Care Mgmt															
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	J F	P/R Dedu	uctio	on (\$20	0.00	Bi-We	ekly)								
Full Name (Last, First, Middle Initial) C. Dianna Lynn Ronan				Date of	Re	ceipt											
Mailing Address 2156 Cumberland				м м 09	/	D 30		/ Y	y 201		Y						
City Brighton	State MI	Zip Code 48114		Trans Amount				R75334 eipt thi			_						
FEC ID number of contributing federal political committee.	C					,		7		154.	00						
Name of Employer	Occupation																
Health Alliance Plan	VP - Financ	cial Services															
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1540.00]	P/R Dedu	ucti	on (\$77	7.00) Bi-We	ekly)								
Receipt For: Primary General	Aggregate	Year-to-Date ▼ 1540.00		P/R Dedu	uctio	on (\$77	7.00	Bi-We	_	230.0)						

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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			Detailed Summary Page		K 11a		11b	11c		12		
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	y information copied from such Reports and S for commercial purposes, other than using the											
۲.	NAME OF COMMITTEE (In Full)										-	
$ \rangle$	Health Alliance Plan PAC											
<u>/</u>	Full Name (Last, First, Middle Initial)											
Α.				_	Date of	f Re	eceipt					
	Mailing Address 441 Sylvan Dr				м м 09	1	30) / Ү		012	Y	
	City	State	Zip Code	_		act		PR7533				
	Canton	МІ	48188					Receipt th				
	FEC ID number of contributing federal political committee.	С					7	7		36	.00	
	Name of Employer	Occupation										
	Health Alliance Plan	Dir- Underw	rriting/Ahl									
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General Other (specify)		360.00	F	P/R Ded	ucti	on (\$18	.00 Bi-W	eekl	у)		
	Full Name (Last, First, Middle Initial) Robert G Leger				Date of	f Da						
D.	Mailing Address 1554 Waters Edge Ct.			_					v	Y	V	
	Walking Address 1554 Walers Edge Cl.				09	/	30			012	Ť	
	City	State	Zip Code		Trans	acti	ion ID :	PR7533	5944	474		
	Wixom	MI	48393		Amoun	t of	Each F	Receipt th	nis F	Period		
	FEC ID number of contributing federal political committee.	С		30.00								
	Name of Employer	Occupation										
	Health Alliance Plan	Dir- Suppor	t Svcs									
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Other (specify)		285.00	P/R Deduction (\$15.00 Bi-Weekly)								
<u> </u>	Full Name (Last, First, Middle Initial) Rachel A Powell				Date of	f Re	eceipt					
	Mailing Address 543 Thurber				09	/	30			012	Y	
	City	State	Zip Code		Trans	sact	ion ID :	PR7533	624	474		
	Troy	MI	48085		Amoun	t of	Each F	Receipt th	nis F	Period		
	FEC ID number of contributing federal political committee.	С					7	7		36	.00	
	Name of Employer	Occupation										
	Health Alliance Plan	Dir - MA Re	evenue Management									
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General		360.00		P/R Ded	lucti	on (\$18	.00 Bi-W	eekl	ly)		
	Other (specify)		300.00									
F	UBTOTAL of Receipts This Page (optional)			►	Ľ.		5 - 1 5 - 1			102.	00	
Т	OTAL This Period (last page this line number	only)	••••••	•			7					

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1										
or for commercial purposes, other than using		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC												
Full Name (Last, First, Middle Initial) Sandra Lee Ledesma		Date of Receipt										
Mailing Address 22429 Provincial		09 30 2012										
City	State Zip Code MI 48183	Transaction ID : PR7533694474										
Woodhaven	1011 46163	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	30.00										
Name of Employer	Occupation											
Health Alliance Plan	Dir- Application Development											
Receipt For:	Aggregate Year-to-Date ▼											
Other (specify)	270.00	P/R Deduction (\$15.00 Bi-Weekly)										
Full Name (Last, First, Middle Initial) Daniel A. Trim	Daniel A. Trim											
Mailing Address 921 Juneau Rd.		Date of Receipt										
City	State Zip Code	Transaction ID : PR7533784474										
Ypsilanti	MI 48198	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	ů – Elektrik – Elektri											
Name of Employer Health Alliance Plan	Occupation Dir- Technical Support											
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	P/R Deduction (\$20.00 Bi-Weekly)										
Full Name (Last, First, Middle Initial) Carol L Allen		Date of Receipt										
Mailing Address 26160 Franklin Pointe Dr.		M M / D D / Y Y Y Y Y 09 30 2012										
City	State Zip Code MI 48034	Transaction ID : PR7533794474										
Southfield	MI 48034	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	24.00										
Name of Employer	Occupation											
Health Alliance Plan	Mgr- NOC, Systems Admin											
Receipt For:	Aggregate Year-to-Date ▼											
Other (specify)												
SUBTOTAL of Receipts This Page (optional)												

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		11a		111		11c	12			
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	y information copied from such Reports and Stat for commercial purposes, other than using the n												
<u> </u>	NAME OF COMMITTEE (In Full)												
\rangle	Health Alliance Plan PAC												
Α.	Full Name (Last, First, Middle Initial) Scott T Allen				Date of Receipt								
	Mailing Address 3066 Richmond Dr.				м м	/	D	30	/ Y	у у 2012	Y		
	City	State	Zip Code		Trans	acti	ion	ID : P	R7533	944474			
	Clarkston	MI	48348	A	mount	of	Eac	ch Re	ceipt th	is Period			
	FEC ID number of contributing federal political committee.	С					7		y	40	.00		
	Name of Employer	Occupation											
		Dir- Labor A	ffairs & VEBA Adm										
		Aggregate	Year-to-Date ▼										
	Other (specify)		380.00	P/I	R Dedi	uctio	on (\$20.0	0 Bi-We	eekly)			
в.	Full Name (Last, First, Middle Initial) Richard D Chaney				ate of	Re	eceip	pt					
	Mailing Address 439 Merion Drive				м м 09	/	D	30	/ Y	y y 2012	Y		
	City	State	Zip Code		Transa	acti	ion	ID : P	R75339	974474			
	Canton Township	MI	48188	A	mount	of	Eac	ch Re	ceipt th	is Period			
	FEC ID number of contributing federal political committee.	С					3		3	40	.00		
	Llaalth Allianaa Dlan	Occupation VP - Client S											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 380.00	P/f	R Dedu	uctic	on (\$	\$20.00) Bi-We	eekly)			
	Full Name (Last, First, Middle Initial) Laura J Eory			D	ate of	Re	eceip	pt					
	Mailing Address 19090 Parkwood Lane				м м 09	1	D	30	/ Y	ү ү 2012	Y		
	City	State	Zip Code							984474			
	Brownstown	MI	48183	A	mount	of	Eac	ch Re	ceipt th	is Period			
	FEC ID number of contributing federal political committee.	С					3		y	50	0.00		
	Name of Employer	Occupation											
		AVP Provid	er Contracting										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify)		475.00		R Ded	uctio	ion ((\$25.0	0 Bi-We	eekly)			
s	UBTOTAL of Receipts This Page (optional)						7		1	130	.00		
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			Detailed Summary Page		13		14	F	_	15	16		17			
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	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC															
	Full Name (Last, First, Middle Initial) Kevin Michael Hurley	in Michael Hurley														
	Mailing Address 45504 Morningside Rd.				M = M / D = D / Y = Y = Y = Y 09 30 2012											
(City	State MI	Zip Code 48187				-				94474					
	Canton FEC ID number of contributing federal political committee.	С	40107	/	Amount	: of	Ea	ch R	lece	eipt thi	s Perio 2	d 24.00				
	Name of Employer Health Alliance Plan	Occupation Mgr- Reven	ue Cycle & Recv Mgmt													
	Receipt For: Primary General Other (specify) ▼	•	Year-to-Date ▼ 228.00	P/	'R Ded	uctic	on ((\$12.	.00	Bi-We	ekly)					
	Full Name (Last, First, Middle Initial) Christopher Andrew Johnston			[Date of	Re	cei	pt								
	Mailing Address 4300 Westover Dr.				м м 09	1	ľ	30	1	/ Y	ү ү 2012	Y				
	City West Bloomfield	State MI	Zip Code 48323	Transaction ID : PR7534074474 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С					7			7	2	4.00				
	Name of Employer Health Alliance Plan	Occupation Dir- New Bu	isiness Sales													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/	R Ded	uctic	on (\$12.	00	Bi-We	ekly)					
	Full Name (Last, First, Middle Initial) Rory P. Lafferty				Date of	Re	cei	pt								
	Mailing Address 3937 Radcliff Drive #2D				м м 09	/	Ľ	30		/ Y	ү ү 2012	Y				
	City Canton	State MI	Zip Code 48188								74474 s Peric	d				
	FEC ID number of contributing federal political committee.	С					7			7	;	34.62				
Ĩ	Name of Employer	Occupation		-												
	Health Alliance Plan	Dir- Govern	ment&Lgsltv Affairs													
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 346.20	P	/R Ded	uctio	on	(\$17.	.31	Bi-We	ekly)					
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NAME OF COMMITTEE (In Full)		adress of any political committee		COIII		uuuus II	UII SUC	COM	muee				
Health Alliance Plan PAC													
Full Name (Last, First, Middle Initial) A. Cesar D Bayoneto			Det	e of	Re	ceipt		_					
Mailing Address 11055 Cloverlawn Dr			<u> </u>	M	. ,		/ .	Y	v				
				9		30		2012					
City	State	Zip Code	Tr	ansa	ictio	on ID :	PR8708	164474	l.				
Brighton	MI	48114	Amo	unt	of I	Each R	eceipt th	nis Peri	od				
FEC ID number of contributing federal political committee.	C					7			24.0	0			
Name of Employer	Occupation												
Health Alliance Plan	Sr Finance	Administrator/HMS											
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General			P/R [edu	ctio	on (\$12.	00 Bi-W	eekly)					
Other (specify)		228.00											
Full Name (Last, First, Middle Initial) B. Darryl P Bostick	1		Det	ا المع	Dr	o o list							
					ке	ceipt							
Mailing Address 6431 Eastbrooke				9		30	/ Y	2012		1			
City	State	Zip Code		-	ctio		PR8708						
West Bloomfield	МІ	48322					eceipt th						
FEC ID number of contributing federal political committee.	С					,			24.0	0			
Name of Employer	Occupation												
Health Alliance Plan	Mgr- Provid	er Reimbursement											
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Primary General			P/R D	edu	ctio	n (\$12.0	00 Bi-We	ekly)					
Other (specify)		, 228.00											
Full Name (Last, First, Middle Initial) C. Elgin C Cooper	I		Det/	of	Re	ceipt							
Mailing Address 1880 Pelican Ct			_	M			/	Y	V				
				9		30		2012					
City	State	Zip Code	Tr	ansa	acti	on ID :	PR8708	194474	•				
Тгоу	MI	48084	Amo	unt	of I	Each R	eceipt th	nis Peri	od				
FEC ID number of contributing federal political committee.	С								37.5	0			
Name of Employer	Occupation												
Health Alliance Plan		ogram Mngmnt Office											
Receipt For:		Year-to-Date ▼	P/R Deduction (\$18.75 Bi-Weekly)										
Primary General	Aggregale												
Other (specify)		356.25											
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Use separate schedule(s) for each category of the

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		Detailed Summary Page	X	11a		11b		11c	12		
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Any information copied from such Reports and or for commercial purposes, other than using the											
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC											
Full Name (Last, First, Middle Initial) 4. Janetta Dean			[Date of	Re	eceipt					
Mailing Address 24795 Beck				м м 09	/		D 30	/ Y	y y 2012		
City Eastpointe	State MI	Zip Code 48021						R87082			
FEC ID number of contributing federal political committee.	С			Amount	OT	Each	i Red	ceipt th	is Perio	40.00	
Name of Employer Health Alliance Plan	Occupation Mgr- COB	1									
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 380.00		/R Dedi	uctio	on (\$2	20.00	0 Bi-We	ekly)		
Full Name (Last, First, Middle Initial) B. Walter Knysz				Date of	Re	eceipt					
Mailing Address 1165 Lake Angelus Rd.				м м 09	/		D 30	/ Y	y y 2012	Y	
City Lake Angelus	State MI	Zip Code 48326						R87082 ceipt th	2 24474 is Perio	bd	
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Name of Employer Health Alliance Plan	Occupation Assoc Med										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 437.00	P/	R Dedu	uctic	on (\$2	23.00) Bi-We	ekly)		
Full Name (Last, First, Middle Initial) C. Deandre Antwan Lipscomb				Date of	Re	eceipt					
Mailing Address 29064 Raleigh Rd				м м 09	1		D 30	/ Y	2012	Y	
City Farmington Hills	State MI	Zip Code 48336							2 34474 is Perio	od	
FEC ID number of contributing federal political committee.	C					7		7		77.00)
Name of Employer	Occupation	1									
Health Alliance Plan	VP- Comm	unity Outreach									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 731.50	P	/R Ded	uctio	on (\$	38.5	0 Bi-We	eekly)		
SUBTOTAL of Receipts This Page (optional)									16	63.00	Π
TOTAL This Period (last page this line number						1			129	8.22	

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)				NE NUMBER: PAGE 16 OF 19 only one)												
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Х	21b 27	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$												
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam																	
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC																	
Full Name (Last, First, Middle Initial) A. Comerica Bank					Date c		sburse			ΥΥ	Y						
Mailing Address P.O. Box 75000				09 05 2012													
Detroit	State Zip Code MI 48275				Transaction ID : 6681352												
Purpose of Disbursement Credit Card Transaction Fee		00	01		Amour	nt of	Each	Disburs	emer	nt this	Period						
Candidate Name		Cate Ty	gory pe	//			,	. ,		43	3.75						
	nent For: Primary General Other (specify) v				Credit	Card	Trans	saction F	ee								
Full Name (Last, First, Middle Initial) B.					Date c		sburse		Y	ÝÝ	Y						
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Candidate Name		Category/ Type															
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Full Name (Last, First, Middle Initial)					Date o	_	sburse		Y Y	Y Y	V						
Mailing Address							Ľ.										
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Purpose of Disbursement		_	-		Amour	nt of	Fach	Disburs	omor	at this	Period						
Candidate Name		Cate Ty	gory pe	//	Amour		Lacii	Disburg									
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		Detailed		\vdash	27	28a	\vdash	28b	\vdash	28c	25 X 29	30b					
	y information copied from such Reports and Stater for commercial purposes, other than using the nan											g contrib					
\square	NAME OF COMMITTEE (In Full)																
	Health Alliance Plan PAC																
Δ.	Full Name (Last, First, Middle Initial) CTE Joseph Graves for State Repl	roconto	tivo				Date	of Di	isburse	emei	nt						
	CTE Joseph Glaves for State Rep	resenta	uve				M	_		D	/ Y	Y Y	Y				
	Mailing Address 16316 Knobhill Dr.					09 10 2012											
	City	Zip Code				Transaction ID : 6686287											
	Linden Purpose of Disbursement	MI	48451														
	Direct Contribution			C	011		Amou	nt of	Each	Dis	bursen	nent this	Period				
	Candidate Name			Cat	ego	ry/						17	75.00				
	MI Rep. Joseph Graves	ment For:		Т	ype			-	7	-	- 7		0.00				
	Senate	Primary	General				Direct	Cont	tributic	n							
	President	Other (spe					Direct	Com	induit	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	State: MI District: 51																
в	Full Name (Last, First, Middle Initial) Committee to Elect Gail Haines						Date	of Di	isburse	emei	nt						
	Committee to Elect Gail Hames						M	_		D	/ Y	Y Y	Y				
	Mailing Address PO Box 301085						09 10 2012										
	Waterford	State MI	Zip Code 48330				Transaction ID : 6686288										
	Purpose of Disbursement Direct Contribution			(011		Amou	nt of	Fach	Dis	bursen	nent this	Period				
	Candidate Name			Cat		rv/	500.00										
	MI Rep. Gail Haines				ype												
	Office Sought: House Disburser Senate President State: MI District: 43	ment For: Primary Other (spe	X General				Direct	Con	tributic	on							
_	Full Name (Last, First, Middle Initial)																
C.	John Moolenaar for State Senate						Date	of Di	isburse	emei	nt						
	Mailing Address PO Box 2244						^M 09	M /		D 10	/ Y	2012	Y				
		State MI	Zip Code				Trar	isaci	tion ID	D:66	686289)					
	Midland Purpose of Disbursement	1711	45641	_	_												
	Direct Contribution			C)11		Amou	nt of	Each	Dis	bursen	nent this	Period				
	Candidate Name MI Sen. John Moolenaar		Cat			1000.00											
	Office Sought: House Disburser	2014	1	ype				7	-	7							
	State: MI District:	General				Direct	Cont	tributic	on								
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	y information copied from such Reports and Stater for commercial purposes, other than using the nar					/ pers		for the		pose	0	f soliciti	ng cont	tributio	ons		
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$ \rangle$	Health Alliance Plan PAC																
<u>ب</u>	Full Name (Last, First, Middle Initial)							_									
Α.	Mike Callton for State Representat	live						Date c	_						_		
	Mailing Address PO Box 676		09 14 2012														
	5	State	Zip Code					Tran	sact	ion I	D :	66961	24				
	Nashville Purpose of Disbursement	MI	49073				Transaction ID : 6696124										
	Direct Contribution			(011			Amour	nt of	Eac	h [Disburs	ement t	his Pe	eriod		
	Candidate Name			Cat	ego	ry/					1			500 (00		
	MI Rep. Mike Callton	mont Fra			ype			<u> </u>	-	7	-		_	500.0			
	Senate President	ment For: Primary Other (spe	X General					Direct (Cont	ributi	ion	I					
	State: MI District: 87						-										
В.	Full Name (Last, First, Middle Initial) George T. Darany for State Repres	sentativ	'e					Date c	_				V	N/ N			
	Mailing Address 17835 Oakwood Blvd.					09 14 2012											
	Dearborn	State MI	Zip Code 48124				Transaction ID : 6696125										
	Purpose of Disbursement Direct Contribution			(011			Amour	nt of	Eac	h[Disburs	ement t	his Pe	eriod		
	Candidate Name			Cat		rv/											
	MI Rep. George Darany				ype			<u> </u>		7				500.	00		
	Office Sought: House Disburse Senate President State: MI District: 15	ment For: Primary Other (spe	X General					Direct	Cont	tribut	ion	1					
_	Full Name (Last, First, Middle Initial)																
C.	Cindy Denby for State Representa	tive						Date c	of Di	sbur	ser	ment					
	Mailing Address 9787 Amanda Dr							09	/	D	14		201	2			
	Fowlerville	State MI	Zip Code 48836					Tran	sact	tion I	D	: 66961	26				
	Purpose of Disbursement Direct Contribution				011					_							
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	MI Rep. Cindy Denby				ype			L.,		7				200.0	00		
	Office Sought: House Disburse Senate President State: MI District: 47	ment For: Primary Other (spe	X General					Direct (Cont	ributi	ion	1					
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	y information copied from such Reports and Stater for commercial purposes, other than using the nar									ng contrib					
$\left \right $	NAME OF COMMITTEE (In Full)														
	Health Alliance Plan PAC														
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Π.	CTE Ben Glardon for State Repres	sentative					_	D		Y Y Y	V				
	Mailing Address PO Box 1746					09			4	2012					
	City				Trans	sact	ion ID	: 669612	7						
	Owosso Purpose of Disbursement	MI 48867													
	Direct Contribution		C)11		Amour	nt of	Each	Disburse	ment this	Period				
	Candidate Name		Cate	egor	y/					50	0.00				
	MI Rep. Ben Glardon			ype			-	7		JC	00.00				
	Office Sought: House Disburser Senate President State: MI District: 85				Direct (Cont	ributio	'n							
	Full Name (Last, First, Middle Initial)														
В.	Committee to Elect Joel Johnson					Date c	of Di	sburse	ement						
	Mailing Address PO Box 280					09	/		D /	2012	Y				
	Clare	State Zip Code MI 48617				Transaction ID : 6696128									
	Purpose of Disbursement Direct Contribution			011		Amour	nt of	Each	Disburse	ment this	Period				
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	MI Rep. Joel Johnson			ype	y/		50	00.00							
	Office Sought: House Disburser Senate President State: MI District: 97	ment For: 2012 Primary X General Other (specify) ▼		Direct Contribution											
	Full Name (Last, First, Middle Initial)														
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