



**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.....	74314.06	
(c) Total Receipts (from Line 19) .....	2234.50	10332.86
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	76548.56	78498.58
7. Total Disbursements (from Line 31).....	1888.25	3838.27
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	74660.31	74660.31
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:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	582.00	5946.00
(ii) Unitemized .....	1652.50	4386.86
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2234.50	10332.86
(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) .....	2234.50	10332.86
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))..... ▶	2234.50	10332.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2234.50	10332.86

**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 .....	38.25	138.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	38.25	138.27
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 .....	1850.00	3700.00
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)) ..	1888.25	3838.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1888.25	3838.27

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	2234.50	10332.86
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2234.50	10332.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	38.25	138.27
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	38.25	138.27

**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 9
	<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. Irita Matthews**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 861 Whittier  
 City State Zip Code  
 Grosse Pointe Park MI 48230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Health Alliance Plan VP - Assoc General Counsel  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 231.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2012  
**Transaction ID : PR7532643307**  
 Amount of Each Receipt this Period  
 115.50  
 P/R Deduction (\$38.50 Bi-Weekly)

**B. Donald Edward Kiefiuk**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 39810 Karola  
 City State Zip Code  
 Sterling Heights MI 48313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Health Alliance Plan VP - Claims  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2012  
**Transaction ID : PR7532943307**  
 Amount of Each Receipt this Period  
 120.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. Dianna Lynn Ronan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2156 Cumberland  
 City State Zip Code  
 Brighton MI 48114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Health Alliance Plan VP - Financial Services  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 539.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2012  
**Transaction ID : PR7533403307**  
 Amount of Each Receipt this Period  
 231.00  
 P/R Deduction (\$77.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	466.50
<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 9
	<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**

Full Name (Last, First, Middle Initial) <b>A. Deandre Antwan Lipscomb</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2012
Mailing Address 29064 Raleigh Rd		<b>Transaction ID : PR8708233307</b>
City Farmington Hills	State MI	Zip Code 48336
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 115.50
Name of Employer Health Alliance Plan	Occupation VP- Community Outreach	P/R Deduction (\$38.50 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.00	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.50
<b>TOTAL</b> This Period (last page this line number only).....▶	582.00

**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 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 Gail Haines**

Mailing Address PO Box 301085

City Waterford State MI Zip Code 48330

Purpose of Disbursement  
Gail Haines, STATE HOUSE 43rd MI

011

Candidate Name

**MI Rep. Gail Haines**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 43

Date of Disbursement

MM / DD / YYYY  
03 / 06 / 2012

**Transaction ID : 6227354**

Amount of Each Disbursement this Period

500.00

Gail Haines, STATE HOUSE 43rd MI

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Kurt Heise**

Mailing Address PO Box 702012

City Plymouth State MI Zip Code 48170

Purpose of Disbursement  
Kurt Heise, STATE HOUSE 20th MI

011

Candidate Name

**MI Rep. Kurt Heise**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 20

Date of Disbursement

MM / DD / YYYY  
03 / 06 / 2012

**Transaction ID : 6227355**

Amount of Each Disbursement this Period

150.00

Kurt Heise, STATE HOUSE 20th MI

Full Name (Last, First, Middle Initial)

**C. CTE Lesia Liss**

Mailing Address 27472 Haverhill Drive

City Warren State MI Zip Code 48092

Purpose of Disbursement  
Lesia Liss, STATE HOUSE 28th MI

011

Candidate Name

**MI Rep. Lesia Liss**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 28

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2012

**Transaction ID : 6246317**

Amount of Each Disbursement this Period

1000.00

Lesia Liss, STATE HOUSE 28th MI

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

1650.00

**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. Ken Kurtz for State Representative**

Mailing Address 233 West Pearl Street

City Coldwater State MI Zip Code 49036

Purpose of Disbursement  
Kenneth Kurtz, STATE HOUSE 58th MI

Candidate Name  
**MI Rep. Kenneth Kurtz**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: MI District: 58

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2012

**Transaction ID : 6246318**

Amount of Each Disbursement this Period

200.00
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Kenneth Kurtz, STATE HOUSE 58th MI

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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

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

200.00
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1850.00
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