



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Health Alliance Plan PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		68165.72
(b) Cash on Hand at Beginning of Reporting Period.....	72294.19	
(c) Total Receipts (from Line 19) .....	3195.88	19582.12
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	75490.07	87747.84
7. Total Disbursements (from Line 31).....	4043.75	16301.52
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	71446.32	71446.32
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Health Alliance Plan PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2947.33	12039.77
(ii) Unitemized .....	248.55	7542.35
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	3195.88	19582.12
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	3195.88	19582.12
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	3195.88	19582.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3195.88	19582.12

**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
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	43.75	351.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	43.75	351.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1250.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	4000.00	14700.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4043.75	16301.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4043.75	16301.52

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3195.88	19582.12
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3195.88	19582.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	43.75	351.52
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	43.75	351.52

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Health Alliance Plan PAC**

**A. Dan E. Champney**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9186 Hidden Oaks

City Grand Blanc	State MI	Zip Code 48439
---------------------	-------------	-------------------

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

Name of Employer HAP	Occupation VP
-------------------------	------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2012

**Transaction ID : 6620531**

Amount of Each Receipt this Period  
1000.00

**B. Irita Matthews**  
Full Name (Last, First, Middle Initial)  
Mailing Address 861 Whittier

City Grosse Pointe Park	State MI	Zip Code 48230
----------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
654.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

**Transaction ID : PR7532644240**

Amount of Each Receipt this Period  
115.50

P/R Deduction (\$38.50 Bi-Weekly)

**C. Kevin W Coughlin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 43119 Hanford Rd.

City Canton	State MI	Zip Code 48187
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FEC ID number of contributing federal political committee. **C**

Name of Employer Health Alliance Plan	Occupation Dir- Bus Intelligence&App Sprt
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

**Transaction ID : PR7532684240**

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1175.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Alliance Plan PAC**

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

Mailing Address 31646 Robinhood Dr.

City State Zip Code  
Beverly Hills MI 48025

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
08 / 31 / 2012  
**Transaction ID : PR7532734240**

Amount of Each Receipt this Period  
**75.00**

P/R Deduction (\$25.00 Bi-Weekly)

**B. Peter Anderson Stewart**  
Full Name (Last, First, Middle Initial)

Mailing Address 7961 Little Farm Lane

City State Zip Code  
West Bloomfield MI 48322

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

Name of Employer Occupation  
Health Alliance Plan Dir- Auditing Srvc & MAR Compl

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **216.00**

Date of Receipt  
08 / 31 / 2012  
**Transaction ID : PR7532804240**

Amount of Each Receipt this Period  
**36.00**

P/R Deduction (\$12.00 Bi-Weekly)

**C. Chrystal M. Roberts**  
Full Name (Last, First, Middle Initial)

Mailing Address 24601 Pinehurst Ave.

City State Zip Code  
Oak Park MI 48237

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

Name of Employer Occupation  
Health Alliance Plan Dir- Community Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **311.40**

Date of Receipt  
08 / 31 / 2012  
**Transaction ID : PR7532884240**

Amount of Each Receipt this Period  
**51.90**

P/R Deduction (\$17.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>162.90</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 18  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Health Alliance Plan PAC**

Full Name (Last, First, Middle Initial) <b>A. Donald Edward Kiefiuk</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 31 / 2012 <b>Transaction ID : PR7532944240</b>
Mailing Address 39810 Karola			Amount of Each Receipt this Period 120.00
City Sterling Heights	State MI	Zip Code 48313	P/R Deduction (\$40.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Health Alliance Plan	Occupation VP - Claims	Aggregate Year-to-Date ▼ 680.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. John David Calabria</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 31 / 2012 <b>Transaction ID : PR7533064240</b>
Mailing Address 2030 Brinston			Amount of Each Receipt this Period 66.00
City Troy	State MI	Zip Code 48083	P/R Deduction (\$22.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Health Alliance Plan	Occupation Assoc Med Dir	Aggregate Year-to-Date ▼ 374.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Jody L Doherty</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 31 / 2012 <b>Transaction ID : PR7533124240</b>
Mailing Address 21115 Violet			Amount of Each Receipt this Period 56.25
City Saint Clair Shores	State MI	Zip Code 48082	P/R Deduction (\$18.75 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Health Alliance Plan	Occupation Dir- Health Mgmt Services	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	242.25
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 18
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Health Alliance Plan PAC**

Full Name (Last, First, Middle Initial) <b>A. Joyce Melissa James</b>			Date of Receipt 08 / 31 / 2012 <b>Transaction ID : PR7533194240</b>
Mailing Address 20810 Gardner St.			Amount of Each Receipt this Period 36.00
City Oak Park	State MI	Zip Code 48237	P/R Deduction (\$12.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Health Alliance Plan	Occupation Mgr- Provider Fin	Aggregate Year-to-Date 204.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Glen P Koslakiewicz</b>			Date of Receipt 08 / 31 / 2012 <b>Transaction ID : PR7533254240</b>
Mailing Address 30431 John Hawk			Amount of Each Receipt this Period 54.00
City Garden City	State MI	Zip Code 48135	P/R Deduction (\$18.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Health Alliance Plan	Occupation Dir- Fin Operations	Aggregate Year-to-Date 324.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Diane Pawlica</b>			Date of Receipt 08 / 31 / 2012 <b>Transaction ID : PR7533344240</b>
Mailing Address 45568 Morningside			Amount of Each Receipt this Period 60.00
City Canton	State MI	Zip Code 48187	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Health Alliance Plan	Occupation Dir- System Care Mgmt	Aggregate Year-to-Date 260.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Health Alliance Plan PAC**

Full Name (Last, First, Middle Initial) <b>A. Dianna Lynn Ronan</b>			Date of Receipt MM / DD / YYYY 08 / 31 / 2012 <b>Transaction ID : PR7533404240</b>
Mailing Address 2156 Cumberland			Amount of Each Receipt this Period 231.00
City Brighton	State MI	Zip Code 48114	P/R Deduction (\$77.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Health Alliance Plan	Occupation VP - Financial Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1386.00		

Full Name (Last, First, Middle Initial) <b>B. Mohammed S. Kanpurwala</b>			Date of Receipt MM / DD / YYYY 08 / 31 / 2012 <b>Transaction ID : PR7533584240</b>
Mailing Address 441 Sylvan Dr			Amount of Each Receipt this Period 54.00
City Canton	State MI	Zip Code 48188	P/R Deduction (\$18.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Health Alliance Plan	Occupation Dir- Underwriting/Ahl		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 324.00		

Full Name (Last, First, Middle Initial) <b>C. Robert G Leger</b>			Date of Receipt MM / DD / YYYY 08 / 31 / 2012 <b>Transaction ID : PR7533594240</b>
Mailing Address 1554 Waters Edge Ct.			Amount of Each Receipt this Period 45.00
City Wixom	State MI	Zip Code 48393	P/R Deduction (\$15.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Health Alliance Plan	Occupation Dir- Support Svcs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	330.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Health Alliance Plan PAC**

**A. Rachel A Powell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 543 Thurber  
City Troy State MI Zip Code 48085  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Alliance Plan Occupation Dir - MA Revenue Management  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 324.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR7533624240**  
Amount of Each Receipt this Period 54.00  
P/R Deduction (\$18.00 Bi-Weekly)

**B. Sandra Lee Ledesma**  
Full Name (Last, First, Middle Initial)  
Mailing Address 22429 Provincial  
City Woodhaven State MI Zip Code 48183  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Alliance Plan Occupation Dir- Application Development  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR7533694240**  
Amount of Each Receipt this Period 45.00  
P/R Deduction (\$15.00 Bi-Weekly)

**C. Daniel A. Trim**  
Full Name (Last, First, Middle Initial)  
Mailing Address 921 Juneau Rd.  
City Ypsilanti State MI Zip Code 48198  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Alliance Plan Occupation Dir- Technical Support  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR7533784240**  
Amount of Each Receipt this Period 60.00  
P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	159.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Health Alliance Plan PAC**

**A. Carol L Allen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 26160 Franklin Pointe Dr.  
City Southfield State MI Zip Code 48034  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Alliance Plan Occupation Mgr- NOC, Systems Admin  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 204.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR7533794240**  
Amount of Each Receipt this Period 36.00  
P/R Deduction (\$12.00 Bi-Weekly)

**B. Scott T Allen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3066 Richmond Dr.  
City Clarkston State MI Zip Code 48348  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Alliance Plan Occupation Dir- Labor Affairs & VEBA Adm  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR7533944240**  
Amount of Each Receipt this Period 60.00  
P/R Deduction (\$20.00 Bi-Weekly)

**C. Richard D Chaney**  
Full Name (Last, First, Middle Initial)  
Mailing Address 439 Merion Drive  
City Canton Township State MI Zip Code 48188  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Alliance Plan Occupation VP - Client Services  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR7533974240**  
Amount of Each Receipt this Period 60.00  
P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 156.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Alliance Plan PAC**

**A. Laura J Eory**  
Full Name (Last, First, Middle Initial)

Mailing Address 19090 Parkwood Lane

City Brownstown State MI Zip Code 48183

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

Name of Employer Health Alliance Plan Occupation AVP Provider Contracting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt **08 / 31 / 2012**

**Transaction ID : PR7533984240**

Amount of Each Receipt this Period **75.00**

P/R Deduction (\$25.00 Bi-Weekly)

**B. Kevin Michael Hurley**  
Full Name (Last, First, Middle Initial)

Mailing Address 45504 Morningside Rd.

City Canton State MI Zip Code 48187

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

Name of Employer Health Alliance Plan Occupation Mgr- Revenue Cycle & Recv Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **204.00**

Date of Receipt **08 / 31 / 2012**

**Transaction ID : PR7533994240**

Amount of Each Receipt this Period **36.00**

P/R Deduction (\$12.00 Bi-Weekly)

**C. Christopher Andrew Johnston**  
Full Name (Last, First, Middle Initial)

Mailing Address 4300 Westover Dr.

City West Bloomfield State MI Zip Code 48323

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

Name of Employer Health Alliance Plan Occupation Dir- New Business Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **216.00**

Date of Receipt **08 / 31 / 2012**

**Transaction ID : PR7534074240**

Amount of Each Receipt this Period **36.00**

P/R Deduction (\$12.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **147.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Rory P. Lafferty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3937 Radcliff Drive #2D  
 City Canton State MI Zip Code 48188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Alliance Plan Occupation Dir- Government&Lgsltv Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 311.58

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR7534174240**  
 Amount of Each Receipt this Period 51.93  
 P/R Deduction (\$17.31 Bi-Weekly)

**B. Cesar D Bayoneto**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11055 Cloverlawn Dr  
 City Brighton State MI Zip Code 48114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Alliance Plan Occupation Sr Finance Administrator/HMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR8708164240**  
 Amount of Each Receipt this Period 36.00  
 P/R Deduction (\$12.00 Bi-Weekly)

**C. Darryl P Bostick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6431 Eastbrooke  
 City West Bloomfield State MI Zip Code 48322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Alliance Plan Occupation Mgr- Provider Reimbursement  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR8708174240**  
 Amount of Each Receipt this Period 36.00  
 P/R Deduction (\$12.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	123.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Alliance Plan PAC**

**A. Elgin C Cooper**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1880 Pelican Ct  
 City Troy State MI Zip Code 48084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Alliance Plan Occupation Dir-Corp Program Mngmnt Office  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **318.75**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR8708194240**  
 Amount of Each Receipt this Period **56.25**  
 P/R Deduction (\$18.75 Bi-Weekly)

**B. Janetta Dean**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24795 Beck  
 City Eastpointe State MI Zip Code 48021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Alliance Plan Occupation Mgr- COB  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **340.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR8708204240**  
 Amount of Each Receipt this Period **60.00**  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Walter Knysz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1165 Lake Angelus Rd.  
 City Lake Angelus State MI Zip Code 48326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Alliance Plan Occupation Assoc Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **391.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR8708224240**  
 Amount of Each Receipt this Period **69.00**  
 P/R Deduction (\$23.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>185.25</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 16 OF 18  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Health Alliance Plan PAC**

**A.** Full Name (Last, First, Middle Initial)  
**Deandre Antwan Lipscomb**

Mailing Address 29064 Raleigh Rd

City Farmington Hills State MI Zip Code 48336

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

Name of Employer Health Alliance Plan Occupation VP- Community Outreach

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **654.50**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 31 / 2012**

**Transaction ID : PR8708234240**

Amount of Each Receipt this Period  
**115.50**

P/R Deduction (\$38.50 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>115.50</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>2947.33</b>



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Health Alliance Plan PAC**

Full Name (Last, First, Middle Initial)

**A. Comerica Bank**

Mailing Address P.O. Box 75000

City Detroit State MI Zip Code 48275

Purpose of Disbursement  
Credit Card Transaction Fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 6606801**

Amount of Each Disbursement this Period

Credit Card Transaction Fee

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Health Alliance Plan PAC**

Full Name (Last, First, Middle Initial)

**A. Michigan Association of Health Plans PAC (MAHP PAC)**

Mailing Address 327 Seymour

City Lansing State MI Zip Code 48933

Purpose of Disbursement  
Direct Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 6622071**

Amount of Each Disbursement this Period

Direct Contribution

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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