

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 OR AMENDED (N) (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report
(b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31
(c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special
(d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 10 / 18 / 2012 through 11 / 26 / 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 11 / 27 / 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.

**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.....	69170.70	
(c) Total Receipts (from Line 19)	2168.88	23937.88
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	71339.58	92103.60
7. Total Disbursements (from Line 31).....	1293.75	22057.77
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	70045.83	70045.83
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).....	2046.33	16033.43
(ii) Unitemized	122.55	7904.45
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2168.88	23937.88
(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)	2168.88	23937.88
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))..... ▶	2168.88	23937.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2168.88	23937.88

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	482.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	43.75	482.77
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	1250.00	20325.00
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)) ..	1293.75	22057.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1293.75	22057.77

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)	2168.88	23937.88
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2168.88	23937.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	43.75	482.77
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	482.77

**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 18
<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 11 / 26 / 2012 Transaction ID : PR7532644892
Mailing Address 861 Whittier		Amount of Each Receipt this Period 115.50
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 ▼ 885.50	

Full Name (Last, First, Middle Initial) B. Kevin W Coughlin		Date of Receipt MM / DD / YYYY 11 / 26 / 2012 Transaction ID : PR7532684892
Mailing Address 43119 Hanford Rd.		Amount of Each Receipt this Period 60.00
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 ▼ 460.00	

Full Name (Last, First, Middle Initial) C. Diane Lynn Slon		Date of Receipt MM / DD / YYYY 11 / 26 / 2012 Transaction ID : PR7532734892
Mailing Address 31646 Robinhood Dr.		Amount of Each Receipt this Period 75.00
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 ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....▶	250.50
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 7 OF 18
<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. Peter Anderson Stewart
 Full Name (Last, First, Middle Initial)
 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 ▼ 288.00

Date of Receipt 11 / 26 / 2012
Transaction ID : PR7532804892
 Amount of Each Receipt this Period 36.00
 P/R Deduction (\$12.00 Bi-Weekly)

B. Chrystal M. Roberts
 Full Name (Last, First, Middle Initial)
 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 ▼ 415.20

Date of Receipt 11 / 26 / 2012
Transaction ID : PR7532884892
 Amount of Each Receipt this Period 51.90
 P/R Deduction (\$17.30 Bi-Weekly)

C. Donald Edward Kiefiuk
 Full Name (Last, First, Middle Initial)
 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 ▼ 920.00

Date of Receipt 11 / 26 / 2012
Transaction ID : PR7532944892
 Amount of Each Receipt this Period 120.00
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	207.90
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 18
	<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. John David Calabria			Date of Receipt M M / D D / Y Y Y Y Y 11 / 26 / 2012 Transaction ID : PR7533064892
Mailing Address 2030 Brinston			Amount of Each Receipt this Period 66.00
City Troy	State MI	Zip Code 48083	P/R Deduction (\$22.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Health Alliance Plan	Occupation Assoc Med Dir	Aggregate Year-to-Date ▼ 506.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Jody L Doherty			Date of Receipt M M / D D / Y Y Y Y Y 11 / 26 / 2012 Transaction ID : PR7533124892
Mailing Address 21115 Violet			Amount of Each Receipt this Period 56.25
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	Aggregate Year-to-Date ▼ 412.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Joyce Melissa James			Date of Receipt M M / D D / Y Y Y Y Y 11 / 26 / 2012 Transaction ID : PR7533194892
Mailing Address 20810 Gardner St.			Amount of Each Receipt this Period 36.00
City Oak Park	State MI	Zip Code 48237	P/R Deduction (\$12.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Health Alliance Plan	Occupation Mgr- Provider Fin	Aggregate Year-to-Date ▼ 276.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	158.25
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 18
<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. Glen P Koslakiewicz		Date of Receipt 11 / 26 / 2012 Transaction ID : PR7533254892
Mailing Address 30431 John Hauk		Amount of Each Receipt this Period 54.00
City Garden City	State MI	Zip Code 48135
FEC ID number of contributing federal political committee. C		P/R Deduction (\$18.00 Bi-Weekly)
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 ▼ 432.00	

Full Name (Last, First, Middle Initial) B. Diane Pawlica		Date of Receipt 11 / 26 / 2012 Transaction ID : PR7533344892
Mailing Address 45568 Morningside		Amount of Each Receipt this Period 60.00
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- System Care Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) C. Dianna Lynn Ronan		Date of Receipt 11 / 26 / 2012 Transaction ID : PR7533404892
Mailing Address 2156 Cumberland		Amount of Each Receipt this Period 231.00
City Brighton	State MI	Zip Code 48114
FEC ID number of contributing federal political committee. C		P/R Deduction (\$77.00 Bi-Weekly)
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 ▼ 1848.00	

SUBTOTAL of Receipts This Page (optional).....▶	345.00
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 18
	<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. 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 ▼ 432.00

Date of Receipt 11 / 26 / 2012
Transaction ID : PR7533584892
 Amount of Each Receipt this Period 54.00
 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 ▼ 345.00

Date of Receipt 11 / 26 / 2012
Transaction ID : PR7533594892
 Amount of Each Receipt this Period 45.00
 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 ▼ 432.00

Date of Receipt 11 / 26 / 2012
Transaction ID : PR7533624892
 Amount of Each Receipt this Period 54.00
 P/R Deduction (\$18.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	153.00
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 18
	<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. Sandra Lee Ledesma
 Full Name (Last, First, Middle Initial)
 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 ▼ 330.00

Date of Receipt 11 / 26 / 2012
Transaction ID : PR7533694892
 Amount of Each Receipt this Period 45.00
 P/R Deduction (\$15.00 Bi-Weekly)

B. 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 ▼ 460.00

Date of Receipt 11 / 26 / 2012
Transaction ID : PR7533784892
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. Carol L Allen
 Full Name (Last, First, Middle Initial)
 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 ▼ 276.00

Date of Receipt 11 / 26 / 2012
Transaction ID : PR7533794892
 Amount of Each Receipt this Period 36.00
 P/R Deduction (\$12.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	141.00
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 12 OF 18
<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. 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 ▼ 460.00

Date of Receipt 11 / 26 / 2012
Transaction ID : PR7533944892
Amount of Each Receipt this Period 60.00
P/R Deduction (\$20.00 Bi-Weekly)

B. 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 ▼ 460.00

Date of Receipt 11 / 26 / 2012
Transaction ID : PR7533974892
Amount of Each Receipt this Period 60.00
P/R Deduction (\$20.00 Bi-Weekly)

C. Laura J Eory
Full Name (Last, First, Middle Initial)
Mailing Address 19090 Parkwood Lane
City Brownstown State MI Zip Code 48183
FEC ID number of contributing federal political committee. **C**
Name of Employer Health Alliance Plan Occupation AVP Provider Contracting
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 575.00

Date of Receipt 11 / 26 / 2012
Transaction ID : PR7533984892
Amount of Each Receipt this Period 75.00
P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 195.00
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 13 OF 18
	<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. Kevin Michael Hurley
Full Name (Last, First, Middle Initial)

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 ▼ **276.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2012

Transaction ID : PR7533994892

Amount of Each Receipt this Period

36.00

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

B. Donna M Siegmund
Full Name (Last, First, Middle Initial)

Mailing Address 9 Sylvan

City Pleasant Ridge	State MI	Zip Code 48069
------------------------	-------------	-------------------

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

Name of Employer Health Alliance Plan	Occupation Sr Project Manager
------------------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **234.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2012

Transaction ID : PR7534064892

Amount of Each Receipt this Period

39.00

P/R Deduction (\$13.00 Bi-Weekly)

C. Christopher Andrew Johnston
Full Name (Last, First, Middle Initial)

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 ▼ **288.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2012

Transaction ID : PR7534074892

Amount of Each Receipt this Period

36.00

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

SUBTOTAL of Receipts This Page (optional).....▶	111.00
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 14 OF 18
	<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. Rory P. Lafferty		Date of Receipt 11 / 26 / 2012 Transaction ID : PR7534174892
Mailing Address 759 Cherry Stone Drive #2D		Amount of Each Receipt this Period 51.93
City Canton State MI Zip Code 48188	FEC ID number of contributing federal political committee. C	P/R Deduction (\$17.31 Bi-Weekly)
Name of Employer Health Alliance Plan Occupation Dir- Government&Lgsltv Affairs	Aggregate Year-to-Date 415.44	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Cesar D Bayoneto		Date of Receipt 11 / 26 / 2012 Transaction ID : PR8708164892
Mailing Address 11055 Cloverlawn Dr		Amount of Each Receipt this Period 36.00
City Brighton State MI Zip Code 48114	FEC ID number of contributing federal political committee. C	P/R Deduction (\$12.00 Bi-Weekly)
Name of Employer Health Alliance Plan Occupation Sr Finance Administrator/HMS	Aggregate Year-to-Date 276.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Darryl P Bostick		Date of Receipt 11 / 26 / 2012 Transaction ID : PR8708174892
Mailing Address 6431 Eastbrooke		Amount of Each Receipt this Period 36.00
City West Bloomfield State MI Zip Code 48322	FEC ID number of contributing federal political committee. C	P/R Deduction (\$12.00 Bi-Weekly)
Name of Employer Health Alliance Plan Occupation Mgr- Provider Reimbursement	Aggregate Year-to-Date 276.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	123.93
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 15 OF 18
	<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. Marlene A. Bowman			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2012 Transaction ID : PR8708184892
Mailing Address 1470 Robert Bradby Drive			Amount of Each Receipt this Period 30.00
City Detroit	State MI	Zip Code 48207	P/R Deduction (\$10.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Health Alliance Plan	Occupation Supv- Security	Aggregate Year-to-Date ▼ 230.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Elgin C Cooper			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2012 Transaction ID : PR8708194892
Mailing Address 1880 Pelican Ct			Amount of Each Receipt this Period 56.25
City Troy	State MI	Zip Code 48084	P/R Deduction (\$18.75 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Health Alliance Plan	Occupation Dir-Corp Program Mngmnt Office	Aggregate Year-to-Date ▼ 431.25	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Janetta Dean			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2012 Transaction ID : PR8708204892
Mailing Address 24795 Beck			Amount of Each Receipt this Period 60.00
City Eastpointe	State MI	Zip Code 48021	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Health Alliance Plan	Occupation Mgr- COB	Aggregate Year-to-Date ▼ 460.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	146.25
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 16 OF 18
<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. Walter Knysz		Date of Receipt MM / DD / YYYY 11 / 26 / 2012 Transaction ID : PR8708224892
Mailing Address 1165 Lake Angelus Rd.		Amount of Each Receipt this Period 69.00
City Lake Angelus	State MI	Zip Code 48326
FEC ID number of contributing federal political committee. C	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) ▼	Aggregate Year-to-Date ▼ 529.00	P/R Deduction (\$23.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Deandre Antwan Lipscomb		Date of Receipt MM / DD / YYYY 11 / 26 / 2012 Transaction ID : PR8708234892
Mailing Address 29064 Raleigh Rd		Amount of Each Receipt this Period 115.50
City Farmington Hills	State MI	Zip Code 48336
FEC ID number of contributing federal political committee. C	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) ▼	Aggregate Year-to-Date ▼ 885.50	P/R Deduction (\$38.50 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. John Francis Mcelligatt		Date of Receipt MM / DD / YYYY 11 / 26 / 2012 Transaction ID : PR8708254892
Mailing Address 10149 Rosemarie Run		Amount of Each Receipt this Period 30.00
City Brighton	State MI	Zip Code 48114
FEC ID number of contributing federal political committee. C	Name of Employer Health Alliance Plan	Occupation Dir- Labor Affairs
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	214.50
TOTAL This Period (last page this line number only).....▶	2046.33

**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 : 6851313

Amount of Each Disbursement this Period

Credit Card Transaction Fee

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Cmte to Re-Elect Benny N. Napoleon Sheriff

Mailing Address PO Box 32974

City State Zip Code
Detroit MI 48232

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Benny Napoleon

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2012			

Transaction ID : 6831917

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Citizens to Elect Deb Shaughnessy State Rep.

Mailing Address 956 Chads Way

City State Zip Code
Charlotte MI 48813

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Rep. Deb Shaughnessy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 71

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2012			

Transaction ID : 6844608

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Macomb Business United

Mailing Address 2 Crocker Blvd

City State Zip Code
Mount Clemens MI 48043-2528

Purpose of Disbursement
Void - Macomb Business United

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			26			2012			

Transaction ID : 6897249

Amount of Each Disbursement this Period

-250.00

Void - Macomb Business United

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

1250.00

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

1250.00
