| FEC<br>FORM 3X  | AN              | ID DISE                           | OF REC<br>BURSEN<br>An Authoriz            | IENTS               | ee  |                 | Office Use Only          |   |
|---|-----------------|-----------------------------------|--|---------------------|---|-----------------|--------------------------|---|
| 1. NAME OF<br>COMMITTEE (in fu                              |                 | FEC MAILING                       |  | Example:If typing   | , type                                    |                 |                          |   |
| Health Alliance Pla   | n PAC           |                                   |  |                     |   |                 |                          |   |
| ADDRESS (number and   | street)         | 850 West Grar                     | d Boulevard                                |                     |   |                 |                          |   |
| Check if differ<br>than previousl<br>reported. (ACC         | У . Г.          | Detroit                           |  |                     |   |                 | 48202                    |   |
| 2. FEC IDENTIFICAT  | ION NUMBER      | ¥                                 | CITY 🛦                                     |                     | S   | STATE           | ZIPCOE                   | DE 🔺  |
| C00410670   | • • • •         |                                   | 3. IS THIS<br>REPOR                        |                     | NEW<br>N) <b>OR</b>                       | AN<br>(A        | MENDED<br>)              |   |
| 4. <b>TYPE OF REPO</b><br>(Choose One)<br>(a) Quarterly Rep |                 | (b) Monthly<br>Report<br>Due On:  | Feb 20 (M<br>Mar 20 (M                     | 13)                 | May 20 (M5)<br>Jun 20 (M6)<br>Jul 20 (M7) | Sep             | 20 (M8) 20 (M9) 20 (M10) | Nov 20 (M11)<br>(Non-Election<br>Year Only)<br>Dec 20 (M12)<br>(Non-Election<br>Year Only)<br>Jan 31 (YE) |
| July 15<br>Quarterly<br>October<br>Quarterly<br>January 3   | Report(Q3)      |                                   |  | Primary (12F        | ·)  | General (       | (12G)                    | Runoff (12R)  |
| Year Only   | on-election     |                                   | y<br>Election<br>t for the:<br>Election on | General (300        | à)  | Runoff (3       |                          | Special (30S)   |
| 5. Covering Period  | 09              | 01                                | 2010                                       | through             | 09  | 30              | 2010                     |   |
| I certify that I have exam<br>Type or Print Name of T       |                 | rt and to the bes<br>Nancy Cushma |  | ge and belief it is | true, correct a                           | and complete.   |                          |   |
| Signature of Treasurer                                      | Electronicall   | y Filed by Na                     | ncy Cushman                                |                     | D   | ate 10          | 11                       | 2010  |
| NOTE : Submission of f                                      | alse, erroneous | s, or incomplete                  | information may                            | subject the pers    | on signing this                           | s Report to the | penalties of 2 U.S       | S.C 437g.   |
| Office<br>Use<br>Only                                       |                 |                                   |  |                     |   |                 | FEC FOR<br>(Rev. 12/200  |   |

| Image# 10931404400                                       | SL        |  |  |
|--|-----------|--|--|
| FEC Form 3X (Rev. 02/2003)                               | OF RECEIF |  |  |
| Write or Type Committee Name<br>Health Alliance Plan PAC |           |  |  |
|  | MMD       |  |  |

| F   | Report Covering the Period: From:  |                         | -o: 0 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
|-----|--|-------------------------|---|
|     | _  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date         |
| 6.  | (a) Cash on Hand<br>January 1 2010 <sup>Y Y Y</sup>  |                         | 52692.71                                  |
|     | (b) Cash on Hand at<br>Begining of Reporting Period  | 60168.92                |   |
|     | (c) Total Receipts (from Line 19)  | 1945.60                 | 27555.70                                  |
|     | (d) Subtotal (add lines 6(b) and   |                         |   |
|     | 6(c) for Column A and Lines<br>6(a) and 6(c) for Column B)   | 62114.52                | 80248.41                                  |
| 7.  | Total Disbursements (from Line 31)   | 2387.50                 | 20521.39                                  |
| 8.  | Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d))                       | 59727.02                | 59727.02                                  |
| 9.  | Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) | 0.00                    |   |
| 10. | Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) | 0.00                    |   |

X 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

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

# DETAILED SUMMARY PAGE

| mage# 10931404401 |  | OF RECEIPTS                   | 3 / 20  |
|-------------------|--|-------------------------------|---|
| v                 | FEC Form 3X (Rev. 06/2004)<br>/rite or Type Committee Name   |                               |   |
|                   | Health Alliance Plan PAC   |                               |   |
| F                 | eport Covering the Period: From:   |                               | $\begin{array}{c} \begin{array}{c} M \\ 0 \\ 9 \end{array} \end{array} \begin{array}{c} D \\ 3 \\ 0 \end{array} \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 1 \\ 0 \end{array} \begin{array}{c} Y \\ 1 \\ 0 \end{array} $ |
|                   | I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date   |
| 11.               | Contributions (other than loans) From:<br>(a) Individuals/Persons Other  |                               |   |
|                   | Than Political Committees<br>(i) Itemized (use Schedule A)   | 1739.90                       | 19624.10  |
|                   | (ii) Unitemized  | 205.70                        | 7931.60   |
|                   | (iii) TOTAL (add<br>Lines 11(a)(i) and (ii)  | ▶ 1945.60                     | 27555.70  |
|                   | (b) Political Party Committees   | 0.00                          | 0.00  |
|                   | <ul> <li>(c) Other Political Committees</li> <li>(such as PACs)</li> <li>(d) Total Contributions (add Lines</li> </ul> | 0.00                          | 0.00  |
|                   | 11(a)(iii),(b) and (c)) (Carry<br>Totals to Line 33, page 5)   | ▶ 1945.60                     | 27555.70  |
| 12.               | Transfers From Affiliated/Other<br>Party Committees  | 0.00                          | 0.00  |
| 13.               | All Loans Received   | 0.00                          | 0.00  |
|                   | Loan Repayments Received<br>Offsets To Operating Expenditures  | 0.00                          | 0.00  |
| 16.               | (Refunds, Rebates, etc.)<br>(Carry Totals to Line 37, page 5)<br>Refunds of Contributions Made                         | 0.00                          | 0.00  |
|                   | to Federal candidates and Other<br>Political Committees  |                               | 0.00  |
| 17.               | Other Federal Receipts<br>(Dividends, Interest, etc.)  | 0.00                          | 0.00  |
| 18.               | Transfers from Non-Federal and Levin Fur   | nds                           |   |
|                   | (a) Non-Federal Account<br>(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),<br>12, 13, 14, 15, 16, 17, and 18(c))   | 1945.60                       | 27555.70  |
| 20.               | Total Federal Receipts<br>(subtract Line 18(c) from Line 19)   | 1945.60                       | 27555.70  |

#### Image# 10931404402

## **DETAILED SUMMARY PAGE**

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| FEC Form 3X (Rev. 02/2003) |   |                               | 4 / 20                            |  |
|----------------------------|---|-------------------------------|-----------------------------------|--|
|                            | II. DISBURSEMENTS   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |  |
| 1.                         | Operating Expenditures: –<br>(a) Shared Federal/Non-Federal   |                               |                                   |  |
|                            | Activity (from Schedule H4)<br>(i) Federal Share  | 0.00                          | 0.00                              |  |
|                            | (ii) Non-Federal Share  | 0.00                          | 0.00                              |  |
|                            | (b) Other Federal Operating<br>Expenditures   | 37.50                         | 371.39                            |  |
|                            | (c) Total Operating Expenditures<br>(add 21(a)(i), (a)(ii) and (b))                                       | 37.50                         | 371.39                            |  |
| <u>2</u> .                 | Transfers to Affiliated/Other Party<br>Committees   | 0.00                          | 0.00                              |  |
|                            | Contributions to<br>Federal Candidates/Committees<br>and Other Political Committees                       | 1750.00                       | 10250.00                          |  |
|                            | Independent Expenditure   | 0.00                          | 0.00                              |  |
|                            | (use Schedule E)<br>Coordinated Expenditures Made by Party<br>Committees (2 U.S.C. 441a(d))               | 0.00                          | 0.00                              |  |
|                            | (use Schedule F)  |                               |                                   |  |
| i.                         | Loan Repayments Made  | 0.00                          | 0.00                              |  |
|                            | Loans Made<br>Refunds of Contributions To:  | 0.00                          | 0.00                              |  |
|                            | (a) Individuals/Persons Other<br>Than Political Committees  | 0.00                          | 0.00                              |  |
| (                          | (b) Political Party Committees  | 0.00                          | 0.00                              |  |
|                            | (c) Other Political Committees<br>(such as PACs)  | 0.00                          | 0.00                              |  |
|                            | (d) Total Contribution Refunds<br>(add Lines 28(a), (b), and (c)) <b>&gt;</b>                             | 0.00                          | 0.00                              |  |
|                            | Other Disbursements   | 600.00                        | 9900.00                           |  |
| ).                         | Federal Election Activity (2 U.S.C 431(20))<br>(a) Shared Federal Election Activity<br>(from Schedule H6) |                               |                                   |  |
|                            | (i) Federal Share   | 0.00                          | 0.00                              |  |
|                            | (ii) "Levin" Share  | 0.00                          | 0.00                              |  |
|                            | (b) Federal Election Activity Paid Entirely<br>With Federal Funds   | 0.00                          | 0.00                              |  |
|                            | (c) Total Federal Election Activity (add<br>Lines 30(a)(i), 30(a)(ii) and 30(b))                          | 0.00                          | 0.00                              |  |
| ۱.                         |   | 0007.50                       |                                   |  |
|                            | 23, 24, 25, 26, 27, 28(d), 29 and 30(c))  | 2387.50                       | 20521.39                          |  |
| 2.                         | Total Federal Disbursements<br>(subtract Line 21(a)(ii) and Line 30(a)(ii)                                |                               |                                   |  |
|                            | from Line 31)   | 2387.50                       | 20521.39                          |  |

FE6AN026

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## **DETAILED SUMMARY PAGE**

of Disbursements FEC Form 3X (Rev. 02/2003)

5 / 20

|     | III. Net Contributions/Operating<br>Expenditures                        | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-----|---|-------------------------------|-----------------------------------|
| 33. | Total Contributions (other than loans)<br>from Line 11(d), page 3)      | 1945.60                       | 27555.70                          |
| 34. | Total Contribution Refunds<br>(from Line 28(d))                         | 0.00                          | 0.00                              |
| 35. | Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) | 1945.60                       | 27555.70                          |
| 36. | Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 37.50                         | 371.39                            |
| 37. | Offsets to Operating Expenditures (from Line 15, page 3)                | 0.00                          | 0.00                              |
| 38. | Net Operating Expenditures<br>(subtract Line 37 from Line 36)           | 37.50                         | 371.39                            |

FE6AN026

| ľ       | SCHEDULE A (FEC Form 3X)<br>TEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page<br>Statements may not be sold or used by any perso | FOR LINE NUMBER:       PAGE 6 / 20         (check only one)       Image: Comparison of the purpose of soliciting contributions         X       11a       11b       11c       12         13       14       15       16       17 |  |
|---------|--|--|--|--|
|         |  | e name and address of any political committee to   |  |  |
| Z<br>A. | Full Name (Last, First, Middle Initial)<br>Scott Allen<br>Mailing Address 3066 Richmond Dr           | Date of Receipt  |  |  |
|         | City   | State Zip Code   | 0 9 0 7 2 0 1 0<br>Transaction ID: 00914.C8032   |  |
|         | Clarkston<br>FEC ID number of contributing<br>federal political committee.                           | MI 48348-5063  | Amount of Each Receipt this Period 50.00   |  |
|         | Name of Employer<br>Health Alliance Plan   | Occupation<br>Assoc Dir, Labor Affairs   | Receipt  |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼<br>475.00   | Payroll Deduction: (25.00-<br>/Bi-Weekly )   |  |
| –<br>В. | Full Name (Last, First, Middle Initial)<br>Elizabeth A. Caldwell<br>Mailing Address 24307 Cunningham | Date of Receipt  |  |  |
|         | City   | State Zip Code   | 0 9 0 7 2 0 1 0<br>Transaction ID: 00914.C8023   |  |
|         | Warren<br>FEC ID number of contributing  | MI 48091   | Amount of Each Receipt this Period   |  |
|         | federal political committee.   | Occupation   | Receipt  |  |
|         | Name of Employer<br>Health Alliance Plan<br>   | Supervisor<br>Aggregate Year-to-Date   | _  |  |
|         | Primary General<br>Other (specify) ▼   | 219.45   | Payroll Deduction: (11.55-<br>/Bi-Weekly )   |  |
| –<br>C. | Full Name (Last, First, Middle Initial)<br>Elizabeth Chavez  | Date of Receipt  |  |  |
|         | Mailing Address 23706 Northstone Villa   |  | 09 / D D / Y Y Y Y<br>007 / 2010   |  |
|         | City<br><u>Taylor</u>  | State Zip Code<br>MI 48180   | Transaction ID: 00914.C7989 Amount of Each Receipt this Period   |  |
|         | FEC ID number of contributing<br>federal political committee.  | C  | 25.00  |  |
|         | Name of Employer<br>Health Alliance Plan   | Occupation<br>Supv - Claims  | Receipt  |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼<br>225.00   | Payroll Deduction: (12.50-<br>/Bi-Weekly )   |  |
| Γ       | SUBTOTAL of Receipts This Page (optional)  | ·  | 98.10  |  |
| F       | TOTAL This Period (last page this line number  |  |  |  |

|         | CHEDULE A (FEC Form 3X)<br>EMIZED RECEIPTS   | Use separate schedule(s) for each category of the    | FOR LINE NUMBER: PAGE 7 / 20<br>(check only one) |
|---------|--|--|--|
|         | EMIZED RECEIPIS  | Detailed Summary Page                                | X 11a 11b 11c 12<br>13 14 15 16 17               |
|         | ny information copied from such Reports and S<br>for commercial purposes, other than using the |  | on for the purpose of soliciting contributions   |
|         | NAME OF COMMITTEE (In Full)<br>Health Alliance Plan PAC  |  |  |
| ∠<br>A. | Full Name (Last, First, Middle Initial)<br>Jonathan W. Clement                                 |  | Date of Receipt                                  |
|         | Mailing Address 923 Westchester  | 0 9 / D D / Y Y Y Y<br>0 0 7 2 0 1 0                 |  |
|         | City   | State Zip Code                                       | Transaction ID: 00914.C7990                      |
|         | Grosse Pointe  | MI 48230-1829  | Amount of Each Receipt this Period               |
|         | FEC ID number of contributing federal political committee.                                     | C  | 80.00  |
|         | Name of Employer<br>Health Alliance Plan   | Occupation   | Receipt  |
|         | Receipt For:   | VP - Underwriting & Rating<br>Aggregate Year-to-Date | _  |
|         | Primary General  | 720.00   | Payroll Deduction: (40.00-                       |
|         | Other (specify)  | /Bi-Weekly )   |  |
| —<br>В. | Full Name (Last, First, Middle Initial)<br>Kenny Dodson  |  | Date of Receipt                                  |
|         | Mailing Address 11236 Meadow Brook   | 0 9 0 7 2 0 1 0                                      |  |
|         | City   | State Zip Code                                       | Transaction ID: 00914.C8004                      |
|         | Warren   | MI 48093   | Amount of Each Receipt this Period               |
|         | FEC ID number of contributing federal political committee.                                     | C  | 34.00  |
|         | Name of Employer<br>Health Alliance Plan   | Occupation<br>Mgr - Claims                           | Receipt  |
|         | Receipt For:   | Aggregate Year-to-Date 🔻                             |  |
|         | Primary     General       Other (specify) ▼  | 272.00   | Payroll Deduction: (17.00-<br>/Bi-Weekly )       |
| <br>C.  | Full Name (Last, First, Middle Initial)<br>Jody L. Doherty                                     |  | Date of Receipt                                  |
| -       | Mailing Address 21115 Violet   |  | M M / D D / Y Y Y Y<br>09 07 2010                |
|         | City   | State Zip Code                                       | Transaction ID: 00914.C8021                      |
|         | Saint Clair Shores   | MI 48082   | Amount of Each Receipt this Period               |
|         | FEC ID number of contributing federal political committee.                                     | C  | 34.60  |
|         | Name of Employer<br>Health Alliance Plan   | Occupation<br>Director                               | Receipt  |
|         | Receipt For:<br>Primary General  | Aggregate Year-to-Date                               | Payroll Deduction: (17.30-                       |
|         | Other (specify) ▼  | 328.70   | /Bi-Weekly )                                     |
|         | SUBTOTAL of Receipts This Page (optional)  |  | 148.60   |
|         | OTAL This Period (last page this line number   |  |  |

|         | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS<br>Any information copied from such Reports and S                       | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 8 / 20         (check only one)  |  |  |
|---------|---|---|--|--|--|
|         | or for commercial purposes, other than using the         NAME OF COMMITTEE (In Full)         Health Alliance Plan PAC |   |  |  |  |
| Α.      | Full Name (Last, First, Middle Initial)<br>Michael A. Elinski<br>Mailing Address 3434 Essex                           | Michael A. Elinski  |  |  |  |
|         | City<br>Trov  | State Zip Code<br>MI 48084  | 0 9     0 7     2 0 1 0       Transaction ID: 00914.C8025       Amount of Each Receipt this Period |  |  |
|         | FEC ID number of contributing federal political committee.  |   | 60.00  |  |  |
|         | Name of Employer<br>Health Alliance Plan  | Occupation<br>AVP - Technology & eBusiness D                                  | Receipt  |  |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Payroll Deduction: (30.00-<br>/Bi-Weekly )                                    |  |  |  |
| -<br>В. | Full Name (Last, First, Middle Initial)<br>Laura Eory<br>Mailing Address 19090 Parkwood Ln                            | Date of Receipt   |  |  |  |
|         |   |   | 09 07 2010   |  |  |
|         | City<br>Brownstown Twp  | State Zip Code<br>MI 48183-6804   | Transaction ID: 00914.C7991 Amount of Each Receipt this Period                                     |  |  |
|         | FEC ID number of contributing federal political committee.  | C   | 50.00  |  |  |
|         | Name of Employer<br>Health Alliance Plan  | Occupation<br>Sr Member Advocate  | Receipt  |  |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Payroll Deduction: (25.00-<br>/Bi-Weekly )                                    |  |  |  |
| -<br>C. | Full Name (Last, First, Middle Initial)<br>Howard Flasch  |   | Date of Receipt  |  |  |
|         | Mailing Address 1459 N Rochester Rd   | Mailing Address 1459 N Rochester Rd   |  |  |  |
|         | City  | State Zip Code  | Transaction ID: 00914.C7993  |  |  |
|         | Oakland<br>FEC ID number of contributing  | MI 48363-1630   | Amount of Each Receipt this Period 80.00   |  |  |
|         | federal political committee.<br>  | Occupation  | - Receipt  |  |  |
|         | Receipt For:  | VP - Product Development<br>Aggregate Year-to-Date                            | -  |  |  |
|         | Primary General<br>Other (specify) ▼  | 720.00  | Payroll Deduction: (40.00-<br>/Bi-Weekly )   |  |  |
|         | SUBTOTAL of Receipts This Page (optional)   |   | 190.00   |  |  |
| ſ       | TOTAL This Period (last page this line number   | only)   |  |  |  |

|         | SCHEDULE A (FEC Form 3X)<br>TEMIZED RECEIPTS                 | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page<br>Statements may not be sold or used by any persor | FOR LINE NUMBER:       PAGE $9/20$ (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17         n for the purpose of soliciting contributions |  |
|---------|--|---|---|--|
|         | NAME OF COMMITTEE (In Full)<br>Health Alliance Plan PAC      | ne name and address of any political committee to s   | solicit contributions from such committee.  |  |
| A.      | Full Name (Last, First, Middle Initial)<br>Michael M. Forhan | Date of Receipt   |   |  |
|         | Mailing Address 1587 Anita                                   | 09 <sup>1</sup> /07 <sup>2</sup> /2010  |   |  |
|         | City   | State Zip Code  | Transaction ID: 00914.C7994   |  |
|         | Grosse Pointe Wood   | MI 48236  | Amount of Each Receipt this Period  |  |
|         | FEC ID number of contributing federal political committee.   | C   | 24.00   |  |
|         | Name of Employer<br>Health Alliance Plan                     | Occupation  | - Receipt   |  |
|         | Receipt For:   | Mgr - Comp & Benefits   | -   |  |
|         | Primary General<br>Other (specify) ▼                         | Aggregate Year-to-Date ▼<br>216.00  | Payroll Deduction: (12.00-<br>/Bi-Weekly )  |  |
| -<br>B. | Full Name (Last, First, Middle Initial)<br>Mark Hall         | Date of Receipt   |   |  |
|         | Mailing Address 25450 Constitution                           | 09 / D D / Y Y Y Y<br>09 / 07 2010  |   |  |
|         | City   | State Zip Code  | Transaction ID: 00914.C8018   |  |
|         | Novi   | MI 48375-1763   | Amount of Each Receipt this Period  |  |
|         | FEC ID number of contributing federal political committee.   | C   | 153.92  |  |
|         | Name of Employer<br>Health Alliance Plan                     | Occupation<br>AVP - NB Dist Channel Mgmt  | – Receipt   |  |
|         | Receipt For:<br>Primary General<br>Other (specify) <b>v</b>  | Aggregate Year-to-Date<br>1462.24   | Payroll Deduction: (76.96-<br>/Bi-Weekly )  |  |
| -<br>C. | Full Name (Last, First, Middle Initial)<br>Michael Heffner   | Date of Receipt   |   |  |
|         | Mailing Address 2850 West Grand Bo                           | 09<br>07<br>2010  |   |  |
|         | City   | State Zip Code  | Transaction ID: 00914.C8024   |  |
|         | Detroit  | MI 48202  | Amount of Each Receipt this Period  |  |
|         | FEC ID number of contributing federal political committee.   | C   | 26.00   |  |
|         | Name of Employer<br>Health Alliance Plan                     | Occupation<br>Manager   | Receipt   |  |
|         | Receipt For:<br>Primary General<br>Other (specify) <b>v</b>  | Aggregate Year-to-Date ▼<br>247.00  | Payroll Deduction: (13.00-<br>/Bi-Weekly )  |  |
| ſ       | SUBTOTAL of Receipts This Page (optional)                    |   | 203.92  |  |

| c       | SCHEDULE A (FEC Form 3X)   |                                    |   |                                      | FOR LINE NUMBER: PAGE 10/20   |  |
|---------|--|------------------------------------|---|--------------------------------------|---|--|
|         | · · · ·  |                                    | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page |                                      | (check only one)  |  |
| 11      | TEMIZED RECEIPTS   |                                    |   |                                      | X 11a 11b 11c 12  |  |
| F       |  |                                    |   | , ,                                  | 13 14 15 16 17  |  |
|         | Any information copied from such Reports and S<br>or for commercial purposes, other than using the | Statements ma<br>e name and ad     | y not be sold or u<br>dress of any politi                                     | sed by any perso<br>cal committee to | n for the purpose of soliciting contributions<br>solicit contributions from such committee. |  |
|         | NAME OF COMMITTEE (In Full)  |                                    |   |                                      |   |  |
|         | Health Alliance Plan PAC   |                                    |   |                                      |   |  |
| Α.      | Full Name (Last, First, Middle Initial)<br>Cynthia Hoffman   |                                    |   |                                      | Date of Receipt   |  |
|         | Mailing Address 5768 Whitehaven Dr   | Mailing Address 5768 Whitehaven Dr |   |                                      |   |  |
|         | City   | State                              | Zip Code  |                                      | Transaction ID: 00914.C8012   |  |
|         | Troy   | MI                                 | 48085-3188  | 3                                    | Amount of Each Receipt this Period  |  |
|         | FEC ID number of contributing<br>federal political committee.                                      | C                                  |   |                                      | 60.00   |  |
|         | Name of Employer<br>Health Alliance Plan   | Occupatio                          |   |                                      | - Receipt   |  |
|         | Receipt For:   | 1 I                                | Commerce & Te<br>e Year-to-Date ▼   | -                                    | -   |  |
|         | Primary General  | . iggi ogali                       |   | 1 1 1 1                              | Payroll Deduction: (30.00-  |  |
|         | Other (specify)  | 0 0                                | 0 0 0 0   | 570.00                               | /Bi-Weekly )  |  |
| –<br>В. | Full Name (Last, First, Middle Initial)<br>Kevin Hurley  |                                    |   | Date of Receipt                      |   |  |
|         | Mailing Address 45504 Morningside Rd   |                                    |   |                                      | M M / D D / Y Y Y Y<br>09 07 2010   |  |
|         | City   | State                              | Zip Code  |                                      | Transaction ID: 00914.C7987   |  |
|         | <u>Canton</u>  | MI                                 | 48187-5610  | )                                    | Amount of Each Receipt this Period  |  |
|         | FEC ID number of contributing<br>federal political committee.                                      | C                                  |   |                                      | 24.00   |  |
|         | Name of Employer<br>Health Alliance Plan   | Occupatio                          |   |                                      | - Receipt   |  |
|         |  | Manage                             |   |                                      | _   |  |
|         | Receipt For:   | Primary General Aggregat           |   |                                      |   |  |
|         | Other (specify)  | 0 0                                | 0 0 0 0   | 228.00                               | Payroll Deduction: (12.00-<br>/Bi-Weekly )  |  |
| -<br>C. | Full Name (Last, First, Middle Initial)<br>Joyce M. James  | 1                                  |   |                                      | Date of Receipt   |  |
|         | Mailing Address 20810 Gardner St.  |                                    |   |                                      | 0 9 0 7 2 0 1 0   |  |
|         | City   | State                              | Zip Code  |                                      | Transaction ID: 00914.C7996   |  |
|         | Oak Park   | MI                                 | 48237   |                                      | Amount of Each Receipt this Period  |  |
|         | FEC ID number of contributing<br>federal political committee.                                      | C                                  |   |                                      | 24.00   |  |
|         | Name of Employer<br>Health Alliance Plan   | Occupatio<br>Mgr - Pr              | on<br>ovider Fin  |                                      | - Receipt   |  |
|         | Receipt For:   | Aggregate                          | e Year-to-Date 🔻  | ,                                    |   |  |
|         | Primary     General       Other (specify) ▼  | 0 0                                | 0 0 0 0   | 228.00                               | Payroll Deduction: (12.00-<br>/Bi-Weekly )  |  |
| Γ       |  | 1                                  |   |                                      | 108.00  |  |
| L       | SUBTOTAL of Receipts This Page (optional)  |                                    |   | ••••••                               |   |  |
|         | TOTAL This Period (last page this line number  | only)                              |   |                                      |   |  |

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|---|--|--|--|
| CHEDULE A (FEC Form 3X)                         |  | Use separate schedule(s)   | FOR LINE NUMBER: PAGE 11 / 20  |
|   |  | for each category of the   | (check only one)   |
| EWIZED RECEIPTS                                 |  | Detailed Summary Page  | X 11a 11b 11c 12   |
|   |  |  | 13 14 15 16 17   |
| ny information copied from such Reports and S   | Statements may   | not be sold or used by any perso   | on for the purpose of soliciting contributions   |
| r for commercial purposes, other than using the | e name and add   | ress 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)         |  |  |  |
|   |  |  | Date of Receipt  |
| Mailing Address 441 Sylvan Dr                   |  |  | 09<br>07<br>2010   |
| City  | State  | Zip Code   | Transaction ID: 00914.C7995  |
| Canton  | MI   | 48188-1596   | Amount of Each Receipt this Period   |
| EEC ID number of contributing                   |  |  |  |
|   | C  |  | 35.00  |
|   |  |  | Dessint  |
| Name of Employer                                | Occupation   | I.   | Receipt  |
| Health Alliance Plan                            | Dir - Unde   | erwriting/Ahl  |  |
| Receipt For:                                    |  |  | 7  |
| Primary General                                 |  |  | Payroll Deduction: (17.50-   |
| Other (specify)                                 |  | 315.00   | /Bi-Weekly )   |
|   | 0.0  |  |  |
| Full Name (Last, First, Middle Initial)         |  |  |  |
| Donald Kiefiuk                                  |  |  | Date of Receipt  |
| Mailing Address 39810 Karda                     |  |  | 0 9 0 7 Y Y Y Y<br>0 9 0 7 2 0 1 0   |
| City  | State  | Zin Code   | Transaction ID: 00914.C7992  |
| •   |  |  | Amount of Each Receipt this Period   |
|   | IVII   | -0010  | Amount of Lach Necelpt this Fellod   |
|   | C  |  | 80.00  |
| rederal political committee.                    |  |  |  |
| Name of Employer                                | Occupation   |  | Receipt  |
| Health Alliance Plan                            | AVP Clair  | n Operation  |  |
| Receipt For:                                    | Aggregate  | Year-to-Date V   |  |
| Primary General                                 | riggrogato   |  | Payroll Deduction: (40.00-   |
| Other (specify)                                 |  | 680.00   | /Bi-Weekly )   |
|   | 0.0  |  |  |
| Full Name (Last, First, Middle Initial)         |  |  |  |
| Glen Koslakiewicz                               |  |  | Date of Receipt  |
| Mailing Address 30431 John Hauk                 |  |  | M M / D D / Y Y Y Y  |
|   |  |  | 09 07 2010   |
| -   |  | Zip Code   | Transaction ID: 00914.C8001  |
| Garden City                                     | MI   | 48135  | Amount of Each Receipt this Period   |
| FEC ID number of contributing                   | C  |  | 36.00  |
| federal political committee.                    |  |  |  |
| Nome of Employer                                | Occupation   |  | Receipt  |
| Health Alliance Plan                            |  |  |  |
| Pagaint For:                                    |  | •  |  |
|   | Aggregate  | rear-to-Date V   |  |
|   |  | 342.00   | Payroll Deduction: (18.00-<br>/Bi-Weekly )   |
| Utter (specity)                                 |  |  |  |
|   |  |  |  |
| CURTOTAL of Descints This Days (antises)        |  |  | 151.00   |
| SUBICIAL OF RECEIPTS THIS Page (Optional)       |  |  |  |
| TOTAL This Period (last name this line number   | r only)  |  |  |
|   | FEMIZED RECEIPTS         wy information copied from such Reports and r for commercial purposes, other than using the representation of the r | any information copied from such Reports and Statements may         ror commercial purposes, other than using the name and add         NAME OF COMMITTEE (In Full)         Health Alliance Plan PAC         Full Name (Last, First, Middle Initial)         Mohammed Kanpurwala         Mailing Address       441 Sylvan Dr         City       State         Canton       MI         FEC ID number of contributing       C         Ideatin Alliance Plan       Occupation         Dir - Unde       Aggregate         Primary       General         Other (specify)       Image of C         Full Name (Last, First, Middle Initial)       Donald Kiefiuk         Mailing Address       39810 Karda         City       State         State       MI         FEC ID number of contributing       C         Ideatin Alliance Plan       Occupation         Aver Clair       Aggregate         City       State         Malliance Plan       Occupation         AVP Clair       Aggregate         Primary       General         Other (specify)       Image         Full Name (Last, First, Middle Initial)       General         Other (specify)       Image< | TEMIZED RECEIPTS       for each category of the Detailed Summary Page         uny information copied from such Reports and Statements may not be sold or used by any person for commercial purposes, other than using the name and address of any political committee to NAME OF COMMITTEE (In Full)       NAME OF COMMITTEE (In Full)         NAME OF COMMITTEE (In Full)       Health Alliance Plan PAC         Full Name (Last, First, Middle Initial)       Mohammed Kanpurwala         Malling Address       441 Sylvan Dr         City       State       Zip Code         Mare of Employer       Occupation         Primary       General       Occupation         Donald Keingink       Malling Address       39810 Karda         City       State       Zip Code         Sterling Heights       MI       48133         FEC ID number of contributing tederal political committee.       C       315.00         Full Name (Last, First, Middle Initial)       Donald Keingink       Aggregate Year-to-Date ▼         Other (specify) ▼       Cccupation       AVP Claim Operation         Receipt For:       Aggregate Year-to-Date ▼       680.00         Primary       General       Occupation         Other (specify) ▼       Aggregate Year-to-Date ▼       680.00         Full Name (Last, First, Middle Initial)       General       Occ |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS                 | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 12/20<br>(check only one)<br>X 11a 11b 11c 12 |  |  |  |  |
|----|---|---|---|--|--|--|--|
|    | Any information copied from such Reports and St               |   | n 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)<br>Health Alliance Plan PAC       |   |   |  |  |  |  |
| Α. | Full Name (Last, First, Middle Initial)<br>Phillip Krause     |   | Date of Receipt   |  |  |  |  |
|    | Mailing Address 30526 N. Greenbriar                           |   | 0 9 0 7 Y Y Y Y<br>0 9 0 7 2 0 1 0                                  |  |  |  |  |
|    | City  | State Zip Code  | Transaction ID: 00914.C7998   |  |  |  |  |
|    | Franklin  | MI 48025  | Amount of Each Receipt this Period                                  |  |  |  |  |
|    | FEC ID number of contributing federal political committee.    | C   | 24.00   |  |  |  |  |
|    | Name of Employer<br>Health Alliance Plan                      | Occupation<br>Manager, MBI  | - Receipt   |  |  |  |  |
|    | Receipt For:  | Aggregate Year-to-Date 🔻  |   |  |  |  |  |
|    | Other (specify) ▼   | 216.00  | Payroll Deduction: (12.00-<br>/Bi-Weekly )                          |  |  |  |  |
| в. | Full Name (Last, First, Middle Initial)<br>Ken Kreis          | Date of Receipt   |   |  |  |  |  |
|    | Mailing Address 31800 Shawn Dr                                |   | 09 / D D / Y Y Y Y<br>09 / 07 / 2010                                |  |  |  |  |
|    | City<br>Warren  | State Zip Code<br>MI 48088-2936   | Transaction ID: 00914.C7997   |  |  |  |  |
|    | FEC ID number of contributing                                 |   | Amount of Each Receipt this Period                                  |  |  |  |  |
|    | federal political committee.                                  |   | Receipt   |  |  |  |  |
|    | Name of Employer<br>Health Alliance Plan                      | Occupation<br>Mgr - Appl Dev/Bus Supp/Proj M                                  |   |  |  |  |  |
|    | Receipt For:  | Aggregate Year-to-Date V  | -   |  |  |  |  |
|    | Primary General<br>Other (specify) ▼                          | 209.00  | Payroll Deduction: (11.00-<br>/Bi-Weekly )                          |  |  |  |  |
|    | Full Name (Last, First, Middle Initial)                       |   |   |  |  |  |  |
| C. | Melissa Kurtz   |   | Date of Receipt   |  |  |  |  |
|    | Mailing Address 2850 West Grand Boul                          | evard   | 09 / D D / Y Y Y Y<br>09 / 07 / 2010                                |  |  |  |  |
|    | City  | State Zip Code  | Transaction ID: 00914.C8026   |  |  |  |  |
|    | Detroit   | MI 48202  | Amount of Each Receipt this Period                                  |  |  |  |  |
|    | FEC ID number of contributing<br>federal political committee. | C   | 40.00   |  |  |  |  |
|    | Name of Employer<br>Health Alliance Plan                      | Occupation<br>Manager   |   |  |  |  |  |
|    | Receipt For:<br>Primary General                               | Aggregate Year-to-Date  | Devrall Deductions (20.00   |  |  |  |  |
|    | Other (specify) ▼   | 380.00  | Payroll Deduction: (20.00-<br>/Bi-Weekly )                          |  |  |  |  |
|    | SUBTOTAL of Receipts This Page (optional)                     | ·····   | 86.00   |  |  |  |  |
|    | TOTAL This Period (last page this line number of              | only)   |   |  |  |  |  |

| ľ       | SCHEDULE A (FEC Form 3X)<br>TEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 13 / 20           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17           on for the purpose of soliciting contributions         11         11         11   |
|---------|--|---|---|
|         | NAME OF COMMITTEE (In Full)<br>Health Alliance Plan PAC                                      | e name and address of any political committee to                              | solicit contributions from such committee.  |
| ۷<br>۹. | Full Name (Last, First, Middle Initial)<br>Michelle Lang<br>Mailing Address 48616 Dunn Court |   | Date of Receipt   |
|         |  |   | 09 07 2010  |
|         | City   | State Zip Code  | Transaction ID: 00914.C8015   |
|         | Macomb   | MI 48044  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.                                   | C   | 32.00   |
|         | Name of Employer<br>Health Alliance Plan   | Occupation<br>Dir - Coordination of Benefits                                  | - Receipt   |
|         | Receipt For:<br>Primary General  | Aggregate Year-to-Date ▼  | Payroll Deduction: (16.00-  |
|         | Other (specify)  | 304.00  | /Bi-Weekly )  |
| в.      | Full Name (Last, First, Middle Initial)<br>Sandra Ledesma                                    |   | Date of Receipt   |
|         | Mailing Address 22429 Provincial St  |   | M M         /         D D         /         Y |
|         | City   | State Zip Code  | Transaction ID: 00914.C8027   |
|         | Trenton  | MI 48183  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing<br>federal political committee.                                | C   | 34.60   |
|         | Name of Employer<br>Health Alliance Plan   | Occupation<br>Manager IT  | Receipt   |
|         | Receipt For:   | Aggregate Year-to-Date  |   |
|         | Primary     General       Other (specify)  | 328.70  | Payroll Deduction: (17.30-<br>/Bi-Weekly )  |
| _<br>). | Full Name (Last, First, Middle Initial)<br>Ryan C. Moore                                     |   | Date of Receipt   |
|         | Mailing Address 723 Barclay Drive  |   | M M / D D / Y Y Y Y<br>09 / 07 / 2010   |
|         | City   | State Zip Code  | Transaction ID: 00914.C8003   |
|         | Troy   | MI 48085  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing<br>federal political committee.                                | C   | 23.08   |
|         | Name of Employer<br>Health Alliance Plan   | Occupation<br>Adm Manager, Office of COO                                      | Receipt   |
|         | Receipt For:   | Aggregate Year-to-Date V  |   |
|         | Primary     General       Other (specify) ▼  | 219.26  | Payroll Deduction: (11.54-<br>/Bi-Weekly )  |
| Γ       | SUBTOTAL of Receipts This Page (optional)  | l   | 89.68   |
| ┝       | CODICIAL OF RECEIPTS THIS FAYE (OPTIONAL)  |   |   |
|         | TOTAL This Period (last page this line number  | only)   |   |

|         | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  | Use separate schedul<br>for each category of th<br>Detailed Summary Pa  | $\begin{array}{c} (c) = (c) =$ |
|---------|--|---|--|
| ſ       | Any information copied from such Reports and S<br>or for commercial purposes, other than using the | itatements may not be sold or used by a<br>name and address of any political comr   | 13     14     15     16     17       ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.  |
|         | NAME OF COMMITTEE (In Full)<br>Health Alliance Plan PAC  |   |  |
| A.      | Full Name (Last, First, Middle Initial)<br>Diane Pawlica   |   | Date of Receipt  |
|         | Mailing Address 45568 Morningside  |   | 09 / 07 / Y Y Y Y<br>09 / 07 / 2010  |
|         | City   | State Zip Code  | Transaction ID: 00914.C8005  |
|         | Canton   | MI 48187  | Amount of Each Receipt this Period   |
|         | FEC ID number of contributing<br>federal political committee.                                      | C   | 40.00  |
|         | Name of Employer<br>Health Alliance Plan   | Occupation<br>Dir - System Care Mgmt  | Receipt  |
|         | Receipt For:   | Aggregate Year-to-Date V  |  |
|         | Primary     General       Other (specify) ▼  | 360.  | 00 Payroll Deduction: (20.00-<br>/Bi-Weekly )  |
| -<br>B. | Full Name (Last, First, Middle Initial)<br>Vincent Pawloske  | Date of Receipt   |  |
|         | Mailing Address 5450 Sandlewood Cou  | M         M         /         D         D         /         Y |  |
|         | City   | State Zip Code  | Transaction ID: 00914.C8030  |
|         | Waterford  | MI 48329  | Amount of Each Receipt this Period   |
|         | FEC ID number of contributing federal political committee.   |   | 40.00  |
|         | Name of Employer<br>Health Alliance Plan   | Occupation<br>Associate Director Finance  | Receipt  |
|         | Receipt For:   | Aggregate Year-to-Date V  |  |
|         | Primary General<br>Other (specify) ▼   | 380.  | 00 Payroll Deduction: (20.00-<br>/Bi-Weekly )  |
| -<br>C. | Full Name (Last, First, Middle Initial)<br>Christopher Pike  |   | Date of Receipt  |
|         | Mailing Address 1657 Wilmington Ct   |   | 0 9 / D D / Y Y Y Y<br>0 7 2 0 1 0   |
|         | City   | State Zip Code  | Transaction ID: 00914.C8007  |
|         | Rochester  | MI 48309  | Amount of Each Receipt this Period   |
|         | FEC ID number of contributing federal political committee.   | C   | 160.00   |
|         | Name of Employer<br>Health Alliance Plan   | Occupation<br>AVP - Information Tech Supp   | Receipt  |
|         | Receipt For:   | Aggregate Year-to-Date V  |  |
|         | <ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>                                     | 1440.   | 00 Payroll Deduction: (80.00-<br>/Bi-Weekly )  |
| ſ       | SUBTOTAL of Receipts This Page (optional)  |   | 240.00   |
| ŀ       | TOTAL This Period (last page this line number  | only)   |  |

|         | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  | Use separate<br>for each cate<br>Detailed Sum | gory of the nmary Page | FOR LINE NUMBER:       PAGE 15 / 20         (check only one)       11a         X       11a       11b       11c       12         I3       14       15       16       17 |  |  |
|---------|--|---|------------------------|--|--|--|
|         | Any information copied from such Reports and<br>or for commercial purposes, other than using th<br>NAME OF COMMITTEE (In Full)<br>Health Alliance Plan PAC |   |                        |  |  |  |
| А.      | Full Name (Last, First, Middle Initial)<br>Rachel Powell<br>Mailing Address 543 Thurber  |   |                        | Date of Receipt  |  |  |
|         | City<br>Trov   | State Zip Code<br>MI 48085-482                | 7                      | 0 90 72 0 1 0Transaction ID:00914.C8016Amount of Each Receipt this Period  |  |  |
|         | FEC ID number of contributing federal political committee.   | C   | ,<br>,<br>,<br>,       | 36.00  |  |  |
|         | Name of Employer<br>Health Alliance Plan   | Occupation<br>Dir - Encounter/Claim           | Accuracy               | Receipt  |  |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date                        | 342.00                 | Payroll Deduction: (18.00-<br>/Bi-Weekly )   |  |  |
| -<br>В. | Full Name (Last, First, Middle Initial)<br>Donna Reid<br>Mailing Address 2850 W Grand Blvd   | 1   |                        | Date of Receipt  |  |  |
|         | City   | State Zip Code                                |                        | 0 9 0 7 2 0 1 0<br>Transaction ID: 00914.C8011   |  |  |
|         | Detroit  | MI 48202-264                                  | 3                      | Amount of Each Receipt this Period   |  |  |
|         | FEC ID number of contributing federal political committee.   | C   | 0 0<br>0 0             | 66.00  |  |  |
|         | Name of Employer<br>Health Alliance Plan   | Occupation<br>Management                      |                        | Receipt  |  |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date                        | 561.00                 | Payroll Deduction: (33.00-<br>/Bi-Weekly )   |  |  |
| -<br>C. | Full Name (Last, First, Middle Initial)<br>Chrystal M. Roberts   |   |                        | Date of Receipt  |  |  |
|         | Mailing Address 24601 Pinehurst Aver   |   |                        | 0 9 / D D / Y Y Y Y<br>0 0 7 / 2 0 1 0   |  |  |
|         | City<br>Oak Park   | State Zip Code<br>MI 48237                    |                        | Transaction ID: 00914.C8031<br>Amount of Each Receipt this Period  |  |  |
|         | FEC ID number of contributing federal political committee.   | C   | 1                      | 34.60  |  |  |
|         | Name of Employer<br>Health Alliance Plan   | Director                                      |                        |  |  |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date                        | 328.70                 | Payroll Deduction: (17.30-<br>/Bi-Weekly )   |  |  |
|         | SUBTOTAL of Receipts This Page (optional)  |   | ····· •                | 136.60   |  |  |
|         | TOTAL This Period (last page this line number  | r only)                                       | ►                      |  |  |  |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                       | FOR LINE NUMBER:       PAGE 16 / 20         (check only one)       11c       12         X       11a       11b       11c       12         13       14       15       16       17 |
|----|---|---|---|
|    | Any information copied from such Reports and S<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) | tatements may not be sold or used by any persor<br>name and address of any political committee to s | n for the purpose of soliciting contributions solicit contributions from such committee.  |
|    | Health Alliance Plan PAC  |   |   |
| Α. | Full Name (Last, First, Middle Initial)<br>Dianna Ronan   |   | Date of Receipt   |
|    | Mailing Address 2156 Cumberland   |   | 0 9 / D D / Y Y Y Y<br>0 9 0 7 2 0 1 0  |
|    | City  | State Zip Code  | Transaction ID: 00914.C8010   |
|    | Brighton  | MI 48114  | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.  | C   | 160.00  |
|    | Name of Employer<br>Health Alliance Plan  | Occupation<br>VP - Financial Services   | - Receipt   |
|    | Receipt For:  | Aggregate Year-to-Date ▼  |   |
|    | Primary     General       Other (specify) ▼   | 1520.00   | Payroll Deduction: (80.00-<br>/Bi-Weekly)   |
| В. | Full Name (Last, First, Middle Initial)<br>Donna Siegmund   |   | Date of Receipt   |
|    | Mailing Address 9 Sylvan Ave  |   | 0 9 / 0 7 / Y Y Y Y<br>0 1 0  |
|    | City  | State Zip Code  | Transaction ID: 00914.C8020   |
|    | Pleasant Ridge  | MI 48069-1235   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.  | C   | 24.00   |
|    | Name of Employer<br>Health Alliance Plan  | Occupation<br>Project Manager   | - Receipt   |
|    | Receipt For:  | Aggregate Year-to-Date V  | _   |
|    | Primary     General       Other (specify) ▼   | 228.00  | Payroll Deduction: (12.00-<br>/Bi-Weekly )  |
| с. | Full Name (Last, First, Middle Initial)<br>Ronald R. Stallworth   |   | Date of Receipt   |
|    | Mailing Address 8121 Agnes  |   | 0 9 / D D / Y Y Y Y<br>0 2 0 1 0  |
|    | City  | State Zip Code  | Transaction ID: 00914.C8014   |
|    | Detroit   | MI 48214  | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.  |   | Bossint   |
|    | Name of Employer<br>Health Alliance Plan  | Occupation<br>VP - Government Affairs   | Receipt   |
|    | Receipt For:  | Aggregate Year-to-Date ▼  |   |
|    | Other (specify) ▼   | 760.00  | Payroll Deduction: (40.00-<br>/Bi-Weekly )  |
|    | SUBTOTAL of Receipts This Page (optional)   | · · · · · · · · · · · · · · · · · · ·   | 264.00  |
|    | TOTAL This Period (last page this line number   | only) ►   |   |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 17 / 20         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17  |  |  |  |
|----|---|--|---|---|--|--|--|
|    | Any information copied from such Reports and St<br>or for commercial purposes, other than using the | n for the purpose of soliciting contributions solicit contributions from such committee. |   |   |  |  |  |
|    | NAME OF COMMITTEE (In Full)<br>Health Alliance Plan PAC   |  |   |   |  |  |  |
| Α. | Full Name (Last, First, Middle Initial)<br>Peter A. Stewart   |  |   | Date of Receipt   |  |  |  |
|    | Mailing Address 7961 Little Farm Lane   |  |   | M = M         /         D = D         /         Y = Y = Y         Y         Y         Y = Y         Y |  |  |  |
|    | City  | State  | Zip Code  | Transaction ID: 00914.C8029   |  |  |  |
|    | West Bloomfield   | MI   | 48322   | Amount of Each Receipt this Period  |  |  |  |
|    | FEC ID number of contributing federal political committee.  | C  |   | 24.00   |  |  |  |
|    | Name of Employer<br>Health Alliance Plan  | Occupatio<br>Manager   | n<br><sup>-</sup> Auditing Services   | - Receipt   |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate  | e Year-to-Date V<br>228.00  | Payroll Deduction: (12.00-<br>/Bi-Weekly )  |  |  |  |

| SUBTOTAL of Receipts This Page (optional)           | ► | 24.00   |
|---|---|---------|
| TOTAL This Period (last page this line number only) | ► | 1739.90 |

|    |   | CHEDULE B (FEC Form 3  |    | Use separate schedule(s            |                     |   |               |           | E NUMBER: PAGE 18 / 20 |           |      |           |     |                    |           |             |       |           |
|----|---|--|----|------------------------------------|---------------------|---|---------------|-----------|------------------------|-----------|------|-----------|-----|--------------------|-----------|-------------|-------|-----------|
|    | 11  | EMIZED DISBURSEMEN   | 15 |                                    | Summary Page        |   | X             | 21b<br>27 |                        | 22<br>28a |      | 23<br>28b |     | 24<br>28c          | $\square$ | 25<br>29    |       | 26<br>30b |
|    |   | y Information copied from such Reports a<br>for commercial purposes, other than usin       |    |                                    |                     |   |               |           |                        |           |      |           |     |                    |           |             |       |           |
|    | $\left  \right\rangle$                              | NAME OF COMMITTEE (In Full)<br>Health Alliance Plan PAC                                    |    |                                    |                     |   |               |           |                        |           |      |           |     |                    |           |             |       |           |
| Α. |   | Full Name (Last, First, Middle Initial)<br>Comerica Bank<br>Mailing Address P.O. Box 75000 |    |                                    |                     |   |               |           |                        | Date o    |      | sburs     | -   | 0914.<br>nt<br>/ Y |           | 33<br>0 1 0 | Y     |           |
|    |   | City<br>Detroit  | -  | State<br>VI                        | Zip Code<br>48275-  |   |               |           |                        | Amour     | nt o | fEach     | Dis | burser             | nent      | t this P    | erioc | ł         |
|    | Purpose of Disbursement<br>August Operating Expense |  |    |                                    |                     |   |               |           | <u> </u>               |           |      |           |     | ;                  | 37.50     |             |       |           |
|    |   | Candidate Name   |    |                                    |                     |   | atego<br>Type |           |                        |           |      |           |     |                    |           |             |       |           |
|    |   | Office Sought: House<br>Senate<br>President  |    | nent For:<br>Primary<br>Other (spe | General<br>ecify) ▼ | - |               |           | Å                      | AUGU      | IST  | OPE       | RA  | TING               | EX        | PENS        | Ε     |           |
|    |   | State: District:   |    |                                    |                     |   |               |           |                        |           |      |           |     |                    |           |             |       |           |

|   | SUBTOTAL of Disbursements This Page (optional)      | • | 37.50                                       |
|---|---|---|---|
|   | TOTAL This Period (last page this line number only) | ► | 37.50                                       |
| F | FE6AN026  |   | FEC Schedule B ( Form 3X) (Revised 02/2003) |

|    | SCHEDULE B (FEC Form 3X)<br>TEMIZED DISBURSEMENTS  | Use separate schedule(s) for each category of the          | FOR LINE<br>(check onl | IE NUMBER: PAGE 19 / 20<br>nly one)   |  |  |  |  |  |
|----|--|--|------------------------|---|--|--|--|--|--|
| _  |  | Detailed Summary Page                                      | 21b<br>27              | 22         X         23         24         25         26           28a         28b         28c         29         30b |  |  |  |  |  |
|    | Any Information copied from such Reports and State<br>or for commercial purposes, other than using the nar |  |                        |   |  |  |  |  |  |
|    | NAME OF COMMITTEE (In Full)<br>Health Alliance Plan PAC  |  |                        |   |  |  |  |  |  |
|    | Full Name (Last, First, Middle Initial)  |  |                        | Transaction ID: 01011.E334  |  |  |  |  |  |
| Α. | Hansen Clarke for Congress   |  |                        | Date of Disbursement  |  |  |  |  |  |
|    | Mailing Address 3143 Woodward Ave  | Mailing Address 3143 Woodward Ave                          |                        |   |  |  |  |  |  |
|    | City<br>Detroit  | StateZip CodeMI48201-2723                                  |                        | Amount of Each Disbursement this Period   |  |  |  |  |  |
|    | Purpose of Disbursement<br>DIRECT CONTRIBUTION   |  |                        | 1000.00   |  |  |  |  |  |
|    | Candidate Name<br>HANSEN CLARKE  |  | Category/<br>Type      |   |  |  |  |  |  |
|    | Office Sought: X House Disbur<br>Senate President<br>State: MI District: 13                                | eement For: 2010<br>Primary X General<br>Other (specify) ▼ |                        | DIRECT CONTRIBUTION   |  |  |  |  |  |
| В. | Full Name (Last, First, Middle Initial)<br>Candice Miller for Congress Committee                           |  |                        | Transaction ID: 01011.E335<br>Date of Disbursement  |  |  |  |  |  |
|    | Mailing Address PO Box 182152  |  |                        |   |  |  |  |  |  |
|    | City<br>Utica  | StateZip CodeMI48318-2152                                  |                        | Amount of Each Disbursement this Period   |  |  |  |  |  |
|    | Purpose of Disbursement<br>DIRECT CONTRIBUTION   |  |                        | 750.00  |  |  |  |  |  |
|    | Candidate Name<br>CANDICE S. MILLER  |  | Category/<br>Type      |   |  |  |  |  |  |
|    | Office Sought: X House Disbur<br>Senate President State: MI District: 10                                   | eement For: 2010<br>Primary X General<br>Other (specify) ▼ |                        | DIRECT CONTRIBUTION   |  |  |  |  |  |

| TOTAL This Period (last page this line number only) | ► | 1750.00 |
|---|---|---------|
| SUBTOTAL of Disbursements This Page (optional)      | • | 1750.00 |

FE6AN026

FEC Schedule B ( Form 3X) (Revised 02/2003)

|    | S   | SCHEDULE B (FEC Form 3X)                                   |                             |           |  |       |         | - 1 |                                      |                            | IIMB                 | ₽R                                      |   |            | PA | PAGE 20 / 20 |   |                  |   |     |  |  |
|----|---|--|-----------------------------|-----------|--|-------|---------|-----|--------------------------------------|----------------------------|----------------------|---|---|------------|----|--------------|---|------------------|---|-----|--|--|
|    | ITEMIZED DISBURSEMENTS  |  |                             | •         | Use separate schedule(s)<br>for each category of the |       |         |     | FOR LINE NUMBER:<br>(check only one) |                            |                      |   |   | 174L 20720 |    |              |   |                  |   |     |  |  |
|    |   |  |                             |           | Detailed Summary Page                                |       |         |     |                                      | 21b                        |                      | 22                                      |   | 23         |    | 24           |   | 25               |   | 26  |  |  |
|    | <b>—</b>  |  |                             |           |  |       |         |     |                                      | 27                         | Ļ                    | 28a                                     |   | 28b        |    | 28c          | X | 29               |   | 30b |  |  |
|    | 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 |  |                             |           |  |       |         |     |                                      |                            |                      |   |   |            |    |              |   |                  |   |     |  |  |
|    | $\mathbf{N}$  | NAME OF COM  | MITTEE (In Full)            |           |  |       |         |     |                                      |                            |                      |   |   |            |    |              |   |                  |   |     |  |  |
|    | $ \rangle$  | Health Alliance  | e Plan PAC                  |           |  |       |         |     |                                      |                            |                      |   |   |            |    |              |   |                  |   |     |  |  |
|    |   | Full Name (Last, First, Middle Initial)                    |                             |           |  |       |         |     |                                      | Transaction ID: 01011 F336 |                      |   |   |            |    |              |   |                  |   |     |  |  |
| Α. |   | Jansen Legacy  | / Fund                      |           |  |       |         |     |                                      |                            | Date of Disbursement |   |   |            |    |              |   |                  |   |     |  |  |
|    |   | Mailing Address  | ailing Address PO Box 13034 |           |  |       |         |     |                                      |                            |                      |   |   |            |    |              |   | 0 <sup>1</sup> 0 | Y |     |  |  |
|    |   | City   |                             |           | State Zip Code                                       |       |         |     |                                      |                            |                      | Amount of Each Disbursement this Period |   |            |    |              |   |                  |   |     |  |  |
|    |   | Lansing  |                             |           | MI   | 489   | 01-3034 |     |                                      |                            |                      |   | - |            |    |              |   |                  |   |     |  |  |
|    |   | Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name |                             |           |  |       |         |     | U.                                   |                            |                      | 600.00                                  |   |            |    |              |   |                  |   |     |  |  |
|    |   |  |                             |           |  |       |         |     | ateg<br>Typ                          | jory/<br>e                 |                      |   |   |            |    |              |   |                  |   |     |  |  |
|    |   | Office Sought:   | House                       | Disburser | ment For:  |       | 2010    | I   |                                      |                            |                      |   |   |            |    |              |   |                  |   |     |  |  |
|    |   |  | Senate                      |           | Primary  |       | General |     |                                      |                            |                      |   |   |            |    |              |   |                  |   |     |  |  |
|    |   |  | President                   |           | Other (spe   | • / 1 | 7       |     |                                      |                            |                      |   |   |            |    |              |   |                  |   |     |  |  |
|    |   | State:   | District:                   | ANNUA     | L/OTHER  |       |         |     |                                      |                            |                      |   |   |            |    |              |   |                  |   |     |  |  |

| รเ  | JBTOTAL of Disbursements This Page (optional)      | • | 600.00                                      |
|-----|--|---|---|
| тс  | OTAL This Period (last page this line number only) | ► | 600.00                                      |
| FE6 | AN026  |   | FEC Schedule B ( Form 3X) (Revised 02/2003) |