

**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.....	72334.02	
(c) Total Receipts (from Line 19)	1503.92	16386.24
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	73837.94	84551.96
7. Total Disbursements (from Line 31).....	1543.75	12257.77
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	72294.19	72294.19
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY 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).....	1100.22	9092.44
(ii) Unitemized	403.70	7293.80
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1503.92	16386.24
(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 Totals to Line 33, page 5)	1503.92	16386.24
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))..... ▶	1503.92	16386.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1503.92	16386.24

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	307.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	43.75	307.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	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	500.00	10700.00
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)) ..	1543.75	12257.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1503.92	16386.24
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1503.92	16386.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	43.75	307.77
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	307.77

**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 16
<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) A. Irita Matthews		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 Transaction ID : PR7532644096
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		P/R Deduction (\$38.50 Bi-Weekly)
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 ▼ 539.00	

Full Name (Last, First, Middle Initial) B. Kevin W Coughlin		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 Transaction ID : PR7532684096
Mailing Address 43119 Hanford Rd.		Amount of Each Receipt this Period 40.00
City Canton	State MI	Zip Code 48187
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation Dir- Bus Intelligence&App Sprt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. Diane Lynn Slon		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 Transaction ID : PR7532734096
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		P/R Deduction (\$25.00 Bi-Weekly)
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 ▼ 375.00	

SUBTOTAL of Receipts This Page (optional).....▶	167.00
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 7 OF 16
	<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)
A. Chrystal M. Roberts

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 ▼
259.50

Date of Receipt
07 / 31 / 2012
Transaction ID : PR7532884096

Amount of Each Receipt this Period
34.60

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

Full Name (Last, First, Middle Initial)
B. Donald Edward Kiefiuk

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 ▼
560.00

Date of Receipt
07 / 31 / 2012
Transaction ID : PR7532944096

Amount of Each Receipt this Period
80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. John David Calabria

Mailing Address 2030 Brinston

City State Zip Code
Troy MI 48083

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

Name of Employer Occupation
Health Alliance Plan Assoc Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
308.00

Date of Receipt
07 / 31 / 2012
Transaction ID : PR7533064096

Amount of Each Receipt this Period
44.00

P/R Deduction (\$22.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	158.60
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 16
	<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

Full Name (Last, First, Middle Initial) A. Jody L Doherty			Date of Receipt MM / DD / YYYY 07 / 31 / 2012 Transaction ID : PR7533124096
Mailing Address 21115 Violet			Amount of Each Receipt this Period 37.50
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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.75		

Full Name (Last, First, Middle Initial) B. Glen P Koslakiewicz			Date of Receipt MM / DD / YYYY 07 / 31 / 2012 Transaction ID : PR7533254096
Mailing Address 30431 John Hawk			Amount of Each Receipt this Period 36.00
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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

Full Name (Last, First, Middle Initial) C. Dianna Lynn Ronan			Date of Receipt MM / DD / YYYY 07 / 31 / 2012 Transaction ID : PR7533404096
Mailing Address 2156 Cumberland			Amount of Each Receipt this Period 154.00
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 ▼ 1155.00		

SUBTOTAL of Receipts This Page (optional).....▶	227.50
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 9 OF 16
<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. Mohammed S. Kanpurwala
 Full Name (Last, First, Middle Initial)
 Mailing Address 441 Sylvan Dr
 City Canton State MI Zip Code 48188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation Dir- Underwriting/Ahl
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **07 / 31 / 2012**
Transaction ID : PR7533584096
 Amount of Each Receipt this Period **36.00**
 P/R Deduction (\$18.00 Bi-Weekly)

B. Robert G Leger
 Full Name (Last, First, Middle Initial)
 Mailing Address 1554 Waters Edge Ct.
 City Wixom State MI Zip Code 48393
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation Dir- Support Svcs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt **07 / 31 / 2012**
Transaction ID : PR7533594096
 Amount of Each Receipt this Period **30.00**
 P/R Deduction (\$15.00 Bi-Weekly)

C. 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 **270.00**

Date of Receipt **07 / 31 / 2012**
Transaction ID : PR7533624096
 Amount of Each Receipt this Period **36.00**
 P/R Deduction (\$18.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	102.00
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 10 OF 16
	<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. 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 ▼ **280.00**

Date of Receipt **07 / 31 / 2012**

Transaction ID : PR7533784096

Amount of Each Receipt this Period **40.00**

P/R Deduction (\$20.00 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 ▼ **280.00**

Date of Receipt **07 / 31 / 2012**

Transaction ID : PR7533944096

Amount of Each Receipt this Period **40.00**

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 ▼ **280.00**

Date of Receipt **07 / 31 / 2012**

Transaction ID : PR7533974096

Amount of Each Receipt this Period **40.00**

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

SUBTOTAL of Receipts This Page (optional)..... **120.00**

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 11 OF 16
<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

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

Mailing Address 19090 Parkwood Lane

City State Zip Code
Brownstown MI 48183

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

Name of Employer Occupation
Health Alliance Plan AVP Provider Contracting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : PR7533984096

Amount of Each Receipt this Period
50.00

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

Full Name (Last, First, Middle Initial)
B. Rory P. Lafferty

Mailing Address 3937 Radcliff Drive #2D

City State Zip Code
Canton MI 48188

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

Name of Employer Occupation
Health Alliance Plan Dir- Government&Lgsltv Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **259.65**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : PR7534174096

Amount of Each Receipt this Period
34.62

P/R Deduction (\$17.31 Bi-Weekly)

Full Name (Last, First, Middle Initial)
c. Elgin C Cooper

Mailing Address 1880 Pelican Ct

City State Zip Code
Troy MI 48084

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

Name of Employer Occupation
Health Alliance Plan Dir-Corp Program Mngmnt Office

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **262.50**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : PR8708194096

Amount of Each Receipt this Period
37.50

P/R Deduction (\$18.75 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	122.12
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 12 OF 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Janetta Dean			Date of Receipt MM / DD / YYYY 07 / 31 / 2012 Transaction ID : PR8708204096
Mailing Address 24795 Beck			Amount of Each Receipt this Period 40.00
City Eastpointe	State MI	Zip Code 48021	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 280.00	
Name of Employer Health Alliance Plan	Occupation Mgr- COB	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Walter Knysz			Date of Receipt MM / DD / YYYY 07 / 31 / 2012 Transaction ID : PR8708224096
Mailing Address 1165 Lake Angelus Rd.			Amount of Each Receipt this Period 46.00
City Lake Angelus	State MI	Zip Code 48326	P/R Deduction (\$23.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 322.00	
Name of Employer Health Alliance Plan	Occupation Assoc Med Dir	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Deandre Antwan Lipscomb			Date of Receipt MM / DD / YYYY 07 / 31 / 2012 Transaction ID : PR8708234096
Mailing Address 29064 Raleigh Rd			Amount of Each Receipt this Period 77.00
City Farmington Hills	State MI	Zip Code 48336	P/R Deduction (\$38.50 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 539.00	
Name of Employer Health Alliance Plan	Occupation VP- Community Outreach	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Receipts This Page (optional).....▶	163.00
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: PAGE 13 OF 16
(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. Edwin H. Tuller
Full Name (Last, First, Middle Initial)
Mailing Address 24060 Devonshire Drive
City State Zip Code
Novi MI 48374
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Health Alliance Plan Dir- Health Perf Measurements
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2012
Transaction ID : PR8720834096
Amount of Each Receipt this Period
40.00
P/R Deduction (\$20.00 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
MM / DD / YYYY
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
MM / DD / YYYY
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	1100.22

**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 : 6536398

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 checked="" 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. Brenda Lawrence For Congress

Mailing Address P O Box 760550

City Southfield State MI Zip Code 48076

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Ms. Brenda Lawrence

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 14

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 24 / 2012

Transaction ID : 6584278

Amount of Each Disbursement this Period

1000.00

Direct Contribution

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1000.00

1000.00

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. MAHP Advocacy PAC

Mailing Address 327 Seymour Avenue

City Lansing State MI Zip Code 48933

Purpose of Disbursement
Direct Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 6573769

Amount of Each Disbursement this Period

Direct Contribution

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)..... ▶