. NAME OF	TYPE OR PRINT ▼	Example: If typing, type	Office Use Only
COMMITTEE (in full)		over the lines.	12FE4M5
Health Alliance Plan			
DDRESS (number and street)	2850 West Grand Bouleva	d 	
Check if different			
than previously reported. (ACC)	Detroit		MI 48202
FEC IDENTIFICATION		TY 🔺	STATE ZIP CODE
C C00410670		IS THIS X NEW REPORT X (N)	OR AMENDED (A)
(Choose One) (a) Quarterly Reports:	Report Due On: Ma	r 20 (M2) May 20 r 20 (M3) Jun 20 r 20 (M4) Jul 20 ((M6) Sep 20 (M9) Dec 20 (Non-Electi Year Only)
April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report	(Q2) (Q2) (Q2) (Q2) (C) 12-Day (C) 12-Day (C) PRE-Election (C) PRE-Electio	Primary (12P) Convention (12C)	General (12G) Runoff (* Special (12S)
January 31 Year-End Report		on on	/ Y Y Y Y in the State of
July 31 Mid-Year Report (Non-elec Year Only) (MY)	(d) 30-Day	General (30G)	Runoff (30R) Special (
Termination Repo (TER)	ort	on on	/ Y Y Y Y Y in the State of
Covering Period	01 / D D / Y Y Y 01 01 2012		A M / D D / Y Y Y Y Y D1 31 2012
certify that I have examined ype or Print Name of Treasu	-	f my knowledge and belief it	is true, correct and complete.

02/10/2012 15 : 09

iiiia	ge# 12330304337		
	- FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
W	Irite or Type Committee Name		
ŀ	Health Alliance Plan PAC		
R	eport Covering the Period: From:	01 / D D / Y Y Y Y 01 01 2012	To: 01 / D D / Y Y Y Y Y 31 2012
		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	68165.72	
	(c) Total Receipts (from Line 19)	5547.36	5547.36
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	73713.08	73713.08
7.	Total Disbursements (from Line 31)	688.25	688.25
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	73024.83	73024.83
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

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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: 01		To: 01 31 2012	
I. Receipts	I. Receipts COLUMN A Total This Period		
. Contributions (other than loans) From:			
(a) Individuals/Persons Other			
Than Political Committees		4400.00	
(i) Itemized (use Schedule A)	4400.00	4400.00	
		1117.00	
(ii) Unitemized	1147.36	1147.36	
(iii) TOTAL (add	FE 47.26	5547.36	
Lines 11(a)(i) and (ii)▶	5547.36		
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees	7 7	7 7	
(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)	5547.36	5547.36	
2. Transfers From Affiliated/Other			
Party Committees	0.00	0.00	
3. All Loans Received	0.00	0.00	
4. Loan Repayments Received	0.00	0.00	
5. Offsets To Operating Expenditures		7 7	
(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	7 7 0.00	
(b) Louis Funda (from Ochechula UF)	0.00	0.00	
(b) Levin Funds (from Schedule H5)		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))	5547.36	5547.36	
,,,,,,,,			
). Total Federal Receipts			
(subtract Line 18(c) from Line 19)▶	5547.36	5547.36	

I

DETAILED SUMMARY PAGE

II. Disbursements	COLUMN A Total This Period	COLUMN B
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.0
(b) Other Federal Operating Expenditures	38.25	38.2
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	38.25	38.2
Committees	0.00	0.0
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures (use Schedule E)	0.00	0.0
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.0
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.0
(b) Political Party Committees	0.00	0.0
(c) Other Political Committees (such as PACs)	0.00	0.0
(d) Total Contribution Refunds	0.00	0.0
(add Lines 28(a), (b), and (c))►		
Other Disbursements	650.00	650.0
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	0.0
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.0
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b)) ►	7 7 7	
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	688.25	688.2
Total Federal Disbursements		7 7 7
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	688.25	688.25

FE6AN026

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures			
 Total Contributions (other than loans) (from Line 11(d), page 3) 	5547.36	5547.36	
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00	
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	5547.36	5547.36	
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	38.25	38.25	
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00	
8. Net Operating Expenditures (subtract Line 37 from Line 36)	38.25	38.25	

FE6AN026

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

9

TIEIMIZED RECEIPIS		etailed Summary Page	X 11	a	11b	11c	12	2	
			1:	3	14	15	16	3	17
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may not g the name and addres	be sold or used by any post of any political committee	erson for e to solicit	the p conti	urpose o ributions	f soliciting from such	ו contri ר comr	ibutic nitte	ons e.
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC									
Full Name (Last, First, Middle Initial) A. Naim Munir			Dat	e of F	Receipt				
Mailing Address 16090 Brook Trout Lane				1	/ D 10		y 2012		
City		Zip Code	Tr	ansa	ction ID	: 6006689			
Northville	MI	48168	Am	ount d	of Each	Receipt th	is Peri	od	
FEC ID number of contributing federal political committee.	С				7	7	17	750.0	0
Name of Employer	Occupation		-						
Health Alliance Plan	Cheif Medical Of	icer							
Receipt For:	Aggregate Year-	to-Date ▼							
Primary General			11						
Other (specify)		1750.00							
Full Name (Last, First, Middle Initial) B. Balakrishna Pai			Dat	e of F	Receipt				
Mailing Address 1977 Long Point Drive			M	 01	/ 0 18		2012		1
City	State	Zip Code				: 6022946			
Bloomfield Hills		18302				Receipt th		iod	
FEC ID number of contributing federal political committee.	С				7			800.0	0
Name of Employer	Occupation								
Health Alliance Plan	Sr. Assoc. Med D	irector							
Receipt For:	Aggregate Year-	to-Date ▼	_						
Primary General	Aggregate rear								
Other (specify)		800.00							
Full Name (Last, First, Middle Initial) C. Susan Schwandt			Dat	e of F	Receipt				
Mailing Address 2007 Rector Court				01	/ D 20		y 2012		
City		Zip Code	Т	ansa	ction ID	: 6026367	,		
Canton	MI	48188	Am	ount o	of Each I	Receipt th	is Peri	od	
FEC ID number of contributing	C							300.0	10
federal political committee.	C			_	7	J J	<u> </u>	500.0	
Name of Employer	Occupation								
Health Alliance Plan	Public Relatins D	irector							
Receipt For:	Aggregate Year-	to-Date ▼							
Other (specify)	-	300.00	1						
SUBTOTAL of Receipts This Page (optiona	I)				7		28	50.0	0

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

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 7 OF

9

or for cc NAMI Hea Full N A. Jam Mailir City	rmation copied from such Reports and mmercial purposes, other than using t E OF COMMITTEE (In Full) alth Alliance Plan PAC lame (Last, First, Middle Initial) nie Spriel g Address 885 Bishop Road se Pointe ID number of contributing al political committee.	Statements may no he name and addres		to solicit c		outions			
or for cc NAMI Hea Full N A. Jam Mailir City	mmercial purposes, other than using t E OF COMMITTEE (In Full) Alth Alliance Plan PAC lame (Last, First, Middle Initial) nie Spriel g Address 885 Bishop Road se Pointe	he name and addres	ss of any political committee	to solicit c	ontrib	outions			
Hea Full N Jam Mailir City	alth Alliance Plan PAC lame (Last, First, Middle Initial) ie Spriel g Address 885 Bishop Road se Pointe ID number of contributing		Zip Code	_	of Re	eceipt			
Mailir	ie Spriel g Address 885 Bishop Road se Pointe ID number of contributing		Zip Code	_	of Re	eceipt			
City	se Pointe ID number of contributing		Zip Code	M					
	D number of contributing		Zip Code	01		D 1		2012	Y
Gros	D number of contributing	IVII		Tra	nsacti	ion ID :	6026368	8	
			48230	Amou	int of	Each F	Receipt th	nis Perioo	ł
		С				,	7	50	0.00
Name	of Employer	Occupation		_					
	n Alliance Plan	VP							
Rece	pt For:	Aggregate Year	-to-Date ▼						
	Primary General Other (specify) ▼		500.00						
	lame (Last, First, Middle Initial) J dia Swink			Date	of Re	eceipt			
Mailir	g Address 4459 Forest Ave			01		24		2012	Y
City		State	Zip Code	Trai	nsacti	on ID :	6131023		
Wate	rford	MI	48328	Amount of Each Receipt this					ł
	ID number of contributing al political committee.	С				7	7	450	0.00
Name HAP	of Employer	Occupation Director		_					
Recei	pt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 450.00						
	lame (Last, First, Middle Initial) gory Paul English			Date	of Re	eceipt			
Mailir	g Address 17661 Bell Creek Ln.			01	M /	31		2012	Y
City			Zip Code	Tra	nsacti	ion ID :	PR7533	882955	
Livor	lia	MI	48152	Amou	int of	Each F	Receipt th	nis Perioo	ł
	ID number of contributing al political committee.	С				,		30	0.00
Name	of Employer	Occupation							
Healt	h Alliance Plan	Mgr Appl Dev/Bu	us Supp/Proj Mgt						
Rece	pt For:	Aggregate Year	-to-Date ▼						
	Primary General		000.00	P/R De	eduction	on (\$30	0.00 Sen	ni-Monthl	y)
	Other (specify)	3	300.00						
SUBTO	TAL of Receipts This Page (optional).		•••••			,	т. Т.	1250).00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the	atements may not be sold or used by any pename and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
Full Name (Last, First, Middle Initial) Olivia Massey Mailing Address 22710 Glastonbury Gate City Southfield FEC ID number of contributing federal political committee. Name of Employer Health Alliance Plan Receipt For: Primary General Other (specify) ▼	State Zip Code MI 48034 C Image: Construction of the second	Date of Receipt 01 31 2012 Transaction ID : PR8708242955 Amount of Each Receipt this Period 300.00 P/R Deduction (\$300.00 Semi-Monthly)
Full Name (Last, First, Middle Initial) Mailing Address City	State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	C Occupation Aggregate Year-to-Date V	Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) C. Mailing Address City FEC ID number of contributing	State Zip Code	Date of Receipt
federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	C Occupation Aggregate Year-to-Date	
SUBTOTAL of Receipts This Page (optional)		300.00

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

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)				OF 9								
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		neck only	22	23		24	25	26				
Any information copied from such Reports and State		d by	27 any pers	0n for the	28b		28c	X 29	30b utions				
or for commercial purposes, other than using the na													
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC													
Full Name (Last, First, Middle Initial) A. Macomb County Chamber PAC				Date o	of Disburg	seme	nt						
				M		D		YY	Y				
Mailing Address 28 First Street Ste B				01		10		2012	_				
City Mount Classes	State Zip Code MI 48403			Tran	saction I	D:6	006674	4					
Mount Clemens Purpose of Disbursement	MI 48403												
Direct Contribution		0	11	Amour	nt of Eacl	n Dis	burser	nent this	Period				
Candidate Name		Category/ Type							150.00				
Office Sought: House Disburse	ement For:				,								
Senate President	Primary General Other (specify)			Direct	Contributi	on							
State: District:													
Full Name (Last, First, Middle Initial)													
3- Leadership Macomb Scholarship	Fund				of Disburs								
Mailing Address 28 First Street Ste B				01		р 12	/ Y	2012	Y				
City	State Zip Code			Tran	saction I	D:6	01186	9					
Mount Clemens Purpose of Disbursement	MI 48403												
Tax #38-3551700, 501(C)3 Charitable Contribution	n	0	12	Amour	nt of Eacl	n Dis	burser	nent this	Period				
Candidate Name			egory/ /pe	500.00									
	ement For:												
Senate President	Primary General Other (specify)			Tax #3	8-355170	0, 5	01(C)3	Charitat	ole Contribut				
State: District:													
Full Name (Last, First, Middle Initial)				.	(
).				Date c	of Disburs			Y Y	N/				
Mailing Address						D	/		- T				
City	State Zip Code												
Purpose of Disbursement		_	_										
Candidate Name				Amour	nt of Eacl	n Dis	burser	nent this	Period				
			egory/ /pe										
	ement For:					_							
Senate President	Primary General Other (specify)												
State: District:													
						-	-						
SUBTOTAL of Disbursements This Page (optional).			•	- 1				65	0.00				
							7						