

# 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.

12FE4M5

Health Alliance Plan PAC

ADDRESS (number and street)

2850 West Grand Boulevard

☐ Check if different than previously reported. (ACC)

Detroit

MI

48202

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00410670

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)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

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

Election on

11

06

2012

in the State of

MI

(d) 30-Day

POST-Election

Report for the:

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

Election on

in the State of

5. Covering Period

10

01

2012

through

10

17

2012

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

10

18

2012

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

Office  
Use  
Only

### FEC FORM 3X

Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Health Alliance Plan PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
10		01		2012

To:

M M	/	D D	/	Y Y Y Y Y Y
10		17		2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y Y</div><div>2012</div></div>		<div><div></div><div>68165.72</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>68991.49</div></div>	
(c) Total Receipts (from Line 19) .....	<div><div></div><div>722.96</div></div>	<div><div></div><div>21769.00</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div><div></div><div>69714.45</div></div>	<div><div></div><div>89934.72</div></div>
7. Total Disbursements (from Line 31).....	<div><div></div><div>543.75</div></div>	<div><div></div><div>20764.02</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div><div></div><div>69170.70</div></div>	<div><div></div><div>69170.70</div></div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div></div><div>0.00</div></div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div></div><div>0.00</div></div>	



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)

Page 3

Write or Type Committee Name

Health Alliance Plan PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
10		01		2012

To:

M M	/	D D	/	Y Y Y Y Y Y
10		17		2012

**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).....

649.11

13987.10

(ii) Unitemized .....

73.85

7781.90

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

722.96

21769.00

(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) .....

722.96

21769.00

## 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))..... ▶

722.96

21769.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

722.96

21769.00

**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	439.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	43.75	439.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	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	19075.00
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)) ..	543.75	20764.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	543.75	20764.02

**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) .....	722.96	21769.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	722.96	21769.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	43.75	439.02
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	439.02

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Alliance Plan PAC**

Full Name (Last, First, Middle Initial)

## **A. Irita Matthews**

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

Health Alliance Plan

Occupation

VP - Assoc General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 17 2012

**Transaction ID : PR7532644590**

Amount of Each Receipt this Period

38.50

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

Full Name (Last, First, Middle Initial)

## **B. Kevin W Coughlin**

Mailing Address 43119 Hanford Rd.

City State Zip Code  
 Canton MI 48187

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Alliance Plan

Occupation

Dir- Bus Intelligence&App Sprt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 17 2012

**Transaction ID : PR7532684590**

Amount of Each Receipt this Period

20.00

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

Full Name (Last, First, Middle Initial)

## **C. Diane Lynn Slon**

Mailing Address 31646 Robinhood Dr.

City State Zip Code  
 Beverly Hills MI 48025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Alliance Plan

Occupation

AVP- Med&Business Informatics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 17 2012

**Transaction ID : PR7532734590**

Amount of Each Receipt this Period

25.00

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

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

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

83.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Health Alliance Plan PAC**

Full Name (Last, First, Middle Initial)

**A. Peter Anderson Stewart**

Mailing Address 7961 Little Farm Lane

City

West Bloomfield

State

MI

Zip Code

48322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Alliance Plan

Occupation

Dir- Auditing Srvc & MAR Compl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

10 / 17 / 2012

Transaction ID : PR7532804590

Amount of Each Receipt this Period

12.00

P/R Deduction (\$12.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Chrystal M. Roberts**

Mailing Address 24601 Pinehurst Ave.

City

Oak Park

State

MI

Zip Code

48237

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Alliance Plan

Occupation

Dir- Community Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.30

Date of Receipt

10 / 17 / 2012

Transaction ID : PR7532884590

Amount of Each Receipt this Period

17.30

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

Full Name (Last, First, Middle Initial)

**C. Donald Edward Kiefiuk**

Mailing Address 39810 Karola

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:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

10 / 17 / 2012

Transaction ID : PR7532944590

Amount of Each Receipt this Period

40.00

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

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

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

69.30

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Alliance Plan PAC**

Full Name (Last, First, Middle Initial)

**A. 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 ▼

440.00

Date of Receipt

10 / 17 / 2012

**Transaction ID : PR7533064590**

Amount of Each Receipt this Period

22.00

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

Full Name (Last, First, Middle Initial)

**B. Jody L Doherty**

Mailing Address 21115 Violet

City

State

Zip Code

Saint Clair Shores

MI

48082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Health Alliance Plan

Dir- Health Mgmt Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.25

Date of Receipt

10 / 17 / 2012

**Transaction ID : PR7533124590**

Amount of Each Receipt this Period

18.75

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

Full Name (Last, First, Middle Initial)

**C. Joyce Melissa James**

Mailing Address 20810 Gardner St.

City

State

Zip Code

Oak Park

MI

48237

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Health Alliance Plan

Mgr- Provider Fin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 17 / 2012

**Transaction ID : PR7533194590**

Amount of Each Receipt this Period

12.00

P/R Deduction (\$12.00 Bi-Weekly)

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

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

52.75



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Alliance Plan PAC**

Full Name (Last, First, Middle Initial)

**A. Glen P Koslakiewicz**

Mailing Address 30431 John Hauk

City

Garden City

State

MI

Zip Code

48135

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Alliance Plan

Occupation

Dir- Fin Operations

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

378.00

Date of Receipt

10 / 17 / 2012

**Transaction ID : PR7533254590**

Amount of Each Receipt this Period

18.00

P/R Deduction (\$18.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Diane Pawlica**

Mailing Address 45568 Morningside

City

Canton

State

MI

Zip Code

48187

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Alliance Plan

Occupation

Dir- System Care Mgmt

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

320.00

Date of Receipt

10 / 17 / 2012

**Transaction ID : PR7533344590**

Amount of Each Receipt this Period

20.00

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

Full Name (Last, First, Middle Initial)

**C. Dianna Lynn Ronan**

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  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1617.00

Date of Receipt

10 / 17 / 2012

**Transaction ID : PR7533404590**

Amount of Each Receipt this Period

77.00

P/R Deduction (\$77.00 Bi-Weekly)

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

115.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Health Alliance Plan PAC**

Full Name (Last, First, Middle Initial)

**A. Mohammed S. Kanpurwala**

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 ▼

378.00

Date of Receipt

10 / 17 / 2012

**Transaction ID : PR7533584590**

Amount of Each Receipt this Period

18.00

P/R Deduction (\$18.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Robert G Leger**

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 ▼

300.00

Date of Receipt

10 / 17 / 2012

**Transaction ID : PR7533594590**

Amount of Each Receipt this Period

15.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Rachel A Powell**

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 ▼

378.00

Date of Receipt

10 / 17 / 2012

**Transaction ID : PR7533624590**

Amount of Each Receipt this Period

18.00

P/R Deduction (\$18.00 Bi-Weekly)

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

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

51.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**Health Alliance Plan PAC**

Full Name (Last, First, Middle Initial)

**A. Sandra Lee Ledesma**

Mailing Address 22429 Provincial

City

Woodhaven

State

MI

Zip Code

48183

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Alliance Plan

Occupation

Dir- Application Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

10 / 17 / 2012

**Transaction ID : PR7533694590**

Amount of Each Receipt this Period

15.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Daniel A. Trim**

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 ▼

400.00

Date of Receipt

10 / 17 / 2012

**Transaction ID : PR7533784590**

Amount of Each Receipt this Period

20.00

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

Full Name (Last, First, Middle Initial)

**C. Carol L Allen**

Mailing Address 26160 Franklin Pointe Dr.

City

Southfield

State

MI

Zip Code

48034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Alliance Plan

Occupation

Mgr- NOC, Systems Admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 17 / 2012

**Transaction ID : PR7533794590**

Amount of Each Receipt this Period

12.00

P/R Deduction (\$12.00 Bi-Weekly)

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

47.00

**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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Alliance Plan PAC**

Full Name (Last, First, Middle Initial)

**A. Scott T Allen**

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 ▼

400.00

Date of Receipt

10 / 17 / 2012

**Transaction ID : PR7533944590**

Amount of Each Receipt this Period

20.00

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

Full Name (Last, First, Middle Initial)

**B. Richard D Chaney**

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 ▼

400.00

Date of Receipt

10 / 17 / 2012

**Transaction ID : PR7533974590**

Amount of Each Receipt this Period

20.00

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

Full Name (Last, First, Middle Initial)

**C. Laura J Eory**

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 ▼

500.00

Date of Receipt

10 / 17 / 2012

**Transaction ID : PR7533984590**

Amount of Each Receipt this Period

25.00

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

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

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

65.00

# **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)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Alliance Plan PAC**

Full Name (Last, First, Middle Initial)

**A. Kevin Michael Hurley**

Mailing Address 45504 Morningside Rd.

City

Canton

State

MI

Zip Code

48187

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Alliance Plan

Occupation

Mgr- Revenue Cycle & Recv Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 17 / 2012

Transaction ID : PR7533994590

Amount of Each Receipt this Period

12.00

P/R Deduction (\$12.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Christopher Andrew Johnston**

Mailing Address 4300 Westover Dr.

City

West Bloomfield

State

MI

Zip Code

48323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Alliance Plan

Occupation

Dir- New Business Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

10 / 17 / 2012

Transaction ID : PR7534074590

Amount of Each Receipt this Period

12.00

P/R Deduction (\$12.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Rory P. Lafferty**

Mailing Address 3937 Radcliff Drive  
 #2D

City

Canton

State

MI

Zip Code

48188

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Alliance Plan

Occupation

Dir- Government&Lgsltv Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.51

Date of Receipt

10 / 17 / 2012

Transaction ID : PR7534174590

Amount of Each Receipt this Period

17.31

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

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

41.31

**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 14 OF 17

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

### A. Cesar D Bayoneto

Mailing Address 11055 Cloverlawn Dr

City  
Brighton

State  
MI

Zip Code  
48114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Alliance Plan

Occupation

Sr Finance Administrator/HMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 17 / 2012

Transaction ID : PR8708164590

Amount of Each Receipt this Period

12.00

P/R Deduction (\$12.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

### B. Darryl P Bostick

Mailing Address 6431 Eastbrooke

City

West Bloomfield

State

MI

Zip Code

48322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Alliance Plan

Occupation

Mgr- Provider Reimbursement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 17 / 2012

Transaction ID : PR8708174590

Amount of Each Receipt this Period

12.00

P/R Deduction (\$12.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

### C. Elgin C Cooper

Mailing Address 1880 Pelican Ct

City

Troy

State

MI

Zip Code

48084

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Alliance Plan

Occupation

Dir-Corp Program Mngmnt Office

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

10 / 17 / 2012

Transaction ID : PR8708194590

Amount of Each Receipt this Period

18.75

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

42.75

# **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)

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NAME OF COMMITTEE (In Full)

**Health Alliance Plan PAC**

Full Name (Last, First, Middle Initial)

**A. Janetta Dean**

Mailing Address 24795 Beck

City

State

Zip Code

Eastpointe

MI

48021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Health Alliance Plan

Mgr- COB

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 17 / 2012

Transaction ID : PR8708204590

Amount of Each Receipt this Period

20.00

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

Full Name (Last, First, Middle Initial)

**B. Walter Knysz**

Mailing Address 1165 Lake Angelus Rd.

City

State

Zip Code

Lake Angelus

MI

48326

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Health Alliance Plan

Assoc Med Dir

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

460.00

Date of Receipt

10 / 17 / 2012

Transaction ID : PR8708224590

Amount of Each Receipt this Period

23.00

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

Full Name (Last, First, Middle Initial)

**C. Deandre Antwan Lipscomb**

Mailing Address 29064 Raleigh Rd

City

State

Zip Code

Farmington Hills

MI

48336

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Health Alliance Plan

VP- Community Outreach

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

770.00

Date of Receipt

10 / 17 / 2012

Transaction ID : PR8708234590

Amount of Each Receipt this Period

38.50

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

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

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

81.50

649.11

<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

## Health Alliance Plan PAC

### A. Comerica Bank

Mailing Address P.O. Box 75000

City	State	Zip Code
Detroit	MI	48275

Purpose of Disbursement	Merchant Fee

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement



Transaction ID : 6770038

Amount of Each Disbursement this Period

43.75

### Merchant Fee

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

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

43.75

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

43.75



	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

## Health Alliance Plan PAC

### A. Citizens for Andrea LaFontaine

Date of Disbursement

Transaction ID : 6768371

011

Amount of Each Disbursement this Period

MI Rep. Andrea LaFontaine

Category/  
Type

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

Andrea LaFontaine, STATE HOUSE 32nd MI

**B.**

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

\_\_\_\_\_

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

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

Age Group	Percentage
18-24	10%
25-34	20%
35-44	30%
45-54	25%
55-64	15%
65-74	10%
75+	5%

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

500.00