

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
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** 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 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 (12G)
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 01 01 2011 through 06 30 2011

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 Electronically Filed by Nancy Cushman Date 07 25 2011

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Health Alliance Plan PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		59176.12
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	59176.12									
(c) Total Receipts (from Line 19)	10242.79	10242.79								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	69418.91	69418.91								
7. Total Disbursements (from Line 31)	4242.26	4242.26								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	65176.65	65176.65								
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:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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)	8151.98	8151.98
(ii) Unitemized	2090.81	2090.81
(iii) TOTAL (add Lines 11(a)(i) and (ii)	10242.79	10242.79
(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)	10242.79	10242.79
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))	10242.79	10242.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10242.79	10242.79

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	242.26	242.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	242.26	242.26
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	600.00	600.00
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.....	3400.00	3400.00
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))..	4242.26	4242.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4242.26	4242.26

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)	10242.79	10242.79
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10242.79	10242.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	242.26	242.26
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	242.26	242.26

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Health Alliance Plan PAC

A. Full Name (Last, First, Middle Initial)
Sammye VanDiver

Mailing Address 19170 Lancashire St

City State Zip Code
Detroit MI 48223-1348

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

Name of Employer Health Alliance Plan Occupation Manager, IT

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2011

Transaction ID: 1789013

Amount of Each Receipt this Period
305.00

B. Full Name (Last, First, Middle Initial)
Jamie Spriel

Mailing Address 885 Bishop Road

City State Zip Code
Grosse Pointe MI 48230

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

Name of Employer Health Alliance Plan Occupation VP Sales & Marketing

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2011

Transaction ID: 1789014

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Derick W Adams

Mailing Address 6889 Reed Ct.

City State Zip Code
W. Bloomfield MI 48322

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

Name of Employer Health Alliance Plan Occupation Vice President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2011

Transaction ID: 1789030

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional) ► 3305.00

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 / 17
	<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. Full Name (Last, First, Middle Initial)
Susan Schwandt

Mailing Address 2007 Rector Court

City Canton State MI Zip Code 48188

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

Name of Employer Health Alliance Plan Occupation Public Relatins Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 20 / 2011

Transaction ID: 3350327

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Irita Matthews

Mailing Address 861 Whittier

City Grosse Pointe Park State MI Zip Code 48230

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

Name of Employer Health Alliance Plan Occupation VP - Assoc General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 307.20

Date of Receipt 06 / 30 / 2011

Transaction ID: PR7532641606

Amount of Each Receipt this Period 307.20

P/R Deduction (\$38.40 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Diane Lynn Slon

Mailing Address 31646 Robinhood Dr.

City Beverly Hills State MI Zip Code 48025

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

Name of Employer Health Alliance Plan Occupation AVP- Med&Business Informatics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 286.00

Date of Receipt 06 / 30 / 2011

Transaction ID: PR7532731606

Amount of Each Receipt this Period 286.00

P/R Deduction (\$22.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 843.20

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 / 17
	<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.	Full Name (Last, First, Middle Initial) Chrystal M. Roberts		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 24601 Pinehurst Ave.		Transaction ID: PR7532881606
	City Oak Park	State MI	Zip Code 48237
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.03
	Name of Employer Health Alliance Plan	Occupation Dir- Community Relations	P/R Deduction (\$17.31 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.03		

B.	Full Name (Last, First, Middle Initial) Donald Edward Kiefiuk		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 39810 Karola		Transaction ID: PR7532941606
	City Sterling Heights	State MI	Zip Code 48313
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 520.00
	Name of Employer Health Alliance Plan	Occupation VP - Claims	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

C.	Full Name (Last, First, Middle Initial) John David Calabria		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 2030 Brinston		Transaction ID: PR7533061606
	City Troy	State MI	Zip Code 48083
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 550.00
	Name of Employer Health Alliance Plan	Occupation Assoc Med Dir	P/R Deduction (\$550.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

SUBTOTAL of Receipts This Page (optional)	▶	1295.03
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 / 17
	<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.	Full Name (Last, First, Middle Initial) Jody L Doherty	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 21115 Violet	Transaction ID: PR7533121606
	City State Zip Code Saint Clair Shores MI 48082	Amount of Each Receipt this Period 227.50
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$17.50 Bi-Weekly)
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) ▼	Aggregate Year-to-Date ▼ 227.50	

B.	Full Name (Last, First, Middle Initial) Glen P Koslakiewicz	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 30431 John Hawk	Transaction ID: PR7533251606
	City State Zip Code Garden City MI 48135	Amount of Each Receipt this Period 234.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$18.00 Bi-Weekly)
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 ▼ 234.00	

C.	Full Name (Last, First, Middle Initial) Deborah L Marine	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 40054 Crosswinds	Transaction ID: PR7533311606
	City State Zip Code Novi MI 48375	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation Dir- CompliancePrivacy Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	671.50
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 10 / 17
	<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.	Full Name (Last, First, Middle Initial) Rachel A Powell		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 543 Thurber		Transaction ID: PR7533621606
	City Troy	State MI	Zip Code 48085
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 234.00
	Name of Employer Health Alliance Plan	Occupation Dir - MA Revenue Management	P/R Deduction (\$18.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00		

B.	Full Name (Last, First, Middle Initial) Howard M. Flasch		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 1459 North Rochester Rd.		Transaction ID: PR7533811606
	City Oakland Township	State MI	Zip Code 48363
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 588.25
	Name of Employer Health Alliance Plan	Occupation VP- Corporate Initiatives	P/R Deduction (\$117.65 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 588.25		

C.	Full Name (Last, First, Middle Initial) Gregory Paul English		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 17661 Bell Creek Ln.		Transaction ID: PR7533881606
	City Livonia	State MI	Zip Code 48152
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer Health Alliance Plan	Occupation Mgr Appl Dev/Bus Supp/Proj Mgt	P/R Deduction (\$300.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	▶	1122.25
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 / 17
	<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.	Full Name (Last, First, Middle Initial) Scott T Allen		Date of Receipt MM / DD / YYYY 06 / 30 / 2011		
	Mailing Address 3066 Richmond Dr.		Transaction ID: PR7533941606		
	City Clarkston	State MI	Zip Code 48348	Amount of Each Receipt this Period 240.00	
	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		Aggregate Year-to-Date 240.00	

B.	Full Name (Last, First, Middle Initial) Paula Marie Tapert		Date of Receipt MM / DD / YYYY 06 / 30 / 2011		
	Mailing Address 33942 Coachwood		Transaction ID: PR7534311606		
	City Sterling Hqts	State MI	Zip Code 48312	Amount of Each Receipt this Period 275.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$275.00 Bi-Weekly)		
	Name of Employer Health Alliance Plan	Occupation Dir- Brand Management		Aggregate Year-to-Date 275.00	

C.	Full Name (Last, First, Middle Initial) Annette M Marcath		Date of Receipt MM / DD / YYYY 06 / 30 / 2011		
	Mailing Address 55261 Ester Dr		Transaction ID: PR7755571606		
	City Shelby Township	State MI	Zip Code 48315	Amount of Each Receipt this Period 400.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$400.00 Bi-Weekly)		
	Name of Employer Health Alliance Plan	Occupation Dir-Org Perf & Bus Proc Improv		Aggregate Year-to-Date 400.00	

SUBTOTAL of Receipts This Page (optional)	915.00
TOTAL This Period (last page this line number only)	8151.98

**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 / 17

<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

<p>A. Full Name (Last, First, Middle Initial) Dave Robertson for State Senate</p> <p>Mailing Address PO Box 181</p> <p>City Grand Blanc State MI Zip Code 48480</p> <p>Purpose of Disbursement David Robertson, STATE SENATE 26th MI</p> <p>Candidate Name MI Sen. David Robertson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 1953277 Date of Disbursement 03 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p> <p>David Robertson, STATE SE- NATE 26th MI</p>
<p>B. Full Name (Last, First, Middle Initial) George T. Darany for State Representative</p> <p>Mailing Address 17835 Oakwood Blvd.</p> <p>City Dearborn State MI Zip Code 48124</p> <p>Purpose of Disbursement George Darany, STATE HOUSE 15th MI</p> <p>Candidate Name MI Rep. George Darany</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 1953278 Date of Disbursement 03 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p> <p>George Darany, STATE HOUSE 15th MI</p>
<p>C. Full Name (Last, First, Middle Initial) Committee to Elect Maureen Stapleton</p> <p>Mailing Address 1300 E Lafayette St Apt 1207</p> <p>City Detroit State MI Zip Code 48207-2921</p> <p>Purpose of Disbursement Maureen Stapleton, STATE HOUSE 4th MI</p> <p>Candidate Name Maureen Stapleton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 3290357 Date of Disbursement 04 / 11 / 2011</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p> <p>Maureen Stapleton, STATE HOUSE 4th MI</p>

SUBTOTAL of Disbursements This Page (optional) ▶

750.00

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

A. Full Name (Last, First, Middle Initial)
George T. Darany for State Representative

Mailing Address 17835 Oakwood Blvd.

City Dearborn State MI Zip Code 48124

Purpose of Disbursement
George Darany, STATE HOUSE 15th MI

Candidate Name
MI Rep. George Darany

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 3290358
Date of Disbursement

04 / 11 / 2011

Amount of Each Disbursement this Period

250.00

George Darany, STATE HOUSE
15th MI

B. Full Name (Last, First, Middle Initial)
Jim Marleau for State Senate

Mailing Address 3181 Sandoval

City Lake Orion State MI Zip Code 48360

Purpose of Disbursement
James Marleau, STATE SENATE 12th MI

Candidate Name
MI Sen. James Marleau

Office Sought: House
 Senate
 President
State: MI District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 3552184
Date of Disbursement

04 / 27 / 2011

Amount of Each Disbursement this Period

1000.00

James Marleau, STATE SENA-
TE 12th MI

C. Full Name (Last, First, Middle Initial)
Friends of Kate Segal

Mailing Address 108 Pinehurst Ln

City Battle Creek State MI Zip Code 49015-9400

Purpose of Disbursement
Kate Segal, STATE HOUSE 62nd MI

Candidate Name
Kate Segal

Office Sought: House
 Senate
 President
State: MI District: 62

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 3552185
Date of Disbursement

04 / 27 / 2011

Amount of Each Disbursement this Period

200.00

Kate Segal, STATE HOUSE
62nd MI

SUBTOTAL of Disbursements This Page (optional) ▶

1450.00

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

<p>A. Full Name (Last, First, Middle Initial) Bullard for Clerk</p> <p>Mailing Address 1849 Lakeview Lane</p> <p>City Highland State MI Zip Code 48357</p> <p>Purpose of Disbursement Bill Bullard, Local MI</p> <p>Candidate Name Bill Bullard</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 3552186 Date of Disbursement: 04 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 200.00</p> <p>011 Category/ Type</p> <p>Bill Bullard, Local MI</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Roger Kahn for Senate</p> <p>Mailing Address P.O. Box 1627</p> <p>City Saginaw State MI Zip Code 48605</p> <p>Purpose of Disbursement Roger Kahn, STATE SENATE 32nd MI</p> <p>Candidate Name Roger Kahn</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 4224293 Date of Disbursement: 05 / 23 / 2011</p> <p>Amount of Each Disbursement this Period 600.00</p> <p>011 Category/ Type</p> <p>Roger Kahn, STATE SENATE 32nd MI</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Ken Cockrel, Jr.</p> <p>Mailing Address 4815 Avery</p> <p>City Detroit State MI Zip Code 48208</p> <p>Purpose of Disbursement Ken Cockrel, Jr., City Council MI</p> <p>Candidate Name Ken Cockrel, Jr.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 4322122 Date of Disbursement: 05 / 26 / 2011</p> <p>Amount of Each Disbursement this Period 200.00</p> <p>011 Category/ Type</p> <p>Ken Cockrel, Jr., City Council MI</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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)

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<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

A.

Full Name (Last, First, Middle Initial)
Dave Flynn for County Commissioner

Mailing Address 8641 Hickory Dr

City State Zip Code
Sterling Heights MI 48312-4773

Purpose of Disbursement
Dave Flynn, County Commissioner MI

Candidate Name
Dave Flynn

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 4322123
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

Dave Flynn, County Commis-
sioner MI

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)

PAGE 16 / 17

<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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Comerica Bank</p> <p>Mailing Address P.O. Box 75000</p> <p>City Detroit State MI Zip Code 48275</p> <p>Purpose of Disbursement April Operating Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: 3684303</p> <p>Date of Disbursement 05 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 38.86</p> <p>001 Category/ Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>April Operating Expense</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Comerica Bank</p> <p>Mailing Address P.O. Box 75000</p> <p>City Detroit State MI Zip Code 48275</p> <p>Purpose of Disbursement Credit Card Transaction Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: 4324994</p> <p>Date of Disbursement 06 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 37.50</p> <p>001 Category/ Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Credit Card Transaction Fee</p>

SUBTOTAL of Disbursements This Page (optional) ►

76.36

TOTAL This Period (last page this line number only) ►

76.36

**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)

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<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)
Health Alliance Plan PAC

A.

Full Name (Last, First, Middle Initial)
Candice Miller for Congress Committee

Transaction ID: 4224294

Date of Disbursement

Mailing Address PO Box 182152

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	1

City State Zip Code
Utica MI 48318-2152

Amount of Each Disbursement this Period

600.00

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name
Candice Miller

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 10

Direct Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

600.00

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

600.00
