Image# 12952903436 PAGE 1 / 18

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

								Office Use C	nly	
1.	NAME OF COMMITTEE (in full)	TYPE OR P	RINT ▼		mple: If typir r the lines.	ng, type	12FE4M5	5		
۱	lealth Alliance Plan PA	\C	1 1 1 1							, 1
_										
AD	DRESS (number and street)	2850 Wes	t Grand Boul	evard						
ř	Check if different									
ľ	than previously reported. (ACC)	Detroit					MI	48202		
2.	FEC IDENTIFICATION NU	MBER ▼		CITY ▲		5	STATE 🛦	ZIF	CODE A	
	C C00410670		3	B. IS THIS REPORT		N) OR	Al (A	MENDED)		
4.	TYPE OF REPORT (Choose One)	(b) Mont	ort 🔲	Feb 20 (M2)	_ r	May 20 (M5)	Aug	20 (M8)	Nov 20 (Non-Elect Year Only)	tion
	(a) Quarterly Reports:	Due	On:	Mar 20 (M3)		Jun 20 (M6)	× Sep	20 (M9)	Dec 20 (Non-Elect Year Only)	tiòn ´
				Apr 20 (M4)		Jul 20 (M7)	Oct	20 (M10)	Jan 31	
	April 15 Quarterly Report (Q1	(c)	12-Day	П	Primary (12P)	General	(12G)	Runoff (12R)
	July 15 Quarterly Report (Q2		PRE-Election			_	1		(,
	October 15		Report for th	e:	Convention (12C)	Special	(12S)		
	Quarterly Report (Q3 January 31 Year-End Report (YE		E	ection on	M M /	D D /	Y Y Y Y		the ate of	
	July 31 Mid-Year Report (Non-election Year Only) (MY)	(d)	30-Day POST-Election		General (300	à)	Runoff (30R)	Special	(30S)
	Termination Report		Report for th	e:	M = M /	D D /	Y = Y = Y = Y	in	the	-
	(TER)		E	ection on					ate of	
5.	Covering Period 08	/ 01		12	through	M M M	31	2012	Y	
Ιc	ertify that I have examined this	Report ar	nd to the bes	st of my kno	wledge and b	pelief it is tru	e, correct an	d complete.		
Тур	pe or Print Name of Treasurer	Nancy Cu	ıshman							
Sig	gnature of Treasurer Nancy	Cushman			[Electronically	Filed] D	ate 09	/ D D	2012	Y
NC	TE: Submission of false, errone	ous, or inco	mplete inforn	nation may su	bject the pers	son signing th	is Report to t	he penalties	of 2 U.S.C. §4	l37g.
	Office			1., 55	, , ,	<u> </u>	, , , , ,	1	ORM 3X	<u></u>
	Use Only								12/2004	I

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Health Alliance Plan PAC 80 2012 08 2012 Report Covering the Period: 31 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 72294.19 Beginning of Reporting Period..... 19582.12 3195.88 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 75490.07 87747.84 6(a) and 6(c) for Column B)..... 4043.75 16301.52 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 71446.32 71446.32 (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 Alliance Plan PAC	nce Plan PAC
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Report Covering the Period: From: 08	01 2012	To: 08 31 2012
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:	Total Tills Period	Calelidal Teal-to-Date
(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
Lines Tr(a)(i) and (ii)	0.100.00	
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(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
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
-	0.00	
3. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made	·	· · ·
to Federal Candidates and Other	0.00	0.00
Political Committees	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
B. Transfers from Non-Federal and Levin Funds	0.00	0.00
(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
(c) Total Transiers (add To(a) and To(b))	0.00	0.00
Total Descipts (add Lines 11/d)		
 Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 	3195.88	19582.12
, .0,, .0,,,	3130.00	1002.17
. 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
1.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	.5.3. 1110 1 51100	Calcinal Teal-to-Date
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating		
	Expenditures(c) Total Operating Expenditures	43.75	351.52
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	43.75	351.52
	Transfers to Affiliated/Other Party		
	Committees	0.00	0.00
	Federal Candidates/Committees and Other Political Committees	0.00	1250.00
	Independent Expenditures (use Schedule E)	0.00	0.00
	Coordinated Party Expenditures	7	
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
	Other Disbursements	4000.00	14700.00
	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	· ·		0.00
	(ii) "Levin" Share	0.00	0.00
	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
	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	4043.75	16201 52
	20, 21, 20, 20, 27, 20(d), 20 and 00(0))	4043.73	16301.52
	(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

III. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	3195.88	19582.12	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3195.88	19582.12	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	43.75	351.52	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
3. Net Operating Expenditures (subtract Line 37 from Line 36)	43.75	351.52	

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

18

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) Dan E. Champney Date of Receipt Mailing Address 9186 Hidden Oaks 80 2012 10 City Zip Code State Transaction ID: 6620531 **Grand Blanc** MI 48439 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation HAP VΡ Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Irita Matthews Date of Receipt Mailing Address 861 Whittier 08 31 2012 City State Zip Code Transaction ID: PR7532644240 Grosse Pointe Park MI 48230 Amount of Each Receipt this Period FEC ID number of contributing 115.50 federal political committee. Name of Employer Occupation Health Alliance Plan VP - Assoc General Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.50 Bi-Weekly) 654.50 Other (specify) Full Name (Last, First, Middle Initial) c. Kevin W Coughlin Date of Receipt Mailing Address 43119 Hanford Rd. 80 31 2012 City State Zip Code Transaction ID: PR7532684240 MI Canton 48187 Amount of Each Receipt this Period FEC ID number of contributing 60.00 С federal political committee. Name of Employer Occupation Dir- Bus Intelligence&App Sprt Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 340.00 Other (specify) 1175.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

9

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: **PAGE** 7 OF 18 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

ITEMIZED RECEIPTS 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) Diane Lynn Slon Date of Receipt Mailing Address 31646 Robinhood Dr. 2012 08 31 City Zip Code State Transaction ID: PR7532734240 Beverly Hills MI 48025 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Name of Employer Occupation **AVP- Med&Business Informatics** Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Bi-Weekly) 450.00 Other (specify) Full Name (Last, First, Middle Initial) B. Peter Anderson Stewart Date of Receipt Mailing Address 7961 Little Farm Lane 08 31 2012 City State Zip Code Transaction ID: PR7532804240 West Bloomfield MI 48322 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- Auditing Srvc & MAR Compl Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$12.00 Bi-Weekly) 216.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Chrystal M. Roberts Date of Receipt Mailing Address 24601 Pinehurst Ave. 80 31 2012 City State Zip Code Transaction ID: PR7532884240 MI Oak Park 48237 Amount of Each Receipt this Period FEC ID number of contributing 51.90 С federal political committee. Name of Employer Occupation Dir- Community Relations Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$17.30 Bi-Weekly) 311.40 Other (specify) 162.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

-9

9

FOR LINE NUMBER: **PAGE** 8 OF 18 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) Donald Edward Kiefiuk Date of Receipt Mailing Address 39810 Karola 2012 08 31 City Zip Code State Transaction ID: PR7532944240 Sterling Heights MI 48313 Amount of Each Receipt this Period FEC ID number of contributing C 120.00 federal political committee. Name of Employer Occupation VP - Claims Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$40.00 Bi-Weekly) 680.00 Other (specify) Full Name (Last, First, Middle Initial) B. John David Calabria Date of Receipt Mailing Address 2030 Brinston 08 31 2012 City State Zip Code Transaction ID: PR7533064240 MI Troy 48083 Amount of Each Receipt this Period FEC ID number of contributing 66.00 federal political committee. Name of Employer Occupation Health Alliance Plan Assoc Med Dir Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$22.00 Bi-Weekly) 374.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jody L Doherty Date of Receipt Mailing Address 21115 Violet 80 31 2012 City Zip Code State Transaction ID: PR7533124240 MI Saint Clair Shores 48082 Amount of Each Receipt this Period FEC ID number of contributing 56.25 С 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) 300.00 Other (specify) 242.25 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

SCHEDULE A (FEC Form 3X)

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

18

ITEMIZED RECEIPTS 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) Joyce Melissa James Date of Receipt Mailing Address 20810 Gardner St. 2012 31 City State Zip Code Transaction ID: PR7533194240 Oak Park MI 48237 Amount of Each Receipt this Period FEC ID number of contributing C 36.00 federal political committee. Name of Employer Occupation Mgr- Provider Fin Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$12.00 Bi-Weekly) 204.00 Other (specify) Full Name (Last, First, Middle Initial) B. Glen P Koslakiewicz Date of Receipt Mailing Address 30431 John Hauk 08 31 2012 City State Zip Code Transaction ID: PR7533254240 Garden City MI 48135 Amount of Each Receipt this Period FEC ID number of contributing 54.00 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) 324.00 Other (specify) Full Name (Last, First, Middle Initial) c. Diane Pawlica Date of Receipt Mailing Address 45568 Morningside 80 31 2012 City State Zip Code Transaction ID: PR7533344240 MI Canton 48187 Amount of Each Receipt this Period FEC ID number of contributing 60.00 С federal political committee. Name of Employer Occupation Health Alliance Plan Dir- System Care Mgmt Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 260.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -9

	FOF	LINE	NU	MBER	:	PAGE	•	10 OF	:	18
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
zotanou cummary r ago		13		14		15		16		17

	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
Full Name (Last, First, Middle Initial) Dianna Lynn Ronan Mailing Address 2156 Cumberland		Date of Receipt
City Brighton	State Zip Code MI 48114	08 31 2012 Transaction ID : PR7533404240 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	231.00
Name of Employer Health Alliance Plan Receipt For: Primary General Other (specify) ▼	Occupation VP - Financial Services Aggregate Year-to-Date ▼ 1386.00	P/R Deduction (\$77.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Mohammed S. Kanpurwala Mailing Address 441 Sylvan Dr		Date of Receipt 08 31 2012
City Canton	State Zip Code MI 48188	Transaction ID : PR7533584240 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	54.00
Name of Employer Health Alliance Plan Receipt For: Primary General Other (specify) ▼	Occupation Dir- Underwriting/Ahl Aggregate Year-to-Date ▼ 324.00	P/R Deduction (\$18.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Robert G Leger Mailing Address 1554 Waters Edge Ct.		Date of Receipt
City Wixom FEC ID number of contributing federal political committee.	State Zip Code MI 48393	08 31 2012 Transaction ID : PR7533594240 Amount of Each Receipt this Period 45.00
Name of Employer Health Alliance Plan Receipt For: Primary General Other (specify) ▼	Occupation Dir- Support Svcs Aggregate Year-to-Date ▼ 255.00	P/R Deduction (\$15.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)	·····	330.00
TOTAL This Period (last page this line number	r only)	

	FOR LINE NU	JMBER:	PAGE	: 11 OF	- 1
Use separate schedule(s)	(check only or	ne)			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
zotanou oumnary r ago	13	14	15	16	\square_1

NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
Full Name (Last, First, Middle Initial) Rachel A Powell		Date of Receipt
Mailing Address 543 Thurber		M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City	State Zip Code	Transaction ID : PR7533624240
Troy	MI 48085	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	54.00
Name of Employer	Occupation	_
Health Alliance Plan	Dir - MA Revenue Management	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	324.00	P/R Deduction (\$18.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Sandra Lee Ledesma	-	Date of Receipt
Mailing Address 22429 Provincial		08 31 2012
City	State Zip Code	Transaction ID: PR7533694240
Woodhaven	MI 48183	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer	Occupation	
Health Alliance Plan	Dir- Application Development	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	P/R Deduction (\$15.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Daniel A. Trim		Date of Receipt
Mailing Address 921 Juneau Rd.		08 31 2012
City	State Zip Code	Transaction ID: PR7533784240
Ypsilanti	MI 48198	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	
Health Alliance Plan	Dir- Technical Support	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	340.00	P/R Deduction (\$20.00 Bi-Weekly)
SUPPORTAL of Descripts This Days (actions	ıl)	159.00

FOR LINE NUMBER: PAGE 12 OF 18 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) Carol L Allen Date of Receipt Mailing Address 26160 Franklin Pointe Dr. 2012 31 City Zip Code State Transaction ID: PR7533794240 Southfield MI 48034 Amount of Each Receipt this Period FEC ID number of contributing C 36.00 federal political committee. Name of Employer Occupation Mgr- NOC, Systems Admin Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$12.00 Bi-Weekly) 204.00 Other (specify) Full Name (Last, First, Middle Initial) B. Scott T Allen Date of Receipt Mailing Address 3066 Richmond Dr. 08 31 2012 City State Zip Code Transaction ID: PR7533944240 MI Clarkston 48348 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation Health Alliance Plan Dir- Labor Affairs & VEBA Adm Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 340.00 Other (specify) Full Name (Last, First, Middle Initial) c. Richard D Chaney Date of Receipt Mailing Address 439 Merion Drive 80 31 2012 City State Zip Code Transaction ID: PR7533974240 MI Canton Township 48188 Amount of Each Receipt this Period FEC ID number of contributing 60.00 С federal political committee. Name of Employer Occupation **VP - Client Services** Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 340.00 Other (specify) 156.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -9

FOR LINE NUMBER: PAGE 13 OF 18 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) Laura J Eory Date of Receipt Mailing Address 19090 Parkwood Lane 80 2012 31 City Zip Code State Transaction ID: PR7533984240 Brownstown MI 48183 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 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) 425.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kevin Michael Hurley Date of Receipt Mailing Address 45504 Morningside Rd. 08 31 2012 City State Zip Code Transaction ID: PR7533994240 MI Canton 48187 Amount of Each Receipt this Period FEC ID number of contributing 36.00 federal political committee. Name of Employer Occupation Health Alliance Plan Mgr- Revenue Cycle & Recv Mgmt Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$12.00 Bi-Weekly) 204.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Christopher Andrew Johnston Date of Receipt Mailing Address 4300 Westover Dr. 80 31 2012 City State Zip Code Transaction ID: PR7534074240 MI West Bloomfield 48323 Amount of Each Receipt this Period FEC ID number of contributing 36.00 С federal political committee. Name of Employer Occupation Dir- New Business Sales Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$12.00 Bi-Weekly) 216.00 Other (specify) 147.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -9

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

18

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 2012 31 City State Zip Code Transaction ID: PR7534174240 Canton MI 48188 Amount of Each Receipt this Period FEC ID number of contributing C 51.93 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) 311.58 Other (specify) Full Name (Last, First, Middle Initial) B. Cesar D Bayoneto Date of Receipt Mailing Address 11055 Cloverlawn Dr 08 31 2012 City State Zip Code Transaction ID: PR8708164240 MI Brighton 48114 Amount of Each Receipt this Period FEC ID number of contributing 36.00 federal political committee. Name of Employer Occupation Health Alliance Plan Sr Finance Administrator/HMS Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$12.00 Bi-Weekly) 204.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Darryl P Bostick Date of Receipt Mailing Address 6431 Eastbrooke 80 31 2012 City State Zip Code Transaction ID: PR8708174240 MI West Bloomfield 48322 Amount of Each Receipt this Period FEC ID number of contributing 36.00 С federal political committee. Name of Employer Occupation Health Alliance Plan Mgr- Provider Reimbursement Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$12.00 Bi-Weekly) 204.00 Other (specify) 123.93 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

9

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FOR LINE NUMBER: PAGE 15 OF 18 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) Elgin C Cooper Date of Receipt Mailing Address 1880 Pelican Ct 80 2012 31 City Zip Code State Transaction ID: PR8708194240 Troy MI 48084 Amount of Each Receipt this Period FEC ID number of contributing C 56.25 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) 318.75 Other (specify) Full Name (Last, First, Middle Initial) B. Janetta Dean Date of Receipt Mailing Address 24795 Beck 08 31 2012 City State Zip Code Transaction ID: PR8708204240 MI Eastpointe 48021 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation Health Alliance Plan Mgr-COB Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 340.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Walter Knysz Date of Receipt Mailing Address 1165 Lake Angelus Rd. 80 31 2012 City State Zip Code Transaction ID: PR8708224240 MI Lake Angelus 48326 Amount of Each Receipt this Period FEC ID number of contributing 69.00 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 (\$23.00 Bi-Weekly) 391.00 Other (specify) 185.25 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 16 OF 18 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) Deandre Antwan Lipscomb Date of Receipt Mailing Address 29064 Raleigh Rd 2012 08 31 City Zip Code State Transaction ID: PR8708234240 Farmington Hills MI 48336 Amount of Each Receipt this Period FEC ID number of contributing C 115.50 federal political committee. Name of Employer Occupation VP- Community Outreach Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.50 Bi-Weekly) 654.50 Other (specify) Full Name (Last, First, Middle Initial) В. 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) 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) 115.50 SUBTOTAL of Receipts This Page (optional)..... 2947.33 TOTAL This Period (last page this line number only).....

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	Mailing Address P.O. Box 75000					08			2		2012		
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s	SUBTOTAL of Disbursements This Page (optional)				•			.00			4	3.75	
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 18 OF 18		
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NAME OF COMMITTEE (In Full)	• •					
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A. Michigan Association of Health Pla	ns Pac (Mahp Pac)	M M / D D	/		
Mailing Address 327 Seymour			08 13	2012		
	State Zip Code MI 48933		Transaction ID: 66	22071		
Lansing Purpose of Disbursement	MI 48933					
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SUBTOTAL of Disbursements This Page (optional)				4000.00		
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