

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5
Health Alliance Plan PAC

ADDRESS (number and street) 2850 West Grand Boulevard
Check if different than previously reported. (ACC) Detroit MI 48202

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00410670 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 Year-End 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) 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 M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 09 / 01 / 2012 through 09 / 30 / 2012

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 Nancy Cushman

Signature of Treasurer Nancy Cushman [Electronically Filed] Date 10 / 10 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Health Alliance Plan PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="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
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	68991.49	68991.49
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:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Health Alliance Plan 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).....	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	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)	1463.92	21046.04
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 Transfers (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))..... ▶	1463.92	21046.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1463.92	21046.04

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	43.75	395.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	43.75	395.27
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1250.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	3875.00	18575.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	3918.75	20220.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3918.75	20220.27

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	1463.92	21046.04
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1463.92	21046.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	43.75	395.27
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	43.75	395.27

**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 6 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Irita Matthews		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 Transaction ID : PR7532644474
Mailing Address 861 Whittier		Amount of Each Receipt this Period 77.00
City Grosse Pointe Park	State MI	Zip Code 48230
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.50 Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation VP - Assoc General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 731.50	

Full Name (Last, First, Middle Initial) B. Kevin W Coughlin		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 Transaction ID : PR7532684474
Mailing Address 43119 Hanford Rd.		Amount of Each Receipt this Period 40.00
City Canton	State MI	Zip Code 48187
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation Dir- Bus Intelligence&App Sprt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) C. Diane Lynn Slon		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 Transaction ID : PR7532734474
Mailing Address 31646 Robinhood Dr.		Amount of Each Receipt this Period 50.00
City Beverly Hills	State MI	Zip Code 48025
FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation AVP- Med&Business Informatics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	167.00
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 7 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Peter Anderson Stewart			Date of Receipt MM / DD / YYYY 09 / 30 / 2012 Transaction ID : PR7532804474
Mailing Address 7961 Little Farm Lane			Amount of Each Receipt this Period 240.00
City West Bloomfield	State MI	Zip Code 48322	P/R Deduction (\$12.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Health Alliance Plan	Occupation Dir- Auditing Srvc & MAR Compl		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Chrystal M. Roberts			Date of Receipt MM / DD / YYYY 09 / 30 / 2012 Transaction ID : PR7532884474
Mailing Address 24601 Pinehurst Ave.			Amount of Each Receipt this Period 34.60
City Oak Park	State MI	Zip Code 48237	P/R Deduction (\$17.30 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Health Alliance Plan	Occupation Dir- Community Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 346.00	

Full Name (Last, First, Middle Initial) C. Donald Edward Kiefiuk			Date of Receipt MM / DD / YYYY 09 / 30 / 2012 Transaction ID : PR7532944474
Mailing Address 39810 Karola			Amount of Each Receipt this Period 80.00
City Sterling Heights	State MI	Zip Code 48313	P/R Deduction (\$40.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Health Alliance Plan	Occupation VP - Claims		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 760.00	

SUBTOTAL of Receipts This Page (optional).....▶	138.60
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 OF 19
	<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)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. John David Calabria			Date of Receipt 09 / 30 / 2012 Transaction ID : PR7533064474		
Mailing Address 2030 Brinston			Amount of Each Receipt this Period 44.00		
City Troy	State MI	Zip Code 48083	P/R Deduction (\$22.00 Bi-Weekly)		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 418.00			
Name of Employer Health Alliance Plan		Occupation Assoc Med Dir			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name (Last, First, Middle Initial) B. Jody L Doherty			Date of Receipt 09 / 30 / 2012 Transaction ID : PR7533124474		
Mailing Address 21115 Violet			Amount of Each Receipt this Period 37.50		
City Saint Clair Shores	State MI	Zip Code 48082	P/R Deduction (\$18.75 Bi-Weekly)		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 337.50			
Name of Employer Health Alliance Plan		Occupation Dir- Health Mgmt Services			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name (Last, First, Middle Initial) C. Joyce Melissa James			Date of Receipt 09 / 30 / 2012 Transaction ID : PR7533194474		
Mailing Address 20810 Gardner St.			Amount of Each Receipt this Period 24.00		
City Oak Park	State MI	Zip Code 48237	P/R Deduction (\$12.00 Bi-Weekly)		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 228.00			
Name of Employer Health Alliance Plan		Occupation Mgr- Provider Fin			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional).....▶	105.50
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 9 OF 19
	<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)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Glen P Koslakiewicz		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 Transaction ID : PR7533254474
Mailing Address 30431 John Hauk		Amount of Each Receipt this Period 360.00
City Garden City	State MI	Zip Code 48135
FEC ID number of contributing federal political committee. C	Name of Employer Health Alliance Plan	Occupation Dir- Fin Operations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
		P/R Deduction (\$18.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Diane Pawlica		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 Transaction ID : PR7533344474
Mailing Address 45568 Morningside		Amount of Each Receipt this Period 40.00
City Canton	State MI	Zip Code 48187
FEC ID number of contributing federal political committee. C	Name of Employer Health Alliance Plan	Occupation Dir- System Care Mgmt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
		P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Dianna Lynn Ronan		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 Transaction ID : PR7533404474
Mailing Address 2156 Cumberland		Amount of Each Receipt this Period 154.00
City Brighton	State MI	Zip Code 48114
FEC ID number of contributing federal political committee. C	Name of Employer Health Alliance Plan	Occupation VP - Financial Services
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1540.00	
		P/R Deduction (\$77.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	230.00
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 10 OF 19
	<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)
Health Alliance Plan PAC

A. Mohammed S. Kanpurwala
 Full Name (Last, First, Middle Initial)
 Mailing Address 441 Sylvan Dr
 City Canton State MI Zip Code 48188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation Dir- Underwriting/Ahl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR7533584474
 Amount of Each Receipt this Period 36.00
 P/R Deduction (\$18.00 Bi-Weekly)

B. Robert G Leger
 Full Name (Last, First, Middle Initial)
 Mailing Address 1554 Waters Edge Ct.
 City Wixom State MI Zip Code 48393
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation Dir- Support Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR7533594474
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

C. Rachel A Powell
 Full Name (Last, First, Middle Initial)
 Mailing Address 543 Thurber
 City Troy State MI Zip Code 48085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation Dir - MA Revenue Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR7533624474
 Amount of Each Receipt this Period 36.00
 P/R Deduction (\$18.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	102.00
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 11 OF 19
<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)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Sandra Lee Ledesma		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 Transaction ID : PR7533694474
Mailing Address 22429 Provincial		Amount of Each Receipt this Period 94.00
City Woodhaven	State MI	Zip Code 48183
FEC ID number of contributing federal political committee.	C	
Name of Employer Health Alliance Plan	Occupation Dir- Application Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
		P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Daniel A. Trim		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 Transaction ID : PR7533784474
Mailing Address 921 Juneau Rd.		Amount of Each Receipt this Period 40.00
City Ypsilanti	State MI	Zip Code 48198
FEC ID number of contributing federal political committee.	C	
Name of Employer Health Alliance Plan	Occupation Dir- Technical Support	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	
		P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Carol L Allen		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 Transaction ID : PR7533794474
Mailing Address 26160 Franklin Pointe Dr.		Amount of Each Receipt this Period 24.00
City Southfield	State MI	Zip Code 48034
FEC ID number of contributing federal political committee.	C	
Name of Employer Health Alliance Plan	Occupation Mgr- NOC, Systems Admin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00	
		P/R Deduction (\$12.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	94.00
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 12 OF 19
<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)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Scott T Allen		Date of Receipt 09 / 30 / 2012 Transaction ID : PR7533944474
Mailing Address 3066 Richmond Dr.		Amount of Each Receipt this Period 40.00
City Clarkston	State MI	Zip Code 48348
FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)	
Name of Employer Health Alliance Plan	Occupation Dir- Labor Affairs & VEBA Adm	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) B. Richard D Chaney		Date of Receipt 09 / 30 / 2012 Transaction ID : PR7533974474
Mailing Address 439 Merion Drive		Amount of Each Receipt this Period 40.00
City Canton Township	State MI	Zip Code 48188
FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)	
Name of Employer Health Alliance Plan	Occupation VP - Client Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) C. Laura J Eory		Date of Receipt 09 / 30 / 2012 Transaction ID : PR7533984474
Mailing Address 19090 Parkwood Lane		Amount of Each Receipt this Period 50.00
City Brownstown	State MI	Zip Code 48183
FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)	
Name of Employer Health Alliance Plan	Occupation AVP Provider Contracting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

SUBTOTAL of Receipts This Page (optional).....▶	130.00
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 13 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Kevin Michael Hurley
 Full Name (Last, First, Middle Initial)
 Mailing Address 45504 Morningside Rd.
 City Canton State MI Zip Code 48187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation Mgr- Revenue Cycle & Recv Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR7533994474
 Amount of Each Receipt this Period 24.00
 P/R Deduction (\$12.00 Bi-Weekly)

B. Christopher Andrew Johnston
 Full Name (Last, First, Middle Initial)
 Mailing Address 4300 Westover Dr.
 City West Bloomfield State MI Zip Code 48323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation Dir- New Business Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR7534074474
 Amount of Each Receipt this Period 24.00
 P/R Deduction (\$12.00 Bi-Weekly)

C. Rory P. Lafferty
 Full Name (Last, First, Middle Initial)
 Mailing Address 3937 Radcliff Drive #2D
 City Canton State MI Zip Code 48188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation Dir- Government&Lgsltv Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.20

Date of Receipt 09 / 30 / 2012
Transaction ID : PR7534174474
 Amount of Each Receipt this Period 34.62
 P/R Deduction (\$17.31 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 82.62
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 14 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Cesar D Bayoneto
 Full Name (Last, First, Middle Initial)
 Mailing Address 11055 Cloverlawn Dr
 City Brighton State MI Zip Code 48114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation Sr Finance Administrator/HMS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **228.00**

Date of Receipt **09 / 30 / 2012**
Transaction ID : PR8708164474
 Amount of Each Receipt this Period **24.00**
 P/R Deduction (\$12.00 Bi-Weekly)

B. Darryl P Bostick
 Full Name (Last, First, Middle Initial)
 Mailing Address 6431 Eastbrooke
 City West Bloomfield State MI Zip Code 48322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation Mgr- Provider Reimbursement
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **228.00**

Date of Receipt **09 / 30 / 2012**
Transaction ID : PR8708174474
 Amount of Each Receipt this Period **24.00**
 P/R Deduction (\$12.00 Bi-Weekly)

C. Elgin C Cooper
 Full Name (Last, First, Middle Initial)
 Mailing Address 1880 Pelican Ct
 City Troy State MI Zip Code 48084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation Dir-Corp Program Mngmnt Office
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **356.25**

Date of Receipt **09 / 30 / 2012**
Transaction ID : PR8708194474
 Amount of Each Receipt this Period **37.50**
 P/R Deduction (\$18.75 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	85.00
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 15 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Janetta Dean
 Full Name (Last, First, Middle Initial)
 Mailing Address 24795 Beck
 City Eastpointe State MI Zip Code 48021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation Mgr- COB
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **380.00**

Date of Receipt
 09 / 30 / 2012
Transaction ID : PR8708204474
 Amount of Each Receipt this Period **40.00**
 P/R Deduction (\$20.00 Bi-Weekly)

B. Walter Knysz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1165 Lake Angelus Rd.
 City Lake Angelus State MI Zip Code 48326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation Assoc Med Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **437.00**

Date of Receipt
 09 / 30 / 2012
Transaction ID : PR8708224474
 Amount of Each Receipt this Period **46.00**
 P/R Deduction (\$23.00 Bi-Weekly)

C. Deandre Antwan Lipscomb
 Full Name (Last, First, Middle Initial)
 Mailing Address 29064 Raleigh Rd
 City Farmington Hills State MI Zip Code 48336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation VP- Community Outreach
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **731.50**

Date of Receipt
 09 / 30 / 2012
Transaction ID : PR8708234474
 Amount of Each Receipt this Period **77.00**
 P/R Deduction (\$38.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	163.00
TOTAL This Period (last page this line number only).....	1298.22

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 checked="" 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 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)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Comerica Bank

Mailing Address P.O. Box 75000

City Detroit State MI Zip Code 48275

Purpose of Disbursement
Credit Card Transaction Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 6681352

Amount of Each Disbursement this Period

Credit Card Transaction Fee

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

**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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. CTE Joseph Graves for State Representative

Mailing Address 16316 Knobhill Dr.

City Linden State MI Zip Code 48451

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Rep. Joseph Graves

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 51

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2012

Transaction ID : 6686287

Amount of Each Disbursement this Period

175.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Committee to Elect Gail Haines

Mailing Address PO Box 301085

City Waterford State MI Zip Code 48330

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Rep. Gail Haines

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 43

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2012

Transaction ID : 6686288

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. John Moolenaar for State Senate

Mailing Address PO Box 2244

City Midland State MI Zip Code 45641

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Sen. John Moolenaar

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2012

Transaction ID : 6686289

Amount of Each Disbursement this Period

1000.00

Direct Contribution

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

1675.00

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

**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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Mike Callton for State Representative

Mailing Address PO Box 676

City Nashville State MI Zip Code 49073

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Rep. Mike Callton

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 87

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 6696124

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. George T. Darany for State Representative

Mailing Address 17835 Oakwood Blvd.

City Dearborn State MI Zip Code 48124

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Rep. George Darany

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 15

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 6696125

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Cindy Denby for State Representative

Mailing Address 9787 Amanda Dr

City Fowlerville State MI Zip Code 48836

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Rep. Cindy Denby

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 47

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 6696126

Amount of Each Disbursement this Period

200.00

Direct Contribution

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

1200.00

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

**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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. CTE Ben Glardon for State Representative

Mailing Address PO Box 1746

City Owosso State MI Zip Code 48867

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Rep. Ben Glardon

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 85

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 6696127

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Committee to Elect Joel Johnson

Mailing Address PO Box 280

City Clare State MI Zip Code 48617

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Rep. Joel Johnson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 97

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 6696128

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

1000.00

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

3875.00