Image# 12971843583 PAGE 1 / 16

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

						Office Use Only
NAME OF TOO COMMITTEE (in full)	YPE OR PRIN			ng, type	12FE4M	5
, Health Alliance Plan PA	ΛC					1
ADDRESS (number and street)	2850 West G	rand Boulevard				
Chack if different						
than previously reported. (ACC)	Detroit				MI	48202
Health Alliance Plan PAC  ADDRESS (number and street)  Check if different than previously reported. (ACC)  Petroit reported. (ACC)  2. FEC IDENTIFICATION NUMBER ▼  C C C00410670  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 (Paport (Non-election Year Only) (MY)  Termination Report  (TER)  C Covering Period  C Covering Period  ADDRESS (number and street)  Detroit reported  C CITY ▲  S1  APREPORT  (CITY ▲  S1  APREPORT  (N) OR  CITY ▲  S1  APREPORT  (N) OR  SITHIS REPORT  (N) OR  APREPORT  (N) OR  CITY ▲  S1  APREPORT  (N) OR  SITHIS REPORT  (N) OR  SITHIS REPORT  (N) OR  S1  APREPORT  (N) OR  APREPORT  (C) May 20 (M5)  APREPORT  (C) May 20 (M5)  APREPORT  (N) OR  APREPORT  (O) May 20 (M5)  APREPORT  (N) OR  APREPORT  (N) OR  APREPORT  (O) May 20 (M5)  APR				STATE A	ZIP CODE ▲	
C C00410670						MENDED A)
	Report	H				g 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		H		,	H	p 20 (M9) Dec 20 (M12) (Non-Election Year Only) t 20 (M10) Jan 31 (YE)
	) (c) 12-				Genera	
	PR	E-Election			Special	
			,	,	.,	( -/
January 31		Election on	M M /	D   D /	Y   Y   Y	in the State of
Report (Non-election	РО	ST-Election	General (300	S)	Runoff	(30R) Special (30S)
Termination Report	TIG		M = M /	D D /	Y Y Y Y	in the State of
			through		31	2012
-	•	-	wledge and b	pelief it is tru	e, correct a	nd complete.
Type or Print Name of Treasurer	Nancy Cushr	man				
Signature of Treasurer Nancy	Cushman		[Electronically	Filed] D	ate 08	M / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, erroned	ous, or incompl	lete information may s	ubject the pers	son signing th	is Report to	the penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3X Rev. 12/2004

### SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Health Alliance Plan PAC 07 2012 07 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 72334.02 Beginning of Reporting Period..... 16386.24 1503.92 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 73837.94 84551.96 6(a) and 6(c) for Column B)..... 1543.75 12257.77 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 72294.19 72294.19 (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 PA	AC	lan P	PI	Alliance	lealth	Н
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I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	1100.22	9092.44
		7002.00
(ii) Unitemized	403.70	7293.80
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	1503.92	16386.24
Lines Tr(a)(i) and (ii)	1300.32	10000.24
(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	4502.02	16386.24
Totals to Line 33, page 5)	1503.92	10300.24
Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	0.00
All Loans Received	0.00	0.00
7.11 23416 716561764	7	7
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
Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(IIOIII Scriedule 113)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Leviii Fulius (IIoiii Schedule 113)		0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	1503.92	16386.24
Total Federal Receipts		
iotal i edelal i teoelpto		

#### **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
<ol> <li>Operating Expenditures:         <ul> <li>(a) Allocated Federal/Non-Federal</li> </ul> </li> </ol>	13.41 1.110 1.0104	Culcinati Teal to Bate
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	42.75	307.77
Expenditures(c) Total Operating Expenditures	43.75	307.77
(add 21(a)(i), (a)(ii), and (b))▶	43.75	307.77
Transfers to Affiliated/Other Party	0.00	0.00
Committees  Contributions to Federal Candidates/Committees	0.00	7
and Other Political Committees	1000.00	1250.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures	7 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
man i onical committees	3.00	
(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
Other Disbursements	500.00	10700.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(i) I sustai Share		
(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	0.00	0.00
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))	1543.75	12257.77
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	4542.75	12257 77
from Line 31)	1543.75	12257.77

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	1503.92	16386.24
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1503.92	16386.24
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	43.75	307.77
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	43.75	307.77

FOR LINE NUMBER: **PAGE** 6 OF 16 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name (Last, First, Middle Initial) Irita Matthews Date of Receipt Mailing Address 861 Whittier 07 2012 31 City Zip Code State Transaction ID: PR7532644096 Grosse Pointe Park MI 48230 Amount of Each Receipt this Period FEC ID number of contributing C 77.00 federal political committee. Name of Employer Occupation VP - Assoc General Counsel Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.50 Bi-Weekly) 539.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kevin W Coughlin Date of Receipt Mailing Address 43119 Hanford Rd. 07 31 2012 City State Zip Code Transaction ID: PR7532684096 MI Canton 48187 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Health Alliance Plan Dir- Bus Intelligence&App Sprt Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 280.00 Other (specify) Full Name (Last, First, Middle Initial) c. Diane Lynn Slon Date of Receipt Mailing Address 31646 Robinhood Dr. 07 31 2012 City State Zip Code Transaction ID: PR7532734096 MI Beverly Hills 48025 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С 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) 375.00 Other (specify) 167.00 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 16 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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) Chrystal M. Roberts Date of Receipt Mailing Address 24601 Pinehurst Ave. 07 31 2012 City Zip Code State Transaction ID: PR7532884096 Oak Park MI 48237 Amount of Each Receipt this Period FEC ID number of contributing C 34.60 federal political committee. Name of Employer Occupation Health Alliance Plan **Dir-Community Relations** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$17.30 Bi-Weekly) 259.50 Other (specify) Full Name (Last, First, Middle Initial) B. Donald Edward Kiefiuk Date of Receipt Mailing Address 39810 Karola 07 31 2012 City State Zip Code Transaction ID: PR7532944096 MI Sterling Heights 48313 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation Health Alliance Plan VP - Claims Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$40.00 Bi-Weekly) 560.00 Other (specify) Full Name (Last, First, Middle Initial) c. John David Calabria Date of Receipt Mailing Address 2030 Brinston 07 31 2012 City Zip Code State Transaction ID: PR7533064096 MI Troy 48083 Amount of Each Receipt this Period FEC ID number of contributing 44.00 С federal political committee. Name of Employer Occupation Assoc Med Dir Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$22.00 Bi-Weekly) 308.00 Other (specify) 158.60 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: **PAGE** 8 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name (Last, First, Middle Initial) Jody L Doherty Date of Receipt Mailing Address 21115 Violet 2012 07 31 City Zip Code State Transaction ID: PR7533124096 48082 Saint Clair Shores MI Amount of Each Receipt this Period FEC ID number of contributing C 37.50 federal political committee. Name of Employer Occupation Dir- Health Mgmt Services Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$18.75 Bi-Weekly) 243.75 Other (specify) Full Name (Last, First, Middle Initial) B. Glen P Koslakiewicz Date of Receipt Mailing Address 30431 John Hauk 07 31 2012 City State Zip Code Transaction ID: PR7533254096 Garden City MI 48135 Amount of Each Receipt this Period FEC ID number of contributing 36.00 federal political committee. Name of Employer Occupation Health Alliance Plan **Dir- Fin Operations** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$18.00 Bi-Weekly) 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dianna Lynn Ronan Date of Receipt Mailing Address 2156 Cumberland 07 31 2012 City State Zip Code Transaction ID: PR7533404096 MI **Brighton** 48114 Amount of Each Receipt this Period FEC ID number of contributing 154.00 С federal political committee. Name of Employer Occupation VP - Financial Services Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$77.00 Bi-Weekly) 1155.00 Other (specify) 227.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -

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

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name (Last, First, Middle Initial) Mohammed S. Kanpurwala Date of Receipt Mailing Address 441 Sylvan Dr 2012 07 31 City Zip Code State Transaction ID: PR7533584096 Canton MI 48188 Amount of Each Receipt this Period FEC ID number of contributing C 36.00 federal political committee. Name of Employer Occupation Dir- Underwriting/Ahl Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$18.00 Bi-Weekly) 270.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Robert G Leger Date of Receipt Mailing Address 1554 Waters Edge Ct. 07 31 2012 City State Zip Code Transaction ID: PR7533594096 MI Wixom 48393 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Health Alliance Plan Dir-Support Svcs Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) 210.00 Other (specify) Full Name (Last, First, Middle Initial) c. Rachel A Powell Date of Receipt Mailing Address 543 Thurber 07 31 2012 City Zip Code State Transaction ID: PR7533624096 MI Troy 48085 Amount of Each Receipt this Period FEC ID number of contributing 36.00 С federal political committee. Name of Employer Occupation Health Alliance Plan Dir - MA Revenue Management Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$18.00 Bi-Weekly) 270.00 Other (specify) 102.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

	FOF	R LINE	NU	MBER	:	PAGE	· '	10 OF	:	16
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
,		13		14		15		16		17

	I Statements may not be sold or used by any persthe name and address of any political committee to	
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
Full Name (Last, First, Middle Initial)  Daniel A. Trim  Mailing Address 921 Juneau Rd.		Date of Receipt
City Ypsilanti FEC ID number of contributing	State Zip Code MI 48198	7 31 2012 Transaction ID : PR7533784096 Amount of Each Receipt this Period
federal political committee.  Name of Employer	Occupation	40.00
Health Alliance Plan  Receipt For:  Primary General  Other (specify) ▼	Dir- Technical Support  Aggregate Year-to-Date ▼  280.00	P/R Deduction (\$20.00 Bi-Weekly)
Full Name (Last, First, Middle Initial)  Scott T Allen  Mailing Address 3066 Richmond Dr.		Date of Receipt  07 31 2012
City Clarkston	State Zip Code MI 48348	Transaction ID : PR7533944096  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	40.00
Health Alliance Plan  Receipt For:  Primary General  Other (specify)	Dir- Labor Affairs & VEBA Adm  Aggregate Year-to-Date ▼  280.00	P/R Deduction (\$20.00 Bi-Weekly)
Full Name (Last, First, Middle Initial)  Richard D Chaney  Mailing Address 439 Merion Drive		Date of Receipt  07 31 2012
City Canton Township	State Zip Code MI 48188	Transaction ID : PR7533974096  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer  Health Alliance Plan  Receipt For:  Primary General  Other (specify) ▼	Occupation VP - Client Services  Aggregate Year-to-Date ▼  280.00	P/R Deduction (\$20.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional).	·····	120.00
TOTAL This Period (last page this line number	er only)	

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name (Last, First, Middle Initial) Laura J Eory Date of Receipt Mailing Address 19090 Parkwood Lane 07 31 2012 City Zip Code State Transaction ID: PR7533984096 Brownstown MI 48183 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation Health Alliance Plan **AVP Provider Contracting** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Bi-Weekly) 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Rory P. Lafferty Date of Receipt Mailing Address 3937 Radcliff Drive #2D 07 31 2012 City State Zip Code Transaction ID: PR7534174096 MI Canton 48188 Amount of Each Receipt this Period FEC ID number of contributing C 34.62 federal political committee. Name of Employer Occupation Health Alliance Plan Dir- Government&Lgsltv Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$17.31 Bi-Weekly) 259.65 Other (specify) Full Name (Last, First, Middle Initial) c. Elgin C Cooper Date of Receipt Mailing Address 1880 Pelican Ct M = M 07 31 2012 City State Zip Code Transaction ID: PR8708194096 MI Troy 48084 Amount of Each Receipt this Period FEC ID number of contributing 37.50 С 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) 262.50 Other (specify) 122.12 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 

	FOF	R LINE	NU	MBER	:	PAGE	•	12 OF	=	16
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for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)		
Health Alliance Plan PAC		
Full Name (Last, First, Middle Initial)  Janetta Dean		Date of Receipt
Mailing Address 24795 Beck		07 31 2012
City	State Zip Code	Transaction ID : PR8708204096
Eastpointe	MI 48021	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Health Alliance Plan	Mgr- COB	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  280.00	P/R Deduction (\$20.00 Bi-Weekly)
Full Name (Last, First, Middle Initial)  3. Walter Knysz		Date of Receipt
Mailing Address 1165 Lake Angelus Rd.		M = M / D = D / Y = Y = Y
City	State 7in Code	07 31 2012
City  Lake Angelus	' ' h	Transaction ID : PR8708224096
	.0020	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	46.00
Name of Employer	Occupation	
Health Alliance Plan	Assoc Med Dir	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 322.00	P/R Deduction (\$23.00 Bi-Weekly)
Full Name (Last, First, Middle Initial)  C. Deandre Antwan Lipscomb		Date of Receipt
Mailing Address 29064 Raleigh Rd	ther (specify) ▼  280.00  The (Last, First, Middle Initial)  In Knysz  Address 1165 Lake Angelus Rd.  State Zip Code  MI 48326  Transaction  Amount of Each political committee.  If Employer Milance Plan  For:  Inimary General ther (specify) ▼  Aggregate Year-to-Date ▼  Transaction  Address 29064 Raleigh Rd  Address 29064 Raleigh Rd  State Zip Code  MI 48336  Date of Rece  Transaction  Aggregate Year-to-Date ▼  Transaction  Date of Rece  Transaction  Aggregate Year-to-Date ▼  Transaction  Address 29064 Raleigh Rd  C  C  Transaction  Address 29064 Raleigh Rd  C  Address 29064 Raleigh Rd  Address 29064 Raleigh Rd  Address 29064 Raleigh Rd  C  Address 29064 Raleigh Rd  Address 29064 Raleigh Rd	M = M / D = D / Y = Y = Y
City	State Zip Code	Transaction ID : PR8708234096
Farmington Hills	MI 48336	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	77.00
Name of Employer	Occupation	
Health Alliance Plan	'	
Receipt For:	•	
Primary General Other (specify) ▼	539.00	P/R Deduction (\$38.50 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	163.00
TOTAL This Period (last page this line number	only)	

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

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name (Last, First, Middle Initial) Edwin H. Tuller Date of Receipt Mailing Address 24060 Devonshire Drive 07 31 2012 City Zip Code State Transaction ID: PR8720834096 Novi MI 48374 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Dir- Health Perf Measurements Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 240.00 Other (specify) Full Name (Last, First, Middle Initial) 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) 40.00 SUBTOTAL of Receipts This Page (optional)..... 1100.22 TOTAL This Period (last page this line number only).....

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S	CHEDULE B (FEC Form 3X)			FOR I	LINE	NUMBER	R:			PAGI	<u> </u>	OF	16
IT	EMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	.\ I	(check	only	one)	_	٦		104			1.00
		Detailed Summary Page		X	21b 27	22 28a		23 28b		24 28c	25 29		26 30b
Λ.	ny information copied from such Reports and Staten	nente may not be cold or ::	leed b	V 2001					of a			ıtiona	]
	for commercial purposes, other than using the name												,
	NAME OF COMMITTEE (In Full)												
$ \rangle$	Health Alliance Plan PAC												
_	Full Name (Last, First, Middle Initial)							-1-					
Α.	Comerica Bank					Date of		sburse			Y	V	
	Mailing Address P.O. Box 75000					07			3	Ĺ	2012		
	,	State Zip Code				Tran	sact	ion ID	· 6!	536398			
	Detroit Purpose of Disbursement	MI 48275					<b>-</b>			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Credit Card Transaction Fee			001		Amour	nt of	Each	Dis	burseme	ent this	Perio	bd
	Candidate Name			ategor	y/						4	3.75	$\neg$
	Office Sought: House Disbursen	nent For:		Туре	-		Ť	7		- 1			
		Primary General				Credit	Carc	l Trans	sacti	on Fee			
	State: President State:	Other (specify) ▼											
_	Full Name (Last, First, Middle Initial)												
В.	Tail Name (Last, Flist, Wildle Hillar)					Date of	of Di	sburse	eme	nt			
						M = N	/	D	D	/ Y	Y	Y	
	Mailing Address						_	L	_		_	_	
	City	State Zip Code											
	Purpose of Disbursement												
	·					Amour	nt of	Each	Dis	burseme	ent this	Perio	od
	Candidate Name			ategor	y/			-					٦
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