

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

(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)
Election on M M / D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)
Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 11 / 27 / 2012 through 12 / 31 / 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 01 / 10 / 2013

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

Table with 10 columns for Office Use Only

**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.....	70045.83	
(c) Total Receipts (from Line 19) .....	5381.92	29319.80
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	75427.75	97485.52
7. Total Disbursements (from Line 31).....	-435.73	21622.04
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	75863.48	75863.48
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

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).....	4920.22	20953.65
(ii) Unitemized .....	461.70	8366.15
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5381.92	29319.80
(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) .....	5381.92	29319.80
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))..... ▶	5381.92	29319.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5381.92	29319.80

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	64.27	547.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	64.27	547.04
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	19825.00
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)) ..	-435.73	21622.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-435.73	21622.04

**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) .....	5381.92	29319.80
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5381.92	29319.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	64.27	547.04
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	64.27	547.04

**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 21
<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) <b>A. Balakrishna Pai</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 28 / 2012 <b>Transaction ID : 6904204</b>
Mailing Address 1977 Long Point Drive		Amount of Each Receipt this Period 801.00
City Bloomfield Hills	State MI	Zip Code 48302
FEC ID number of contributing federal political committee. C		
Name of Employer Health Alliance Plan	Occupation Sr. Med Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1601.00	

Full Name (Last, First, Middle Initial) <b>B. Mary Ann Tournoux</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 28 / 2012 <b>Transaction ID : 6904205</b>
Mailing Address 726 S Renard		Amount of Each Receipt this Period 1000.00
City Grosse Pte Woods	State MI	Zip Code 48236
FEC ID number of contributing federal political committee. C		
Name of Employer HAP	Occupation SVP - CMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. John David Calabria</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 29 / 2012 <b>Transaction ID : 6907052</b>
Mailing Address 2030 Brinston		Amount of Each Receipt this Period 550.00
City Troy	State MI	Zip Code 48083
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 ▼ 1056.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2351.00
<b>TOTAL</b> 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 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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**

**A. Susan Schwandt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2007 Rector Court  
 City Canton State MI Zip Code 48188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Alliance Plan Occupation Public Relations Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 710.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : 6907054**  
 Amount of Each Receipt this Period  
 410.00

**B. Roger Combs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17160 Merryweather St  
 City Clinton Township State MI Zip Code 48038-2839  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Alliance Plan Occupation Supervisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : 6928092**  
 Amount of Each Receipt this Period  
 225.00

**C. Deborah Spencer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6516 Park Valley  
 City Clarkston State MI Zip Code 48348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HAP Occupation AVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : 6928093**  
 Amount of Each Receipt this Period  
 550.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1185.00
<b>TOTAL</b> 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 21
	<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	

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) <b>A. Irita Matthews</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR7532645224</b>
Mailing Address 861 Whittier		Amount of Each Receipt this Period 77.00
City Grosse Pointe Park	State MI	Zip Code 48230
FEC ID number of contributing federal political committee. C	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 ▼ 962.50	P/R Deduction (\$38.50 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Kevin W Coughlin</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR7532685224</b>
Mailing Address 43119 Hanford Rd.		Amount of Each Receipt this Period 40.00
City Canton	State MI	Zip Code 48187
FEC ID number of contributing federal political committee. C	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 ▼ 500.00	P/R Deduction (\$18.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Diane Lynn Slon</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR7532735224</b>
Mailing Address 31646 Robinhood Dr.		Amount of Each Receipt this Period 50.00
City Beverly Hills	State MI	Zip Code 48025
FEC ID number of contributing federal political committee. C	Name of Employer Health Alliance Plan	Occupation AVP- Business Intelligence
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	167.00
<b>TOTAL</b> 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 21
	<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	

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**

**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 ▼ **312.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : PR7532805224**

Amount of Each Receipt this Period  
 24.00

P/R Deduction (\$14.00 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 ▼ **449.80**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : PR7532885224**

Amount of Each Receipt this Period  
 34.60

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 ▼ **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : PR7532945224**

Amount of Each Receipt this Period  
 80.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>138.60</b>
<b>TOTAL</b> 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 21
<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) <b>A. John David Calabria</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR7533065224</b>
Mailing Address 2030 Brinston		Amount of Each Receipt this Period 44.00
City Troy	State MI	Zip Code 48083
FEC ID number of contributing federal political committee. C		P/R Deduction (\$22.00 Bi-Weekly)
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 ▼ 1100.00	

Full Name (Last, First, Middle Initial) <b>B. Jody L Doherty</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR7533125224</b>
Mailing Address 21115 Violet		Amount of Each Receipt this Period 37.50
City Saint Clair Shores	State MI	Zip Code 48082
FEC ID number of contributing federal political committee. C		P/R Deduction (\$18.75 Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation Dir- Health Mgmt Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C. Joyce Melissa James</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR7533195224</b>
Mailing Address 20810 Gardner St.		Amount of Each Receipt this Period 24.00
City Oak Park	State MI	Zip Code 48237
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 Fin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.50
<b>TOTAL</b> 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 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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**

**A. Glen P Koslakiewicz**  
 Full Name (Last, First, Middle Initial)  
 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  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : PR7533255224**  
 Amount of Each Receipt this Period 36.00  
 P/R Deduction (\$18.00 Bi-Weekly)

**B. Diane Pawlica**  
 Full Name (Last, First, Middle Initial)  
 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  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : PR7533345224**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Dianna Lynn Ronan**  
 Full Name (Last, First, Middle Initial)  
 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  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2002.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : PR7533405224**  
 Amount of Each Receipt this Period 154.00  
 P/R Deduction (\$77.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 12 OF 21  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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**

**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 ▼ 468.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : PR7533585224**  
 Amount of Each Receipt this Period 36.00  
 P/R Deduction (\$18.00 Bi-Weekly)

**B. Robert G Leger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1554 Waters Edge Ct.  
 City Wixom State MI Zip Code 48393  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Alliance Plan Occupation Dir- Support Svcs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : PR7533595224**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. Rachel A Powell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 543 Thurber  
 City Troy State MI Zip Code 48085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Alliance Plan Occupation Dir - MA Revenue Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : PR7533625224**  
 Amount of Each Receipt this Period 36.00  
 P/R Deduction (\$18.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 102.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 21
	<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	

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**

**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 ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : PR7533695224**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$20.00 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : PR7533785224**  
 Amount of Each Receipt this Period 40.00  
 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : PR7533795224**  
 Amount of Each Receipt this Period 24.00  
 P/R Deduction (\$12.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	94.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 14 OF 21  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. 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 ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : PR7533945224**

Amount of Each Receipt this Period  
40.00

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 ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : PR7533975224**

Amount of Each Receipt this Period  
40.00

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 Sr Member Advocate

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : PR7533985224**

Amount of Each Receipt this Period  
50.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 130.00

**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 15 OF 21
	<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	

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) <b>A. Kevin Michael Hurley</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR7533995224</b>
Mailing Address 45504 Morningside Rd.		Amount of Each Receipt this Period 24.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$12.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Donna M Siegmund</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR7534065224</b>
Mailing Address 9 Sylvan		Amount of Each Receipt this Period 26.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$12.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Christopher Andrew Johnston</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR7534075224</b>
Mailing Address 4300 Westover Dr.		Amount of Each Receipt this Period 24.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00	P/R Deduction (\$16.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	74.00
<b>TOTAL</b> 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 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <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**

**A. Rory P. Lafferty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 759 Cherry Stone 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 ▼ 450.06

Date of Receipt 12 / 31 / 2012  
**Transaction ID : PR7534175224**  
 Amount of Each Receipt this Period 34.62  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Cesar D Bayoneto**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 300.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : PR8708165224**  
 Amount of Each Receipt this Period 24.00  
 P/R Deduction (\$12.00 Bi-Weekly)

**C. Darryl P Bostick**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 300.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : PR8708175224**  
 Amount of Each Receipt this Period 24.00  
 P/R Deduction (\$12.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	82.62
<b>TOTAL</b> 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 17 OF 21
	<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	

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) <b>A. Marlene A. Bowman</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR8708185224</b>
Mailing Address 1470 Robert Bradby Drive		Amount of Each Receipt this Period 20.00
City Detroit	State MI	Zip Code 48207
FEC ID number of contributing federal political committee. C	Name of Employer Health Alliance Plan	Occupation Supv- Security
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Elgin C Cooper</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR8708195224</b>
Mailing Address 1880 Pelican Ct		Amount of Each Receipt this Period 37.50
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.75	P/R Deduction (\$18.75 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Janetta Dean</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR8708205224</b>
Mailing Address 24795 Beck		Amount of Each Receipt this Period 40.00
City Eastpointe	State MI	Zip Code 48021
FEC ID number of contributing federal political committee. C	Name of Employer Health Alliance Plan	Occupation Mgr- COB
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	97.50
<b>TOTAL</b> 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 18 OF 21
<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**

**A. Walter Knysz**  
Full Name (Last, First, Middle Initial)

Mailing Address 1165 Lake Angelus Rd.

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : PR8708225224**

Amount of Each Receipt this Period  
**46.00**

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

**B. Deandre Antwan Lipscomb**  
Full Name (Last, First, Middle Initial)

Mailing Address 29064 Raleigh Rd

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **962.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : PR8708235224**

Amount of Each Receipt this Period  
**77.00**

P/R Deduction (\$38.46 Bi-Weekly)

**C. John Francis Mcelligatt**  
Full Name (Last, First, Middle Initial)

Mailing Address 10149 Rosemarie Run

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : PR8708255224**

Amount of Each Receipt this Period  
**20.00**

P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>143.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 19 OF 21  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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**

**A.** Full Name (Last, First, Middle Initial)  
**Kimberly Michelle Bentz**

Mailing Address 10826 Pardee Road

City Taylor State MI Zip Code 48180

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

Name of Employer Health Alliance Plan Occupation Mgr- HCM

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 31 / 2012**

**Transaction ID : PR8744465224**

Amount of Each Receipt this Period  
**20.00**

P/R Deduction (\$10.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>20.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>4920.22</b>

**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

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. 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 : 6919607**

Amount of Each Disbursement this Period

Credit Card Transaction Fee

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
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

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. Committee to Elect Gail Haines

Mailing Address PO Box 301085

City Waterford State MI Zip Code 48330

Purpose of Disbursement  
Void - Committee to Elect Gail Haines

Candidate Name  
**MI Rep. Gail Haines**

Office Sought:  House  Senate  President  
 Disbursement For: 2012  Primary  General  Other (specify) ▼  
 State: MI District: 43

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
11 / 28 / 2012

Transaction ID : 6904203

Amount of Each Disbursement this Period  
-500.00

Void - Committee to Elect Gail Haines

### B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  
M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

### C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  
M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

-500.00  
-500.00