

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines.

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER ▼**  **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on  /  /  in the State of

(d) 30-Day **POST-Election** Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nancy Cushman

Signature of Treasurer Nancy Cushman [Electronically Filed] Date  /  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**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.....	75899.06	
(c) Total Receipts (from Line 19) .....	1527.00	13386.86
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	77426.06	81552.58
7. Total Disbursements (from Line 31).....	1593.75	5720.27
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	75832.31	75832.31
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

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).....	578.00	6962.00
(ii) Unitemized .....	949.00	6424.86
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1527.00	13386.86
(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) .....	1527.00	13386.86
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))..... ▶	1527.00	13386.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1527.00	13386.86

**DETAILED SUMMARY PAGE**

of Disbursements

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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	220.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	43.75	220.27
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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 .....	1550.00	5500.00
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)) ..	1593.75	5720.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1593.75	5720.27

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1527.00	13386.86
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1527.00	13386.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	43.75	220.27
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	220.27

**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 10
<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**

Full Name (Last, First, Middle Initial) <b>A. Irita Matthews</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 <b>Transaction ID : PR7532643697</b>
Mailing Address 861 Whittier		Amount of Each Receipt this Period 77.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	P/R Deduction (\$38.50 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Diane Lynn Slon</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 <b>Transaction ID : PR7532733697</b>
Mailing Address 31646 Robinhood Dr.		Amount of Each Receipt this Period 50.00
City Beverly Hills	State MI	Zip Code 48025
FEC ID number of contributing federal political committee. C	Name of Employer Health Alliance Plan	Occupation AVP- Med&Business Informatics
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Donald Edward Kiefiuk</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 <b>Transaction ID : PR7532943697</b>
Mailing Address 39810 Karola		Amount of Each Receipt this Period 80.00
City Sterling Heights	State MI	Zip Code 48313
FEC ID number of contributing federal political committee. C	Name of Employer Health Alliance Plan	Occupation VP - Claims
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	207.00
<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 7 OF 10
	<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. John David Calabria**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2030 Brinston  
City Troy State MI Zip Code 48083  
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 ▼ 220.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR7533063697**  
Amount of Each Receipt this Period 44.00  
P/R Deduction (\$22.00 Bi-Weekly)

**B. Dianna Lynn Ronan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2156 Cumberland  
City Brighton State MI Zip Code 48114  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Alliance Plan Occupation VP - Financial Services  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 847.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR7533403697**  
Amount of Each Receipt this Period 154.00  
P/R Deduction (\$77.00 Bi-Weekly)

**C. 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 ▼ 250.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR7533983697**  
Amount of Each Receipt this Period 50.00  
P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 248.00  
**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 8 OF 10
	<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. Walter Knysz**  
Full Name (Last, First, Middle Initial)

Mailing Address 1165 Lake Angelus Rd.

City Lake Angelus	State MI	Zip Code 48326
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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 ▼  
230.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : PR8708223697**

Amount of Each Receipt this Period  
46.00

P/R Deduction (\$23.00 Bi-Weekly)

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

Mailing Address 29064 Raleigh Rd

City Farmington Hills	State MI	Zip Code 48336
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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 ▼  
385.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : PR8708233697**

Amount of Each Receipt this Period  
77.00

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

**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).....▶	123.00
<b>TOTAL</b> This Period (last page this line number only).....▶	578.00



**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 : 6384214**

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. Committee to Elect Jack Brandenburg**

Mailing Address 25 Eldredge

City State Zip Code  
Mt. Clemens MI 48043

Purpose of Disbursement  
Jack Brandenburg, STATE SENATE 11th MI

Candidate Name  
**MI Sen. Jack Brandenburg**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MI District:

Date of Disbursement

MM / DD / YYYY  
05 / 21 / 2012

**Transaction ID : 6418742**

Amount of Each Disbursement this Period

250.00

Jack Brandenburg, STATE SENATE 11th MI

Full Name (Last, First, Middle Initial)

**B. Jim Marleau for State Senate**

Mailing Address 3181 Sandoval

City State Zip Code  
Lake Orion MI 48360

Purpose of Disbursement  
James Marleau, STATE SENATE 12th MI

Candidate Name  
**MI Sen. James Marleau**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MI District:

Date of Disbursement

MM / DD / YYYY  
05 / 21 / 2012

**Transaction ID : 6418747**

Amount of Each Disbursement this Period

1000.00

James Marleau, STATE SENATE 12th MI

Full Name (Last, First, Middle Initial)

**C. Bill Rogers for State Representative**

Mailing Address 4878 Pine Eagle Ct

City State Zip Code  
Brighton MI 48116

Purpose of Disbursement  
Bill Rogers, STATE HOUSE 66th MI

Candidate Name  
**MI Rep. Bill Rogers**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: MI District: 66

Date of Disbursement

MM / DD / YYYY  
05 / 21 / 2012

**Transaction ID : 6418748**

Amount of Each Disbursement this Period

300.00

Bill Rogers, STATE HOUSE 66th MI

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

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

1550.00

1550.00