NAME OF	TYPE O	R PRINT V	Examp	le: If typing, type		Office Use Only	
COMMITTEE (in full)		······		e lines.	12FE4M	5	
Health Alliance Pl	an PAC						
DDRESS (number and str		West Grand Bouleva	ard				
<ul> <li>Check if differen</li> </ul>	t L						
than previously reported. (ACC)	Detro	it 			MI	48202	-
FEC IDENTIFICATI	ON NUMBER	▼ C	ITY 🔺		STATE 🔺	ZIP CO	DDE 🔺
C C00410670			IS THIS REPORT	× NEW (N) (		MENDED A)	
<ul> <li><b>TYPE OF REPOF</b></li> <li>(Choose One)</li> <li>(a) Quarterly Reports</li> </ul>	(~) · F	Report Due On:	eb 20 (M2) ar 20 (M3)	May 20	M6) Se	g 20 (M8)	Nov 20 (M1 (Non-Election Year Only) Dec 20 (M1 (Non-Election Year Only)
April 15 Quarterly Re July 15 Quarterly Re October 15 Quarterly Re	port (Q2)			Jul 20 (M mary (12P) nvention (12C)	Genera		Jan 31 (YE)
January 31 Year-End Re		Elect	tion on	M M / D D	/ Y Y Y	in the State	
July 31 Mid- Report (Non Year Only) (	Year (c	l) 30-Day POST-Election Report for the:	× Ge	neral (30G)	Runoff	(30R)	Special (30S
Termination (TER)	Report		tion on	M M / D D 11 06	/ Y Y Y Y 2012	in the State	
Covering Period	10 / C	18 / Y Y Y Y 2012		through 1	1 / D D 26	/ Y Y Y Y 2012	
certify that I have exam ype or Print Name of Tr		t and to the best o y Cushman	of my knowle	dge and belief it	is true, correct a	nd complete.	
ignature of Treasurer	Nancy Cushma	n	[E]	ectronically Filed]	Date 11	M / D D / 27	2012

#### 11/27/2012 11 : 30

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003)

#### Health Alliance Plan PAC

Write or Type Committee Name

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		68165.72
	(b) Cash on Hand at Beginning of Reporting Period	69170.70	
	(c) Total Receipts (from Line 19)	2168.88	23937.88
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	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 <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

×

#### **DETAILED SUMMARY PAGE**

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

#### Health Alliance Plan PAC

I. Receipts utions (other than loans) From: ividuals/Persons Other an Political Committees Itemized (use Schedule A) Unitemized TOTAL (add Lines 11(a)(i) and (ii)	COLUMN A Total This Period           2046.33           7         122.55           7         2168.88           7         0.00           7         0.00           7         2168.88	COLUMN B Calendar Year-to-Date           16033.43           7         7           7         7           7         7           7         7           7         7           7         7           7         7           7         7           7         7           7         7           7         7           7         7           7         7           7         7
ividuals/Persons Other an Political Committees Itemized (use Schedule A) Unitemized TOTAL (add Lines 11(a)(i) and (ii)	, 122.55 , 2168.88 , 0.00 , 0.00	7904.44 77904.44 77904.44 77904.44 7000 7000 7000
an Political Committees Itemized (use Schedule A) Unitemized TOTAL (add Lines 11(a)(i) and (ii)	, 122.55 , 2168.88 , 0.00 , 0.00	7904.44 777904.44 77723937.88 0.00 777700.00
Itemized (use Schedule A) Unitemized TOTAL (add Lines 11(a)(i) and (ii)	, 122.55 , 2168.88 , 0.00 , 0.00	7904.44 777904.44 77723937.88 0.00 777700.00
Unitemized TOTAL (add Lines 11(a)(i) and (ii)	2168.88 0.00 0.00	
TOTAL (add Lines 11(a)(i) and (ii)► her Political Committees ich as PACs) al Contributions (add Lines (a)(iii), (b), and (c)) (Carry als to Line 33, page 5)►	2168.88 0.00 0.00	
Lines 11(a)(i) and (ii)► litical Party Committees her Political Committees ich as PACs) al Contributions (add Lines (a)(iii), (b), and (c)) (Carry als to Line 33, page 5)	0.00	
litical Party Committees her Political Committees ich as PACs) al Contributions (add Lines (a)(iii), (b), and (c)) (Carry als to Line 33, page 5)	0.00	
ner Political Committees ich as PACs) al Contributions (add Lines a)(iii), (b), and (c)) (Carry als to Line 33, page 5)	0.00	
ner Political Committees ich as PACs) al Contributions (add Lines a)(iii), (b), and (c)) (Carry als to Line 33, page 5)	0.00	
ch as PACs) al Contributions (add Lines (a)(iii), (b), and (c)) (Carry als to Line 33, page 5)		
al Contributions (add Lines a)(iii), (b), and (c)) (Carry als to Line 33, page 5)		
a)(iii), (b), and (c)) (Carry als to Line 33, page 5)	2168.88	
als to Line 33, page 5)	2168.88	
		23937.88
ommittees	0.00	0.00
ns Received	0.00	0.00
annumente Dessived	0.00	0.0
	0.00	0.00
	/5 // /*	
	0.00	0.00
	0.00	0.00
-Federal Account		
om Schedule H3)	0.00	0.00
n Funds (from Schedule H5)	0.00	0.0
I Transfers (add 18(a) and 18(b))	0.00	0.00
	epayments Received To Operating Expenditures ds, Rebates, etc.) Totals to Line 37, page 5) s of Contributions Made eral Candidates and Other I Committees Federal Receipts nds, Interest, etc.) rs from Non-Federal and Levin Funds In-Federal Account for Schedule H3) in Funds (from Schedule H5) al Transfers (add 18(a) and 18(b))	To Operating Expenditures ds, Rebates, etc.) Totals to Line 37, page 5) s of Contributions Made eral Candidates and Other I Committees rederal Receipts nds, Interest, etc.) rs from Non-Federal and Levin Funds in Funds (from Schedule H5)

#### 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
. 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	482.7
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b)) ► Transfers to Affiliated/Other Party	43.75	482.7
Committees Contributions to	0.00	0.0
Federal Candidates/Committees and Other Political Committees	0.00	1250.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(use schedule F)		
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(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
Other Disbursements	1250.00	20325.00
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1293.75	22057.7
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1293.75	22057.77
	7 7	7 7

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#### DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	2168.88	23937.88
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	0.00	0.00
<ol> <li>Net Contributions (other than loans) (subtract Line 34 from Line 33)</li> </ol>	2168.88	23937.88
<ol> <li>Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))</li> </ol>	43.75	482.77
<ol> <li>Offsets to Operating Expenditures (from Line 15, page 3)</li> </ol>	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	43.75	482.77

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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	IMIZED RECEIPTS		Detailed Summary Page		<b>〈</b> 11a		11b		11c	12	
			, ,		13		14		15	16	1
r	information copied from such Reports and S for commercial purposes, other than using the										
>	Health Alliance Plan PAC										
	Full Name (Last, First, Middle Initial) Irita Matthews				Date of	Re	ceipt				
	Mailing Address 861 Whittier				M M	1	2		/ Y	ү ү 2012	Y
	City	State MI	Zip Code 48230							644892	
-	Grosse Pointe Park	IVII	46230		Amount	of	Each	Red	ceipt th	is Perio	d
	FEC ID number of contributing federal political committee.	С					7		7	11	5.50
	Name of Employer	Occupation									
	Health Alliance Plan Receipt For:	VP - Assoc Ge									
	Primary General	Aggregate Ye	ar-to-Date ▼	_   _		: .		0 5		م ا ا ا م	
	Other (specify)		885.50	] '	P/R Ded	uctio	on (\$3	8.50	) BI-Mé	ескіу)	
	Full Name (Last, First, Middle Initial) Kevin W Coughlin				Date of	Re	ceipt				
	Mailing Address 43119 Hanford Rd.				M M	/	D	D	/ Y	Y Y	Y
					11		2	6		2012	
	City	State	Zip Code		Trans	acti	on ID	: Pl	R75326	684892	
-	Canton	MI	48187		Amount	of	Each	Red	ceipt th	is Perio	d
	FEC ID number of contributing federal political committee.	С					7		7	6	0.00
Ì	Name of Employer	Occupation		_							
I	Health Alliance Plan	Dir- Bus Intellig	gence&App Sprt								
Ī	Receipt For:	Aggregate Ye	ar-to-Date ▼								
	Primary General Other (specify) ▼	,	460.00	]   F	P/R Dedu	uctic	on (\$2	0.00	) Bi-We	ekly)	
	Full Name (Last, First, Middle Initial) Diane Lynn Slon				Date of	Re	ceipt				
	Mailing Address 31646 Robinhood Dr.				M M	/	2	D 6	/ Y	2012	Y
	City	State	Zip Code		Trans	acti	on ID	: P	R7532	734892	
_	Beverly Hills	MI	48025		Amount	of	Each	Red	ceipt th	is Perio	d
	FEC ID number of contributing federal political committee.	С					,		7	7	5.00
Ī	Name of Employer	Occupation		_							
	Health Alliance Plan		siness Informatics								
	Receipt For:	Aggregate Ye		_							
	Primary General	Aggregate Te		I F	P/R Ded	uctio	on (\$2	25.00	) Bi-We	ekly)	
	Other (specify)	7	600.00				(+			,,	
-	JBTOTAL of Receipts This Page (optional)			I					-	25(	0.50

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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		Detailed Summary Page	X	11a		11b	11c		12	
				13		14	15		16	17
Any information copied from such Reports and or for commercial purposes, other than using t	I Statements mathe name and a	ay not be sold or used by any p ddress of any political committee	erson fo e to soli	or the p icit con	trib	ose of utions	soliciti from su	ng co ich co	ontribu ommit	itions tee.
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC										
Full Name (Last, First, Middle Initial) <b>A.</b> Peter Anderson Stewart			D	Date of	Re	ceipt				
Mailing Address 7961 Little Farm Lane				M M	/	26			2012	Y
City	State	Zip Code		Transa	acti		PR753			
West Bloomfield	MI	48322	A	mount	of	Each F	Receipt	this I	Period	I
FEC ID number of contributing federal political committee.	С					,		_	36	6.00
Name of Employer	Occupation									
Health Alliance Plan	Dir- Auditing	g Srvc & MAR Compl								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		288.00	P/I	R Dedu	uctio	on (\$12	.00 Bi-\	Veekl	ly)	
Full Name (Last, First, Middle Initial) B. Chrystal M. Roberts			D	Date of	Re	ceipt				
Mailing Address 24601 Pinehurst Ave.				M M 11	/	26			012	Y
City	State	Zip Code		Transa	acti	on ID :	PR753	2884	892	
Oak Park	MI	48237	A	mount	of	Each F	Receipt	this I	Period	I
FEC ID number of contributing federal political committee.	С					, .			51	.90
Name of Employer	Occupation	1	_							
Health Alliance Plan	Dir- Commu	unity Relations								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		415.20	P/f	R Dedu	ictic	on (\$17.	.30 Bi-V	Veekl	y)	
Full Name (Last, First, Middle Initial) C. Donald Edward Kiefiuk			D	Date of	Re	ceipt				
Mailing Address 39810 Karola				<sup>M</sup> <sup>M</sup>	/	D 10			012	Y
City	State	Zip Code		Transa	acti	on ID :	PR753	2944	892	
Sterling Heights	MI	48313	A	mount	of	Each F	Receipt	this F	Period	
FEC ID number of contributing federal political committee.	С					7	7	_	120	0.00
Name of Employer	Occupation									
Health Alliance Plan	VP - Claims	8								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		920.00	P/	R Dedu	uctio	on (\$40	.00 Bi-\	Veek	ly)	
SUBTOTAL of Receipts This Page (optional).						,	- 7		207	.90

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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	y information copied from such Reports and St for commercial purposes, other than using the										
$\backslash$	NAME OF COMMITTEE (In Full)										
$\Big\rangle$	Health Alliance Plan PAC										
Α.	Full Name (Last, First, Middle Initial) John David Calabria				Date of	Re	eceip	ot	_	_	_
	Mailing Address 2030 Brinston				м м 11	/	D	26	/ Y	2012	Y
	City	State	Zip Code		Trans	acti	ion	ID : P	R7533	064892	
	Troy	MI	48083		Amount	of	Eac	ch Re	ceipt th	nis Period	
	FEC ID number of contributing federal political committee.	С					3		J	66	5.00
	Name of Employer	Occupation									
	Health Alliance Plan	Assoc Med	Dir								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼					<b>.</b>			
	Other (specify) ▼		506.00		/R Ded	uctio	on (	\$22.0	U Bi-We	eekly)	
B.	Full Name (Last, First, Middle Initial) Jody L Doherty				Date of	Re	eceip	ot			
	Mailing Address 21115 Violet				M M	/	D	26	/ Y	у у 2012	Y
	City	State	Zip Code						R75331		
	Saint Clair Shores	MI	48082		Amount	of	Eac	ch Re	ceipt th	nis Period	
	FEC ID number of contributing federal political committee.	С					3		y	56	.25
	Name of Employer Health Alliance Plan	Occupation	Mamt Services								
	Receipt For:		0	-							
	Primary General Other (specify) ▼	Ayyregate	Year-to-Date ▼ 412.50	P	/R Dedi	uctio	on (S	\$18.7	5 Bi-We	ekly)	
C.	Full Name (Last, First, Middle Initial) Joyce Melissa James				Date of	Re	eceip	ot			
	Mailing Address 20810 Gardner St.				M M 11	/	D	26	/ Y	ү ү 2012	Y
	City Ock Park	State MI	Zip Code							194892	
	Oak Park	IVII	48237	-	Amount	of	Eac	ch Re	ceipt th	nis Period	
	FEC ID number of contributing federal political committee.	С					7		3	36	6.00
	Name of Employer	Occupation		_							
	Health Alliance Plan	Mgr- Provid	ler Fin								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		276.00		P/R Ded	uctio	ion (	\$12.0	0 Bi-We	eekly)	
s	UBTOTAL of Receipts This Page (optional)			•			-		-	158	.25
Т	OTAL This Period (last page this line number c	only)		•			7		,		

Use separate schedule(s) for each category of the

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			Detailed Summary Page	I.	<b>X</b> 11a		11	b	11c		12	
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	y information copied from such Reports and St for commercial purposes, other than using the											
$\langle \rangle$	NAME OF COMMITTEE (In Full)											
	Health Alliance Plan PAC											
٩.	Full Name (Last, First, Middle Initial) Glen P Koslakiewicz				Date of	Re	ecei	pt				
	Mailing Address 30431 John Hauk				M M	/		26	/ Y		ү 012	Y
	City	State	Zip Code		Trans	acti	ion	ID : I	PR7533	2548	392	
	Garden City	MI	48135	_	Amount	of	Ea	ch Re	eceipt t	nis F	Period	
	FEC ID number of contributing federal political committee.	С					7		7		54	00
	Name of Employer	Occupation										
	Health Alliance Plan	Dir- Fin Ope	erations									
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General Other (specify)	· · · ·	432.00		P/R Ded	uctio	on (	(\$18.0	00 Bi-W	eekly	y)	
			A									
	Full Name (Last, First, Middle Initial) Diane Pawlica				Date of	Re	ecei	pt				
	Mailing Address 45568 Morningside				M M	/	ľ	26	/ Y		)12	Y
	City	State	Zip Code		Trans	acti	ion	ID : F	PR7533	3448	392	
	Canton	MI	48187		Amount	of	Ea	ch Re	eceipt tl	nis F	Period	
	FEC ID number of contributing federal political committee.	С					,				60.	00
	Name of Employer Health Alliance Plan	Occupation Dir- System	Care Mgmt									
	Receipt For:		Year-to-Date ▼									
	Primary General Other (specify) ▼		380.00		P/R Dedu	uctio	on (	\$20.0	0 Bi-W	eekly	()	
	Full Name (Last, First, Middle Initial) Dianna Lynn Ronan				Date of	Re	ecei	pt				
	Mailing Address 2156 Cumberland				M M	/	ľ	26	/ Y		)12	Y
	City	State	Zip Code		Trans	act	ion	ID : I	PR7533	4048	892	
	Brighton	MI	48114		Amount	of	Ea	ch Re	eceipt tl	nis F	Period	
	FEC ID number of contributing federal political committee.	С					,		5		231	.00
	Name of Employer	Occupation		-								
	Health Alliance Plan	VP - Financ	cial Services									
	Receipt For:	Aggregate	Year-to-Date ▼	$\neg$								
	Primary General				P/R Ded	ucti	on	(\$77.0	00 Bi-W	eekl	y)	
	Other (specify)		1848.00									
s	JBTOTAL of Receipts This Page (optional)										345.	00

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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			Detailed Summary Page	X	11a		111	b	11c	12	
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	y information copied from such Reports and Sta for commercial purposes, other than using the										
$\backslash$	NAME OF COMMITTEE (In Full)										
$\Big)$	Health Alliance Plan PAC										
Α.	Full Name (Last, First, Middle Initial) Mohammed S. Kanpurwala				Date of	Re	eceip	pt	_	_	_
	Mailing Address 441 Sylvan Dr				M M 11	/	D	26		2012	Y
	City	State	Zip Code			acti	ion		PR7533	3584892	
	Canton	MI	48188	A	mount	of	Ead	ch Re	eceipt t	his Perio	d
	FEC ID number of contributing federal political committee.	С					7			5	4.00
	Name of Employer	Occupation	1	$\neg$							
	Health Alliance Plan	Dir- Underv	vriting/Ahl								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		432.00	P/	R Dedi	uctio	on (	(\$18.0	00 Bi-W	(eekly)	
	Full Name (Last, First, Middle Initial) Robert G Leger				Date of	Re	eceip	pt			
	Mailing Address 1554 Waters Edge Ct.				™ = M 1_1	/	D	26	/ Y	2012	Y
	City	State	Zip Code		Trans	acti	ion	ID : F	PR7533	594892	
	Wixom	MI	48393	A	mount	of	Ead	ch Re	eceipt t	his Perio	d
	FEC ID number of contributing federal political committee.	С					3		- 7	4	5.00
	Name of Employer Health Alliance Plan	Occupation Dir- Suppor									
	Receipt For:		Year-to-Date ▼			-		• .			
	Other (specify) ▼		345.00	P/	R Dedu	uctic	on (	\$15.0	0 Bi-W	eekly)	
с.	Full Name (Last, First, Middle Initial)				Date of	Re	eceip	pt			
	Mailing Address 543 Thurber				м м 11	/		26		2012	Y
	City	State MI	Zip Code							3624892	
	Troy	IVII	48085	A	mount	of	Ead	ch Re	eceipt t	his Perio	d
	FEC ID number of contributing federal political committee.	С					3			5	4.00
	Name of Employer	Occupation		$\neg$							
	Health Alliance Plan	Dir - MA Re	evenue Management								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		432.00	P/	'R Ded	uctio	on (	(\$18.0	00 Bi-W	/eekly)	
	Other (specify)	L	452.00								
S	UBTOTAL of Receipts This Page (optional)		•				7		,	15	3.00
т	OTAL This Period (last page this line number o	only)	•				3				

# SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check d	(check only one)							
		Detailed Summary Page	X 11a		11b	11c	12	17			
Any information copied from such Reports or for commercial purposes, other than usi			erson for th	he pui	rpose of	soliciting	g contribut	tions			
NAME OF COMMITTEE (In Full)	<u> </u>	·····						-			
Health Alliance Plan PAC											
Full Name (Last, First, Middle Initial) A. Sandra Lee Ledesma			Date	of R	eceipt						
Mailing Address 22429 Provincial			M 1	_	26	/ Y	2012	Y			
City	State MI	Zip Code			tion ID : I						
Woodhaven	IVII	48183	Amo	unt of	Each Re	eceipt th	nis Period				
FEC ID number of contributing federal political committee.	С				7	7	45	.00			
Name of Employer	Occupation	1									
Health Alliance Plan	Dir- Applica	tion Development									
Receipt For:	Aggregate	Year-to-Date <b>V</b>									
Primary General		330.00	P/R D	educt	ion (\$15.0	00 Bi-We	eekly)				
Other (specify)		330.00									
Full Name (Last, First, Middle Initial) B. Daniel A. Trim			Date	of R	eceipt						
Mailing Address 921 Juneau Rd.			M 1	_	26	/ Y	y y 2012	Y			
City	State	Zip Code	Tra	nsact	tion ID : F	PR75337	784892				
Ypsilanti	MI	48198	Amo	unt of	Each Re	eceipt th	nis Period				
FEC ID number of contributing federal political committee.	C				3	7	60	.00			
Name of Employer	Occupation	1									
Health Alliance Plan	Dir- Technic	cal Support									
Receipt For:	Aggregate	Year-to-Date <b>V</b>									
Other (specify)		460.00	P/R D	educti	ion (\$20.0	00 Bi-We	ekly)				
Full Name (Last, First, Middle Initial) C. Carol L Allen			Date	of R	eceipt						
Mailing Address 26160 Franklin Pointe I	Dr.		M 1		26	/ Y	y y 2012	Y			
City	State	Zip Code	Tra	insac	tion ID :	PR7533	794892				
Southfield	MI	48034	Amo	unt of	Each Re	eceipt th	nis Period				
FEC ID number of contributing federal political committee.	С				3	7	36	5.00			
Name of Employer	Occupation	1									
Health Alliance Plan	Mgr- NOC,	Systems Admin									
Receipt For:	Aggregate	Year-to-Date <b>V</b>									
Other (specify)		276.00	P/R D	educt	ion (\$12.0	00 Bi-We	eekly)				
SUBTOTAL of Receipts This Page (option	nal)				7	- 7	141.	.00			
TOTAL This Period (last page this line nu	imber only)				,	-					

Use separate schedule(s)

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		]11b		11c	12	
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Any information copied from such Reports or for commercial purposes, other than usi										
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC										
Full Name (Last, First, Middle Initial) <b>A.</b> Scott T Allen				Date of	Re	eceip	t			
Mailing Address 3066 Richmond Dr.				M M 11	/	D	26	/ Y	үүү 2012	Y
City	State	Zip Code				-		R75339		
Clarkston	MI	48348	A	mount	of	Eacl	h Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С					3		7	60	0.00
Name of Employer	Occupation									
Health Alliance Plan	Dir- Labor A	Affairs & VEBA Adm								
Receipt For:	Aggregate	Year-to-Date ▼							- 1 1 2	
Other (specify)		460.00	P/	R Dedi	uctio	on (\$	520.0	0 Bi-We	ekiy)	
Full Name (Last, First, Middle Initial) B. Richard D Chaney	I			Date of	Re	eceip	t			
Mailing Address 439 Merion Drive				M _ M 11	/		26	/ Y	2012	Y
City	State	Zip Code						R75339		
Canton Township	MI	48188	A	mount	of	Eacl	h Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С				_	3		7	60	.00
Name of Employer Health Alliance Plan	Occupation VP - Client									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 460.00	P/	R Dedu	uctic	on (\$	20.00	) Bi-We	ekly)	
Full Name (Last, First, Middle Initial) C. Laura J Eory	I			Date of	Re	eceip	t			
Mailing Address 19090 Parkwood Lane				м м 11	/		D 26	/ Y	у у 2012	Y
City Brownstown	State MI	Zip Code 48183							984892	
	1711	40100	A	mount	of	Eacl	h Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С					3		7	75	5.00
Name of Employer	Occupation									
Health Alliance Plan	AVP Provid	ler Contracting								
Receipt For: Primary General	Aggregate	Year-to-Date ▼	-							
Other (specify)		575.00	P/	'R Dedi	uctio	on (\$	\$25.0	0 Bi-We	eekly)	
SUBTOTAL of Receipts This Page (option	nal)					,			195	.00
TOTAL This Period (last page this line nu	mber only)	••••••				,		,		

Use separate schedule(s)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		] 11b		11c	12	<b>1 -</b>									
Any information copied from such Reports and State or for commercial purposes, other than using the na																			
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC																			
Full Name (Last, First, Middle Initial) <b>A. Kevin Michael Hurley</b>			Date of Receipt																
Mailing Address 45504 Morningside Rd.									11 26 2012 Transaction ID : PR7533994892										
City Canton	State MI	Zip Code 48187				-													
	С			mount	of	Eac	n Re	ceipt th	iis Period 36	5.00									
Health Alliance Plan M	-	ue Cycle & Recv Mgmt Year-to-Date ▼ 276.00	 P/	R Dedu	uctio	on (\$	\$12.0	0 Bi-We	eekly)										
Full Name (Last, First, Middle Initial) B. Donna M Siegmund Mailing Address 9 Sylvan				Date of Receipt															
City Pleasant Ridge	ity State Zip Code									11         26         2012           Transaction ID : PR7534064892									
	С			Amount of Each Receipt this Period															
Llaalth Allianaa Dian	Dccupation Fr Project M																		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 234.00	P/	R Dedu	uctic	on (\$	\$13.00	0 Bi-We	ekly)										
Full Name (Last, First, Middle Initial) C. Christopher Andrew Johnston				Date of	Re	eceip	ot												
Mailing Address 4300 Westover Dr.				м м 11	/	D	р 26	/ Y	ү ү 2012	Y									
City West Bloomfield	State MI	Zip Code 48323	A						074892 iis Period										
FEC ID number of contributing federal political committee.	С					,		7	36	6.00									
Name of Employer C	Dccupation		$\neg$																
	Dir- New Bu	usiness Sales																	
Receipt For:     A       Primary     General       Other (specify) ▼	Aggregate	Year-to-Date ▼ 288.00	P/	'R Ded	uctio	on (	\$12.0	0 Bi-We	eekly)										
SUBTOTAL of Receipts This Page (optional)						-			111	.00									
TOTAL This Period (last page this line number only		· ·				-		,											

# SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)								
		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements ma the name and a	l ay not be sold or used by any p ddress of any political committe	13     14     15     16     17       erson for the purpose of soliciting contributions       to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC											
Full Name (Last, First, Middle Initial) <b>A.</b> Rory P. Lafferty			Date of Receipt								
Mailing Address 759 Cherry Stone Drive #2D			11 26 2012								
City Canton	State MI	Zip Code 48188	Transaction ID : PR7534174892 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		51.93								
Name of Employer Health Alliance Plan	Occupation Dir- Govern	ment&Lgsltv Affairs									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 415.44	P/R Deduction (\$17.31 Bi-Weekly)								
Full Name (Last, First, Middle Initial) B. Cesar D Bayoneto			Date of Receipt								
Mailing Address 11055 Cloverlawn Dr	11 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y										
City Brighton	State MI	Zip Code 48114	Transaction ID : PR8708164892           Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		36.00								
Name of Employer Health Alliance Plan	Occupation Sr Finance	Administrator/HMS									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 276.00	P/R Deduction (\$12.00 Bi-Weekly)								
Full Name (Last, First, Middle Initial) C. Darryl P Bostick			Date of Receipt								
Mailing Address 6431 Eastbrooke			M M / D D / Y Y Y Y Y 11 26 2012								
City West Bloomfield	State MI	Zip Code 48322	Transaction ID : PR8708174892 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.		36.00									
Name of Employer Health Alliance Plan											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 276.00	P/R Deduction (\$12.00 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional	l)		123.93								
TOTAL This Period (last page this line num	ber only)	······									

Use separate schedule(s) for each category of the

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Date of Receipt										
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ransactio	on ID :	: PR8708	81848	892						
ount of E	Each F	Receipt t	this F	Period						
	,			30	.00					
P/R Deduction (\$10.00 Bi-Weekly)										
Date of Receipt										
11 26 2012										
Transaction ID : PR8708194892										
Amount of Each Receipt this Period										
56.2										
Deduction	on (\$18	8.75 Bi-W	/eekly	y)						
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P/R Deduction (\$20.00 Bi-Weekly)										
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Use separate schedule(s)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		] 11b		11c	12					
	<u></u>			13		14		15	16					
Any information copied from such Reports and or for commercial purposes, other than using t														
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC														
Full Name (Last, First, Middle Initial) A. Walter Knysz				Date of Receipt										
Mailing Address 1165 Lake Angelus Rd.		11 26 2012												
City	ngelus MI 48326													
Lake Angelus	IVII	48326	A	Amount	of	Eac	h Re	ceipt th	is Period					
FEC ID number of contributing federal political committee.	С		69.00											
Name of Employer	Occupation	1												
Health Alliance Plan	Assoc Med	Dir												
Receipt For:	Aggregate Teal-to-Date V								• •					
Primary General Other (specify) ▼		529.00	P/	R Dedu	uctio	on (S	¥23.0	0 Bi-We	eekly)					
Full Name (Last, First, Middle Initial) B. Deandre Antwan Lipscomb	_ <del></del>			Date of	Re	eceip	ot							
Mailing Address 29064 Raleigh Rd		11 26 2012												
City	State	Zip Code						R87082						
Farmington Hills	MI	48336	A	Amount	of	Eac	h Re	ceipt th	is Period					
FEC ID number of contributing federal political committee.	С			115.50										
Name of Employer Health Alliance Plan	Occupation VP- Commu	unity Outreach												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 885.50	P/	R Dedu	uctic	on (\$	\$38.5	0 Bi-We	ekly)					
Full Name (Last, First, Middle Initial) C. John Francis Mcelligatt				Date of	Re	eceip	ot							
Mailing Address 10149 Rosemarie Run	Mailing Address 10149 Rosemarie Run								y y 2012	Y				
City	State MI	Zip Code						PR8708						
Brighton	IVII	48114	A	Amount	of	Eac	h Re	ceipt th	is Period					
FEC ID number of contributing federal political committee.	С					7		y	30	0.00				
Name of Employer	Occupation	1	$\neg$											
Health Alliance Plan	Dir- Labor /	Affairs												
Receipt For:	Aggregate	Year-to-Date ▼						_						
Primary     General       Other (specify) ▼		230.00	P/	P/R Deduction (\$10.00 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional).			•			7			214	.50				
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	CHEDULE B (FEC Form 3X)	Use separate schedule(s)			LINE NUMBER: PAGE 17						E 17	OF 18				
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(c		k only 21b 27	one) 22 28a		23 28b	24	4 [ 3c [	25	26 30b				
	ny information copied from such Reports and Stater for commercial purposes, other than using the nam															
$\setminus$	NAME OF COMMITTEE (In Full)															
	Health Alliance Plan PAC															
Α.	Full Name (Last, First, Middle Initial) Comerica Bank					Date of Disbursement										
	Mailing Address P.O. Box 75000					M N	11 02 YYYYY 2012									
	City State S	State Zip Code MI 48275				Tran	sact	ion ID	n ID : 6851313							
	Purpose of Disbursement Credit Card Transaction Fee		0	01		Amount of Each Disbursement this Period 43.75										
	Candidate Name		Cate	egoi												
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) <b>v</b>	1	ype		Credit Card Transaction Fee										
_	State:     District:       Full Name (Last, First, Middle Initial)															
В.						Date of Disbursement										
	Mailing Address															
	City	State Zip Code				Amount of Each Disbursement this Period										
	Purpose of Disbursement			-												
	Candidate Name		Cate T	egoi ype												
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) v														
	State: District:															
C.	Full Name (Last, First, Middle Initial)					Date c		sburse		Y	Y Y	V				
	Mailing Address										T - T					
	City	State Zip Code														
	Purpose of Disbursement															
	Candidate Name		Cate	egoi ype		Amount of Each Disbursement this Period										
	Senate President	ment For: Primary General Other (specify) ▼								,						
	State: District:					_	_	_	_	_	_	_				
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'	<b>OTAL</b> This Period (last page this line number only)	,		•••••			1	7				n				

SCHEDULE B (FEC Form 3X)		FOR	DR LINE NUMBER: PAGE 18 OF										
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	) (checl	c only	one)									
	Detailed Summary Page		21b 27	22 28a	23 24 25 26 28b 28c X 29 30b								
Any information copied from such Reports and or for commercial purposes, other than using					pose of soliciting contributions								
NAME OF COMMITTEE (In Full)													
Health Alliance Plan PAC													
Full Name (Last, First, Middle Initial)													
A. Cmte to Re-Elect Benny N. Na	Date of Disbursement												
Mailing Address PO Box 32974				10 / D D / Y Y Y Y 25 / 2012									
City	State Zip Code			Transact	ion ID : 6831917								
Detroit Purpose of Disbursement	MI 48232		_										
Direct Contribution		011		Amount of	Each Disbursement this Period								
Candidate Name		Categor	y/		1000.00								
Benny Napoleon Office Sought: House Di	sbursement For: 2014	Туре											
Senate President	Primary General Other (specify)			Direct Cont	ribution								
State: District:													
	Full Name (Last, First, Middle Initial) Citizens to Elect Deb Shaughnessy State Rep.												
Mailing Address 956 Chads Way				10 D D / Y Y Y Y 2012									
City Charlotte	StateZip CodeMI48813			Transaction ID : 6844608									
Purpose of Disbursement Direct Contribution		011		Amount of	Each Disbursement this Period								
Candidate Name		Categor	y/	500.00									
MI Rep. Deb Shaughnessy		Туре			500.00								
Office Sought: House Di Senate President State: MI District: 71	sbursement For: 2012 Primary X General Other (specify) ▼			Direct Cont	tribution								
Full Name (Last, First, Middle Initial)													
C. Macomb Business United		Date of Di	sbursement										
Mailing Address 2 Crocker Blvd				11 /	26 Y Y Y Y Y 2012								
City	State Zip Code			Transact	tion ID : 6897249								
Mount Clemens Purpose of Disbursement													
Void - Macomb Business United		011 Categor	y/	Amount of Each Disbursement this Peri -250.00									
Office Sought: House Di	sbursement For:	Туре			7 7 7								
Senate President	Primary General Other (specify) ▼			Void - Maco	omb Business United								
State: District:													
SUBTOTAL of Disbursements This Page (opt	ional)		►		1250.00								
TOTAL This Period (last page this line number	ər only)				1250.00								