Image# 12971391402 PAGE 1 / 16

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	-or Other Than An Autr	norized Committee	Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Health Alliance Plan P	AC		
ADDRESS (number and street)	2850 West Grand Boulevard		
Check if different			
than previously reported. (ACC)	Detroit		MI 48202
2. FEC IDENTIFICATION NU	JMBER ▼ CIT	Y A	STATE ▲ ZIP CODE ▲
C C00410670		STHIS EPORT X (N) C	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (20 (M3) Jun 20 (M3)	(Non-Election Year Only)
(a) Quarterly Reports:			(Non-Election Year Only)
April 15		20 (M4) X Jul 20 (M	(7) Oct 20 (M10) Jan 31 (YE)
Quarterly Report (Q	(C) 12-Day	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (Q	Report for the:	Convention (12C)	Special (12S)
Quarterly Report (Q		M = M / D = D	in the
Year-End Report (Y		n on	State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	n (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	n on	in the State of
5. Covering Period 06		through 06	30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined th	is Report and to the best of	my knowledge and belief it i	s true, correct and complete.
Type or Print Name of Treasure	r Nancy Cushman		
Signature of Treasurer Nanc	y Cushman	[Electronically Filed]	Date 07 09 / 2012
NOTE: Submission of false, errone	eous, or incomplete information	n may subject the person signi	ng this Report to the penalties of 2 U.S.C. §437g.
Office Use			FEC FORM 3X Rev. 12/2004
l Only l	1 1	I I	1

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Health Alliance Plan PAC 06 2012 06 30 2012 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 68165.72 January 1, 2012 (b) Cash on Hand at 75832.31 Beginning of Reporting Period..... 14882.32 1495.46 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 77327.77 83048.04 6(a) and 6(c) for Column B)..... 4993.75 10714.02 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 72334.02 72334.02 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Health A	Alliance	Plan	PAC
----------	----------	------	-----

Report Covering the Period: From: 06	01 2012	To: 06 30 2012
I. Receipts	COLUMN A	COLUMN B
<u> </u>	Total This Period	Calendar Year-to-Date
. Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	1030.22	7992.22
(i) Normzou (use conedule / i)		
(ii) Unitemized	465.24	6890.10
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	1495.46	14882.32
	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	5.50	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1495.46	14882.32
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
,		7 7 7
3. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		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	0.00	
(from Schedule H3)	0.00	0.00
	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	200
(c) Total Transiers (add To(a) and To(b))	0.00	0.00
9. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	1495.46	14882.32
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	1495.46	14882.32

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
(a) Alloc	g Expenditures: — cated Federal/Non-Federal	Total Tillo I Ollow	Calcinda Tear-to-Date
	rity (from Schedule H4) Federal Share	0.00	0.00
(1)	r ederar oriare		7
(ii)	Non-Federal Share	0.00	0.00
	er Federal Operating		
-	enditures	43.75	264.02
	Operating Expenditures	43.75	264.02
	21(a)(i), (a)(ii), and (b))	43.73	204.02
	es	0.00	0.00
Contribut			
	er Political Committees	250.00	250.00
	ent Expenditures		
(use Sch Coordina	edule E)ted Party Expenditures	0.00	0.00
(2 U.S.C.	§441a(d)) edule F)	0.00	0.00
(use Scn	edule F)	7	0.00
Loan Ber	payments Made	0.00	0.00
	ade	0.00	0.00
	of Contributions To: riduals/Persons Other		
	Political Committees	0.00	0.00
(I.) D III		0.00	0.00
	ical Party Committees	0.00	0.00
` '	h as PACs)	0.00	0.00
(000)	1 40 1 7 (00)	7	7
(d) Total	Contribution Refunds		
(add	Lines 28(a), (b), and (c)) ▶	0.00	0.00
0.1			40000.00
Other Dis	sbursements	4700.00	10200.00
Federal F	Election Activity (2 U.S.C. §431(20))		
	cated Federal Election Activity		
(fron	n Schedule H6)		
(i) F	ederal Share	0.00	0.00
		0.00	0.00
. ,	Levin" Share	0.00	0.00
. ,	eral Election Activity Paid Entirely With Federal Funds	0.00	0.00
	Federal Election Activity (add		
. ,	es 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disl	oursements (add Lines 21(c), 22,		
23, 24, 2	5, 26, 27, 28(d), 29 and 30(c))	4993.75	10714.02
	leral Disbursements		
	Line 21(a)(ii) and Line 30(a)(ii)	4993.75	10714.02
HOIH LINE	⇒ 31)▶	4000.70	10717.02

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	1495.46	14882.32
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1495.46	14882.32
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	43.75	264.02
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	43.75	264.02

	l FOF	I LINE	ΝU	MRFK	:	PAGE	-	6	U
	(che	ck only	or	ne)					
for each category of the Detailed Summary Page	×	11a		11b		11c		12	
, ,		13		14		15		16	

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or for commercial purposes, other than using	the name and address of any political committee t	
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
/ HEART AMAINE FIAIT FAC		
Full Name (Last, First, Middle Initial) 1. Irita Matthews		Date of Receipt
Mailing Address 861 Whittier		06 30 2012
City	State Zip Code	Transaction ID : PR7532643876
Grosse Pointe Park	MI 48230	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	77.00
Name of Employer	Occupation	1
Health Alliance Plan	VP - Assoc General Counsel	
Receipt For: Primary General	Aggregate Year-to-Date ▼	P/R Deduction (\$38.50 Bi-Weekly)
Other (specify) ▼	462.00	
Full Name (Last, First, Middle Initial) Kevin W Coughlin		Date of Receipt
Mailing Address 43119 Hanford Rd.		06 30 _2012
City	State Zip Code	Transaction ID : PR7532683876
Canton	MI 48187	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer	Occupation	1
Health Alliance Plan	Dir- Bus Intelligence&App Sprt	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	P/R Deduction (\$20.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Diane Lynn Slon		Date of Receipt
Mailing Address 31646 Robinhood Dr.		06 30 2012
City	State Zip Code	06 30 2012 Transaction ID : PR7532733876
Beverly Hills	MI 48025	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	-
Health Alliance Plan	AVP- Med&Business Informatics	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	325.00	P/R Deduction (\$25.00 Bi-Weekly)
CURTOTAL		167.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	167.00
TOTAL This Period (last page this line numb	per only)	

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name (Last, First, Middle Initial) Chrystal M. Roberts Date of Receipt Mailing Address 24601 Pinehurst Ave. 30 2012 06 City Zip Code State Transaction ID: PR7532883876 Oak Park MI 48237 Amount of Each Receipt this Period FEC ID number of contributing C 34.60 federal political committee. Name of Employer Occupation Health Alliance Plan **Dir-Community Relations** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$17.30 Bi-Weekly) 224.90 Other (specify) Full Name (Last, First, Middle Initial) B. Donald Edward Kiefiuk Date of Receipt Mailing Address 39810 Karola 30 06 2012 City State Zip Code Transaction ID: PR7532943876 MI Sterling Heights 48313 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation Health Alliance Plan VP - Claims Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$40.00 Bi-Weekly) 480.00 Other (specify) Full Name (Last, First, Middle Initial) c. John David Calabria Date of Receipt Mailing Address 2030 Brinston 30 06 2012 City Zip Code State Transaction ID: PR7533063876 MI Troy 48083 Amount of Each Receipt this Period FEC ID number of contributing 44.00 С federal political committee. Name of Employer Occupation Assoc Med Dir Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$22.00 Bi-Weekly) 264.00 Other (specify) 158.60 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -9

FOR LINE NUMBER: **PAGE** 8 Use separate schedule(s) (check only one) X 11a 11b 11c

OF

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name (Last, First, Middle Initial) Jody L Doherty Date of Receipt Mailing Address 21115 Violet 30 2012 City Zip Code State Transaction ID: PR7533123876 48082 Saint Clair Shores MI Amount of Each Receipt this Period FEC ID number of contributing C 37.50 federal political committee. Name of Employer Occupation Dir- Health Mgmt Services Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$18.75 Bi-Weekly) 206.25 Other (specify) Full Name (Last, First, Middle Initial) B. Glen P Koslakiewicz Date of Receipt Mailing Address 30431 John Hauk 30 06 2012 City State Zip Code Transaction ID: PR7533253876 Garden City MI 48135 Amount of Each Receipt this Period FEC ID number of contributing 36.00 federal political committee. Name of Employer Occupation Health Alliance Plan **Dir- Fin Operations** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$18.00 Bi-Weekly) 234.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dianna Lynn Ronan Date of Receipt Mailing Address 2156 Cumberland 30 06 2012 City State Zip Code Transaction ID: PR7533403876 MI **Brighton** 48114 Amount of Each Receipt this Period FEC ID number of contributing 154.00 С federal political committee. Name of Employer Occupation VP - Financial Services Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$77.00 Bi-Weekly) 1001.00 Other (specify) 227.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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- 9

FOR LINE NUMBER: **PAGE** 9 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name (Last, First, Middle Initial) Mohammed S. Kanpurwala Date of Receipt Mailing Address 441 Sylvan Dr 30 2012 06 City Zip Code State Transaction ID: PR7533583876 Canton MI 48188 Amount of Each Receipt this Period FEC ID number of contributing C 36.00 federal political committee. Name of Employer Occupation Health Alliance Plan Dir- Underwriting/Ahl Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$18.00 Bi-Weekly) 234.00 Other (specify) Full Name (Last, First, Middle Initial) B. Rachel A Powell Date of Receipt Mailing Address 543 Thurber 06 30 2012 City State Zip Code Transaction ID: PR7533623876 MI Troy 48085 Amount of Each Receipt this Period FEC ID number of contributing 36.00 federal political committee. Name of Employer Occupation Health Alliance Plan Dir - MA Revenue Management Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$18.00 Bi-Weekly) 234.00 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel A. Trim Date of Receipt Mailing Address 921 Juneau Rd. 30 06 2012 City State Zip Code Transaction ID: PR7533783876 MI Ypsilanti 48198 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Health Alliance Plan Dir-Technical Support Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 240.00 Other (specify) 112.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -9

FOR LINE NUMBER: PAGE 10 OF 16 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name (Last, First, Middle Initial) Scott T Allen Date of Receipt Mailing Address 3066 Richmond Dr. 30 2012 06 City State Zip Code Transaction ID: PR7533943876 Clarkston MI 48348 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Dir-Labor Affairs & VEBA Adm Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Richard D Chaney Date of Receipt Mailing Address 439 Merion Drive 30 06 2012 City State Zip Code Transaction ID: PR7533973876 MI Canton Township 48188 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Health Alliance Plan VP - Client Services Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Laura J Eory Date of Receipt Mailing Address 19090 Parkwood Lane 30 06 2012 City Zip Code State Transaction ID: PR7533983876 MI Brownstown 48183 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation **AVP Provider Contracting** Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Bi-Weekly) 300.00 Other (specify) 130.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 11 OF 16 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name (Last, First, Middle Initial) Rory P. Lafferty Date of Receipt Mailing Address 3937 Radcliff Drive #2D 30 2012 06 City State Zip Code Transaction ID: PR7534173876 Canton MI 48188 Amount of Each Receipt this Period FEC ID number of contributing C 34.62 federal political committee. Name of Employer Occupation Health Alliance Plan Dir- Government&LasItv Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$17.31 Bi-Weekly) 225.03 Other (specify) Full Name (Last, First, Middle Initial) B. Elgin C Cooper Date of Receipt Mailing Address 1880 Pelican Ct 30 06 2012 City State Zip Code Transaction ID: PR8708193876 MI Troy 48084 Amount of Each Receipt this Period FEC ID number of contributing C 37.50 federal political committee. Name of Employer Occupation Health Alliance Plan Dir-Corp Program Mngmnt Office Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$18.75 Bi-Weekly) 225.00 Other (specify) Full Name (Last, First, Middle Initial) c. Janetta Dean Date of Receipt Mailing Address 24795 Beck 30 06 2012 City State Zip Code Transaction ID: PR8708203876 MI Eastpointe 48021 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Mgr- COB Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 240.00 Other (specify) 112.12 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 12 OF 16 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name (Last, First, Middle Initial) Walter Knysz Date of Receipt Mailing Address 1165 Lake Angelus Rd. 30 2012 06 City Zip Code State Transaction ID: PR8708223876 Lake Angelus MI 48326 Amount of Each Receipt this Period FEC ID number of contributing C 46.00 federal political committee. Name of Employer Occupation Assoc Med Dir Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$23.00 Bi-Weekly) 276.00 Other (specify) Full Name (Last, First, Middle Initial) B. Deandre Antwan Lipscomb Date of Receipt Mailing Address 29064 Raleigh Rd 06 30 2012 City State Zip Code Transaction ID: PR8708233876 MI Farmington Hills 48336 Amount of Each Receipt this Period FEC ID number of contributing C 77.00 federal political committee. Name of Employer Occupation Health Alliance Plan VP- Community Outreach Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.50 Bi-Weekly) 462.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 123.00 SUBTOTAL of Receipts This Page (optional)..... 1030.22 TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X)	11	FOR LINE	NUMBER:	PAGE 13 OF 16		
ITEMIZED DISBURSEMENTS	ZED DISBURSEMENTS Use separate schedule(s) for each category of the		one)			
	Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30b		
Any information copied from such Reports and Statem or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)	e and address of any pointe	ai committee to	Solicit Contributions	nom such committee.		
Health Alliance Plan PAC						
Full Name (Last, First, Middle Initial)			Data of Dishamon			
A. Comerica Bank			Date of Disburser			
Mailing Address P.O. Box 75000			06 04			
City	State Zip Code		Transaction ID	· 6455541		
Detroit Purpose of Disbursement	MI 48275		Transaction ib	. 0433341		
Credit Card Transaction Fee		001	Amount of Each	Disbursement this Period		
Candidate Name		Category/		10.75		
		Туре		43.75		
	nent For: Primary General Other (specify)		Credit Card Transa	action Fee		
State: District:	, , , , , , , , , , , , , , , , , , ,					
Full Name (Last, First, Middle Initial) B.			Date of Disburser	ment		
			M M / D	D / Y Y Y Y Y		
Mailing Address						
City	State Zip Code					
Purpose of Disbursement			Assessment of Facility	Distance and this Deviced		
Candidate Name			Amount of Each	Disbursement this Period		
		Category/ Type				
Office Sought: House Disbursem	nent For:	71				
	Primary General					
State: District:	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
C.			Date of Disburser	ment		
A4 37 A 4 4			M M / D	D / Y Y Y Y Y		
Mailing Address						
City	State Zip Code					
Purpose of Disbursement						
Candidate Name		Category/ Type		Disbursement this Period		
Office Sought: House Disbursem	nent For: Primary General					
	Other (specify)					
State: District:						
CURTOTAL of Distance and Till D				43.75		
SUBTOTAL of Disbursements This Page (optional)		······				
TOTAL This Period (last page this line number only).				43.75		

SCHEDULE B (FEC Form 3X)		FOR LINE	PAGE 14 OF 16	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	,	
	Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30
Any information copied from such Reports and Staten				
or for commercial purposes, other than using the name	ne and address of any politic	al committee to	solicit contributions	s from such committee.
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC				
Full Name (Last, First, Middle Initial)			Date of Disburse	ement
A. Levin for Congress			Date of Disburse	
Mailing Address 209 Pennsylvania Ave SE				25 2012
	State Zip Code		Transaction ID) · 6518573
Washington Purpose of Disbursement	DC 20003-1107		าาสการสบแบก เป	
Direct Contribution		011	Amount of Each	Disbursement this Period
Candidate Name		Category/		050.00
Sander Levin	nont Fore Code	Type		250.00
	nent For: 2012 Primary General		Direct Contribution	an.
President	Other (specify)		Direct Contributio	лі
State: MI District: 12				
Full Name (Last, First, Middle Initial) B.			Data of Diskar	ement
∪.			Date of Disburse	
Mailing Address			IVI = IVI / D	, , , , , , ,
City	State Zip Code			
Purpose of Disbursement				
Candidate Name			Amount of Each	Disbursement this Period
Candidate Ivame		Category/ Type		
Office Sought: House Disbursen	nent For:	. ypc	7	
Senate	Primary General			
State: President State:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C.			Date of Disburse	ement
Mailing Address			M M / D	D / Y # Y # Y
City	State Zip Code			
Purpose of Disbursement				
Condidate Name			Amount of Each	Disbursement this Period
Candidate Name		Category/ Type		
Office Sought: House Disburser	nent For:	. , , , ,		
	Primary General			
President	Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)				250.00
				050.00
TOTAL This Period (last page this line number only)			1	250.00

SCHEDULE B (FEC Form 3X)	Lies canarate cahadula(a)	FOR LINE I		5 OF 16
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only 21b		25 26
	Detailed Summary Page	27	28a 28b 28c X 2	
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan				
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC				
Full Name (Last, First, Middle Initial)			D	
A. Michigan Jobs Fund			Date of Disbursement	V V
Mailing Address 1731 Blue Grass Road			06 06 201	
,	State Zip Code MI 48906		Transaction ID: 6459854	
Lansing Purpose of Disbursement	MI 48906			
Direct Contribution		011	Amount of Each Disbursement th	nis Period
Candidate Name		Category/ Type		600.00
Office Sought: House Disburser	nent For:	туре		
Senate President	Primary General Other (specify) ▼		Direct Contribution	
State: District: Full Name (Last, First, Middle Initial)				
3. Richardville Leadership Fund			Date of Disbursement	V
Mailing Address PO Box 1631			06 06 201	
Monroe	State Zip Code MI 48161		Transaction ID: 6459855	
Purpose of Disbursement Direct Contribution		011	Amount of Each Disbursement th	nis Period
Candidate Name		Category/ Type		400.00
Office Sought: House Disburser	nent For: Primary General Other (specify)		Direct Contribution	
Full Name (Last, First, Middle Initial) Committee to Elect Tim Greimel			Date of Disbursement	
Mailing Address PO Box 431071			06 18 201:	
City S	State Zip Code MI 48343		Transaction ID : 6497850	
Purpose of Disbursement Tim Greimel, STATE HOUSE 29th MI		011	Amount of Each Disbursement th	nis Period
Candidate Name MI Rep. Tim Greimel	-	Category/ Type		500.00
•	nent For: 2012	Туре		
Senate President	Primary General Other (specify) ▼		Tim Greimel, STATE HOUSE 29th	n MI
State: MI District: 29				
SUBTOTAL of Disbursements This Page (optional)		·····•	1	500.00
TOTAL This Period (last page this line number only)		······		

SCHEDULE B (FEC Form 3X)	Han annuals selected ()		FOR LINE NUMBER: PAGE 16 OF 16			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only				
	Detailed Summary Page	21b 27	22 23 28a 28b	24 25 26 28c X 29 30		
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full)	The second of any points			22		
Health Alliance Plan PAC						
Full Name (Last, First, Middle Initial)			D.11. (D)			
A. Committee to Elect Dave Bing May	or		Date of Disburseme			
Mailing Address P.O. Box 31-0058			06 18	2012		
•	tate Zip Code		Transaction ID: 6	497851		
Detroit Purpose of Disbursement	MI 48231					
Dave Bing, Mayor (Population 250,000 +) MI		011	Amount of Each Dis	bursement this Period		
Candidate Name		Category/		3000.00		
Dave Bing Office Sought: House Disbursem	nent For: 2013	Туре	7	3000.00		
Senate President	Primary General Other (specify)		Dave Bing, Mayor (P	opulation 250,000 +) MI		
State: District:						
Full Name (Last, First, Middle Initial) B. Committee to Re-Flect Rep. Joel July 1988	ohnson		Date of Disburseme	nt		
B. Committee to Re-Elect Rep. Joel Jo	OHIISOH		M M / D D	/ Y Y Y Y Y		
Mailing Address PO Box 280			06 25	2012		
City S Clare	State Zip Code MI 48617		Transaction ID : 6	518574		
Purpose of Disbursement Direct Contribution		011	Amount of Facts Dia	huromont this Desired		
Candidate Name		011	Amount of Each Dis	bursement this Period		
MI Rep. Joel Johnson		Category/ Type		200.00		
	nent For: 2012	. 7 6 0	,			
	Primary X General		Direct Contribution			
State: MI District: 97	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
C.			Date of Disburseme	nt		
Mailing Address			M M / D D	/ Y Y Y Y Y		
City	state Zip Code					
Purpose of Disbursement						
Candidate Name		Category/ Type	Amount of Each Dis	bursement this Period		
Office Sought: House Disbursem	nent For:	1 9 0 0	7	7		
Senate	Primary General Other (specify) ▼					
State: District:						
,		'		2002.00		
SUBTOTAL of Disbursements This Page (optional)		·····•		3200.00		
TOTAL This Period (last page this line number only).				4700.00		