Image# 13960111821 PAGE 1 / 21

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

									Ot	ffice Use Only	
	NAME O COMMIT	F TEE (in full)	TYPE OR	PRINT ▼		mple: If typi r the lines.	ng, type	12FE	4M5		
, He	alth A	liance Plan F	PAC								
ADDI	RESS (nı	umber and street)	2850 We	st Grand Bouleva	rd						
	Che	ck if different									
Ш	than	previously rted. (ACC)	Detroit					MI		48202	
2.	FEC IDE	NTIFICATION N	UMBER ▼	CI	TY▲			STATE	\	ZIP CC	DDE 🛦
	C	00410670			IS THIS REPORT		NEW (N) OR		AMEN (A)	IDED	
	TYPE (OF REPORT	(b) Mor Rep	, ,	b 20 (M2)		May 20 (M5)		Aug 20	(M8)	Nov 20 (M11) (Non-Election Year Only)
((a) Quar	terly Reports:	Due	Ma	ar 20 (M3)		Jun 20 (M6)		Sep 20	` ' 님	Dec 20 (M12) (Non-Election Year Only)
		April 15 Quarterly Report (0	Q1)		r 20 (M4)		Jul 20 (M7)		Oct 20 (Jan 31 (YE)
	П	July 15 Quarterly Report (0	, (c)	12-Day PRE-Election	H	Primary (12F		_	neral (120		Runoff (12R)
		October 15 Quarterly Report (Q3)	Report for the:	Ш	Convention	(12C)	Sp	ecial (12S	5)	
		January 31 Year-End Report (YE)	Electi	ion on	M = M /	D D /	Y	YYY	in the State o	of
		July 31 Mid-Year Report (Non-election Year Only) (MY)	on (d)	30-Day POST-Election Report for the:		General (30	G)	Ru	noff (30R)		Special (30S)
		Termination Report (TER)	t	•	ion on	M = M /	D = D /	YIYI	Y	in the State o	of
5. (Covering	Period 1			Y	through	M M	/ D	D / Y	2012	
	-	have examined the	-		of my know	wledge and	belief it is tr	rue, corre	ct and co	omplete.	
Type	or Print	Name of Treasure	er Nancy C	ushman							
Signa	ature of 7	reasurer Nand	cy Cushman			[Electronicall	y Filed]	Date	M M M M	10 /	2013
NOTE	E: Submis	sion of false, error	neous, or inc	omplete information	on may su	bject the per	son signing	this Repo	rt to the p	penalties of 2	U.S.C. §437g.
 	Offi Us On	e								FEC FOF Rev. 12/2	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Health Alliance Plan PAC 2012 2012 Report Covering the Period: 12 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 68165.72 January 1, 2012 (b) Cash on Hand at 70045.83 Beginning of Reporting Period..... 29319.80 5381.92 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 75427.75 97485.52 6(a) and 6(c) for Column B)..... -435.73 21622.04 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 75863.48 75863.48 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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

Hoalth	Alliance	Dlan	$D\Lambda \cap$
Healin	Amance	Pian	PAU

Report Covering the Period: From:	27 2012	To: 12 31 2012
I. Receipts	COLUMN A	COLUMN B
<u> </u>	Total This Period	Calendar Year-to-Date
. Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	4920.22	20953.65
(i) norm254 (ass conseque /i)		7 7
(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	0.00	200
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	5381.92	29319.80
Totals to Line 33, page 5)	3301.32	25515.00
2. Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	0.00
B. All Loans Received	0.00	0.00
. All Esails Hossived	7 7	7 7
I. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures	7	0.00
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made	7 7	7
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts	7	
(Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds	7	7
(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
7. Total Receipts (add Lines 11(d),12, 13, 14, 15, 16, 17, and 18(c))	5381.92	29319.80
Total Fodoral Possints		
). Total Federal Receipts (subtract Line 18(c) from Line 19)▶	5381.92	20240.96
(Subtract Line To(c) Holli Line 19)	5561.92	29319.80

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	Total This Period		
1.	Operating Expenditures: (a) Allocated Federal/Non-Federal	Total Tillo I Ollow	Calendar Year-to-Date	
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00	
	(i) Toderar oriare			
	(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	
	Transfers to Affiliated/Other Party			
	Committees	0.00	0.00	
	Contributions to Federal Candidates/Committees and Other Political Committees	0.00	1250.00	
	Independent Expenditures			
	(use Schedule E)	0.00	0.00	
	Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	2.22	
	(use Schedule F)	0.00	0.00	
	Loan Repayments Made	0.00	0.00	
	Loans Made	0.00	0.00	
	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	0.00	0.00	
	(such as PACs)	0.00	0.00	
	(d) Total Contribution Refunds			
	(add Lines 28(a), (b), and (c))▶	0.00	0.00	
	Other Disbursements	-500.00	19825.00	
	Fodovol Flootion Activity (0.11.C.C. \$401(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	
	i		0.00	
	(ii) "Levin" Share	0.00	0.00	
	(b) Federal Election Activity Paid Entirely	0.00	0.00	
	With Federal Funds	0.00	0.00	
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00	
		7		
	Total Disbursements (add Lines 21(c), 22,			
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	-435.73	21622.04	
		7		
	Total Federal Disbursements			
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	-435.73	21622.04	
	from Line 31)	-400.10	21022.04	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

1 LO 1 01111 3X (11ev. 02/2003)		i age 3
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)	5381.92	29319.80
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5381.92	29319.80
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	64.27	547.04
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	64.27	547.04

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

21

for each category of the Detailed Summary Page 14 13 15 16 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) Balakrishna Pai Date of Receipt Mailing Address 1977 Long Point Drive 2012 11 28 City Zip Code State Transaction ID: 6904204 Bloomfield Hills MI 48302 Amount of Each Receipt this Period FEC ID number of contributing C 801.00 federal political committee. Name of Employer Occupation Sr. Med Director Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General 1601.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mary Ann Tournoux Date of Receipt Mailing Address 726 S Renard 2012 11 28 City State Zip Code Transaction ID: 6904205 Grosse Pte Woods MI 48236 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation HAP SVP - CMO Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. John David Calabria Date of Receipt Mailing Address 2030 Brinston M M / 2012 11 29 City Zip Code State Transaction ID: 6907052 MI Troy 48083 Amount of Each Receipt this Period FEC ID number of contributing 550.00 С federal political committee. Name of Employer Occupation Assoc Med Dir Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General 1056.00 Other (specify) 2351.00 SUBTOTAL of Receipts This Page (optional).....

9

9

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

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 7 OF

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pe e name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
Full Name (Last, First, Middle Initial) Susan Schwandt Mailing Address 2007 Rector Court City Canton FEC ID number of contributing federal political committee. Name of Employer Health Alliance Plan Receipt For: Primary General Other (specify)	State Zip Code MI 48188 C Occupation Public Relatins Director Aggregate Year-to-Date ▼ 710.00	Date of Receipt 11 29 2012 Transaction ID: 6907054 Amount of Each Receipt this Period 410.00
Full Name (Last, First, Middle Initial) Roger Combs Mailing Address 17160 Merryweather St City Clinton Township FEC ID number of contributing federal political committee. Name of Employer Health Alliance Plan Receipt For: Primary General Other (specify)	State Zip Code MI 48038-2839 C Occupation Supervisor Aggregate Year-to-Date ▼ 425.00	Date of Receipt 12 10 2012 Transaction ID: 6928092 Amount of Each Receipt this Period 225.00
Full Name (Last, First, Middle Initial) Deborah Spencer Mailing Address 6516 Park Valley City Clarkston FEC ID number of contributing federal political committee. Name of Employer HAP Receipt For: Primary General Other (specify)	State Zip Code MI 48348 C Occupation AVP Aggregate Year-to-Date ▼	Date of Receipt 12 10 2012 Transaction ID: 6928093 Amount of Each Receipt this Period 550.00
SUBTOTAL of Receipts This Page (optional)		1185.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: **PAGE** 8 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

21

Detailed Summary Page 14 13 15 16 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) Irita Matthews Date of Receipt Mailing Address 861 Whittier 2012 12 31 City Zip Code State Transaction ID: PR7532645224 Grosse Pointe Park MI 48230 Amount of Each Receipt this Period FEC ID number of contributing C 77.00 federal political committee. Name of Employer Occupation VP - Assoc General Counsel Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.50 Bi-Weekly) 962.50 Other (specify) Full Name (Last, First, Middle Initial) B. Kevin W Coughlin Date of Receipt Mailing Address 43119 Hanford Rd. 12 31 2012 City State Zip Code Transaction ID: PR7532685224 MI Canton 48187 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Health Alliance Plan Dir- Bus Intelligence&App Sprt Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$18.00 Bi-Weekly) 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Diane Lynn Slon Date of Receipt Mailing Address 31646 Robinhood Dr. 12 31 2012 City State Zip Code Transaction ID: PR7532735224 MI Beverly Hills 48025 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation AVP- Business Intelligence Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Bi-Weekly) 650.00 Other (specify) 167.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 9 OF 21 Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Sta or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
Full Name (Last, First, Middle Initial) Peter Anderson Stewart Mailing Address 7961 Little Farm Lane		Date of Receipt
City West Bloomfield	State Zip Code MI 48322	12 31 2012 Transaction ID : PR7532805224 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	24.00
Name of Employer Health Alliance Plan Receipt For: Primary General Other (specify) ▼	Occupation Dir- Auditing Srvc & MAR Compl Aggregate Year-to-Date ▼ 312.00	P/R Deduction (\$14.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) 3. Chrystal M. Roberts Mailing Address 24601 Pinehurst Ave.		Date of Receipt 12 31 2012
City Oak Park	State Zip Code MI 48237	Transaction ID : PR7532885224 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	34.60
Name of Employer Health Alliance Plan Receipt For: Primary General Other (specify) ▼	Occupation Dir- Community Relations Aggregate Year-to-Date ▼ 449.80	P/R Deduction (\$17.30 Bi-Weekly)
Full Name (Last, First, Middle Initial) Donald Edward Kiefiuk Mailing Address 39810 Karola		Date of Receipt
City Sterling Heights	State Zip Code MI 48313	12 31 2012 Transaction ID : PR7532945224 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	80.00
Name of Employer Health Alliance Plan Receipt For: Primary General Other (specify) ▼	Occupation VP - Claims Aggregate Year-to-Date ▼ 1000.00	P/R Deduction (\$40.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		138.60
TOTAL This Period (last page this line number o	nly)	

	FOR LINE NUMBER: PAGE 10 OF	: 21
Use separate schedule(s) for each category of the	(check only one)	
Detailed Summary Page	X 11a 11b 11c 12	
,	13 14 15 16	17

	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
Full Name (Last, First, Middle Initial) John David Calabria Mailing Address 2030 Brinston		Date of Receipt
City Troy	State Zip Code MI 48083	Transaction ID : PR7533065224 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	44.00
Name of Employer Health Alliance Plan Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Assoc Med Dir Aggregate Year-to-Date ▼ 1100.00	P/R Deduction (\$22.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Jody L Doherty Mailing Address 21115 Violet		Date of Receipt
City Saint Clair Shores	State Zip Code MI 48082	Transaction ID : PR7533125224 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	37.50
Name of Employer Health Alliance Plan Receipt For: Primary General Other (specify) ▼	Occupation Dir- Health Mgmt Services Aggregate Year-to-Date ▼ 450.00	P/R Deduction (\$18.75 Bi-Weekly)
Full Name (Last, First, Middle Initial) Joyce Melissa James Mailing Address 20810 Gardner St.		Date of Receipt
City Oak Park FEC ID number of contributing federal political committee.	State Zip Code MI 48237	12 31 2012 Transaction ID : PR7533195224 Amount of Each Receipt this Period 24.00
Name of Employer Health Alliance Plan Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Mgr- Provider Fin Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$12.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		105.50
TOTAL This Period (last page this line numb	per only)	

	FOF	LINE	NU	MBER	:	PAGE	•	11 OF	21
Use separate schedule(s)	(che	ck only	or	ne)					
for each category of the Detailed Summary Page	X	11a		11b		11c		12	
		13		14		15		16	17

	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
Full Name (Last, First, Middle Initial) Glen P Koslakiewicz		Date of Receipt
Mailing Address 30431 John Hauk		12 31 2012
City	State Zip Code	Transaction ID : PR7533255224
Garden City	MI 48135	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	36.00
Name of Employer	Occupation	
Health Alliance Plan	Dir- Fin Operations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 468.00	P/R Deduction (\$18.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Diane Pawlica		Date of Receipt
Mailing Address 45568 Morningside		12 31 2012
City	State Zip Code	Transaction ID: PR7533345224
Canton	MI 48187	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Health Alliance Plan	Dir- System Care Mgmt	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	420.00	P/R Deduction (\$20.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Dianna Lynn Ronan		Date of Receipt
Mailing Address 2156 Cumberland		12 31 2012
City	State Zip Code	Transaction ID : PR7533405224
Brighton	MI 48114	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	154.00
Name of Employer	Occupation	+
Health Alliance Plan	VP - Financial Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		P/R Deduction (\$77.00 Bi-Weekly)
Other (specify) ▼	2002.00	
SUBTOTAL of Receipts This Page (optional)	·	230.00
TOTAL This Period (last page this line numb	per only)	

FOR LINE NUMBER: PAGE 12 OF 21 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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) Mohammed S. Kanpurwala Date of Receipt Mailing Address 441 Sylvan Dr 2012 12 31 City Zip Code State Transaction ID: PR7533585224 Canton MI 48188 Amount of Each Receipt this Period FEC ID number of contributing C 36.00 federal political committee. Name of Employer Occupation Dir- Underwriting/Ahl Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$18.00 Bi-Weekly) 468.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Robert G Leger Date of Receipt Mailing Address 1554 Waters Edge Ct. 12 31 2012 City State Zip Code Transaction ID: PR7533595224 MI Wixom 48393 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Health Alliance Plan Dir-Support Svcs Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) 375.00 Other (specify) Full Name (Last, First, Middle Initial) c. Rachel A Powell Date of Receipt Mailing Address 543 Thurber 12 31 2012 City Zip Code State Transaction ID: PR7533625224 MI Troy 48085 Amount of Each Receipt this Period FEC ID number of contributing 36.00 С federal political committee. Name of Employer Occupation Health Alliance Plan Dir - MA Revenue Management Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$18.00 Bi-Weekly) 468.00 Other (specify) 102.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 13 OF 21 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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) Sandra Lee Ledesma Date of Receipt Mailing Address 22429 Provincial 2012 12 31 City Zip Code State Transaction ID: PR7533695224 Woodhaven MI 48183 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation Health Alliance Plan Dir- Application Development Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel A. Trim Date of Receipt Mailing Address 921 Juneau Rd. 12 31 2012 City State Zip Code Transaction ID: PR7533785224 MI Ypsilanti 48198 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Health Alliance Plan Dir-Technical Support Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Carol L Allen Date of Receipt Mailing Address 26160 Franklin Pointe Dr. M = M 12 31 2012 City Zip Code State Transaction ID: PR7533795224 MI Southfield 48034 Amount of Each Receipt this Period FEC ID number of contributing 24.00 С federal political committee. Name of Employer Occupation Mgr- NOC, Systems Admin Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$12.00 Bi-Weekly) 300.00 Other (specify) 94.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

-9

FOR LINE NUMBER: PAGE 14 OF 21 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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) Scott T Allen Date of Receipt Mailing Address 3066 Richmond Dr. 2012 12 31 City State Zip Code Transaction ID: PR7533945224 Clarkston MI 48348 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Health Alliance Plan Dir-Labor Affairs & VEBA Adm Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Richard D Chaney Date of Receipt Mailing Address 439 Merion Drive 12 31 2012 City State Zip Code Transaction ID: PR7533975224 MI Canton Township 48188 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Health Alliance Plan VP - Client Services Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Laura J Eory Date of Receipt Mailing Address 19090 Parkwood Lane M = M 12 31 2012 City State Zip Code Transaction ID: PR7533985224 MI Brownstown 48183 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation Sr Member Advocate Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Bi-Weekly) 625.00 Other (specify) 130.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

9

- 9

FOR LINE NUMBER: PAGE 15 OF 21 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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) Kevin Michael Hurley Date of Receipt Mailing Address 45504 Morningside Rd. 2012 12 31 City Zip Code State Transaction ID: PR7533995224 Canton MI 48187 Amount of Each Receipt this Period FEC ID number of contributing C 24.00 federal political committee. Name of Employer Occupation Health Alliance Plan Mgr- Revenue Cycle & Recv Mgmt Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$12.00 Bi-Weekly) 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Donna M Siegmund Date of Receipt Mailing Address 9 Sylvan 12 31 2012 City State Zip Code Transaction ID: PR7534065224 MI Pleasant Ridge 48069 Amount of Each Receipt this Period FEC ID number of contributing 26.00 federal political committee. Name of Employer Occupation Health Alliance Plan Sr Project Manager Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$12.00 Bi-Weekly) 260.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Christopher Andrew Johnston Date of Receipt Mailing Address 4300 Westover Dr. 12 31 2012 City State Zip Code Transaction ID: PR7534075224 MI West Bloomfield 48323 Amount of Each Receipt this Period FEC ID number of contributing 24.00 С federal political committee. Name of Employer Occupation Dir- New Business Sales Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$16.00 Bi-Weekly) 312.00 Other (specify) 74.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

	FOR LINE	NUMBER	: PAGI	E 16 O	F 2
Use separate schedule(s)	(check only	one)			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
	13	14	15	16	

Name of Employer Health Alliance Plan Receipt For: Primary General Other (specify) ▼ Occupation Other (specify) ▼ Other (specify) ▼ Occupation Occupation Other (specify) ▼ Occupation Other (specify) ▼ Other (specify	Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.		
A, Rory P. Lafferty Mailing Address 759 Cherry Stone Drive #2D City City State Zip Code Mil 48188 FEC ID number of contributing federal political committee. Name of Employer Health Alliance Plan Primary General Other (specify) State Zip Code Mil 48188 Amount of Each Receipt his Period Other (specify) Aggregate Year-to-Date P/R Deduction (\$20.00 Bi-Weekly) Date of Receipt Transaction ID : PR7334175224 Amount of Each Receipt his Period Amount of Each Receipt his Period Aggregate Year-to-Date P/R Deduction (\$20.00 Bi-Weekly) Date of Receipt Transaction ID : PR736175224 Amount of Each Receipt his Period Date of Receipt P/R Deduction (\$20.00 Bi-Weekly) Date of Receipt 12 31 2012 Transaction ID : PR8708165224 Amount of Each Receipt his Period Transaction ID : PR8708165224 Amount of Each Receipt his Period Amount of Each Receipt his Period P/R Deduction (\$12.00 Bi-Weekly) P/R Deduction (\$12.00 Bi-Weekly) Date of Receipt 12 31 2012 Transaction ID : PR8708165224 Amount of Each Receipt his Period Amount of Each Receipt his Period Transaction ID : PR8708165224 Amount of Each Receipt his Period Amount of Each Receipt his Period Transaction ID : PR8708165224 Amount of Each Receipt his Period Amount of Each Receipt his Period Transaction ID : PR8708165224 Amount of Each Receipt his Period Transaction ID : PR8708165224 Amount of Each Receipt his Period Amount of Each Receipt his Period Transaction ID : PR8708175224 Amount of Each Receipt his Period Amount of Each Receipt his Period Transaction ID : PR8708175224 Amount of Each Receipt his Period Transaction ID : PR8708165224 Transaction ID : PR8708165224 Amount of Each Receipt his Period Transaction ID : PR8708165224 Transaction ID : PR8708165224 Transaction ID : PR8708165224 Amount of Each Receipt his Period Transaction ID : PR8708165224 Transaction ID : PR8708165224 Transaction I	,				
City Canton MI 48188 FEC ID number of contributing federal political committee. Name of Employer	Rory P. Lafferty		₹		
Canton MI 48188 Amount of Each Receipt this Period Period CID number of contributing federal political committee. Name of Employer Health Alliance Plan Receipt For: Primary General Other (specify) ▼ City State Zip Code Brighton MI 48114 FEC ID number of contributing federal political committee. Name of Employer Health Alliance Plan Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction ID : PR8708165224 Amount of Each Receipt this Period Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code MI 48322 City State Zip Code MI 48322 FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General O		12 31 2012			
FEC ID number of contributing federal political committee. Name of Employer Health Alliance Plan Receipt For: Primary General City Brighton Mailing Address 11055 Cloverlawn Dr FUI Name (Last, First, Middle Initial) Cesar D Bayoneto Mailing Address 11055 Cloverlawn Dr City Brighton Mailing Address 11055 Cloverlawn Dr City Primary General Cocupation Sr Finance Administrator/HMS Receipt For: Primary General Cother (specify) ▼ Aggregate Year-to-Date ▼ Primary General Cocupation Sr Finance Administrator/HMS Receipt For: Primary General City West Bloomfield Mi 48322 City West Bloomfield Mi 48322 City West Bloomfield Mi Assacration ID: PR8708175224 Amount of Each Receipt this Period City West Bloomfield Mi 48322 FEC ID number of contributing federal political committee. City Primary General City West Bloomfield Mi Assacration ID: PR8708175224 Amount of Each Receipt this Period City Primary General Occupation Mgr- Provider Reimbursement Receipt For: Primary General Occupation Aggregate Year-to-Date ▼ Primary General Occupation Mgr- Provider Reimbursement Receipt For: Primary General Occupation Aggregate Year-to-Date ▼ Primary General Occupation	•	•			
Federal political committee Cocupation		40100	Amount of Each Receipt this Period		
Health Alliance Plan Receipt For: Primary General Aggregate Year-to-Date ▼	· · · · · · · · · · · · · · · · · · ·	C	34.62		
Receipt For: Primary General Other (specify)	Name of Employer	Occupation	7		
Primary General Other (specify) ▼ 450.06 Full Name (Last, First, Middle Initial) Cesar D Bayoneto Mailing Address 11055 Cloverlawn Dr City State Zip Code MI 48114 FEC ID number of contributing federal political committee. Name of Employer Health Alliance Plan Frimary Other (specify) ▼ Aggregate Year-to-Date ▼ Primary Federal political committee. Full Name (Last, First, Middle Initial) Coccupation Sr Finance Administrator/HMS Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary Teach Receipt This Period Full Name (Last, First, Middle Initial) City State Zip Code MI 48322 Fell Name (Last, First, Middle Initial) City State Zip Code MI 48322 Fell Name (Last, First, Middle Initial) City State Zip Code MI 48322 Fell Name of Employer Aggregate Year-to-Date ▼ Primary General Occupation Fec ID number of contributing federal political committee. C 24. Amount of Each Receipt this Period Primary General Occupation Mgr- Provider Reimbursement Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate	Health Alliance Plan	Dir- Government&Lgsltv Affairs			
Date of Receipt State Zip Code Transaction ID : PR3708165224	Primary General		P/R Deduction (\$20.00 Bi-Weekly)		
City State Zip Code MI 48114 FEC ID number of contributing federal political committee. Name of Employer Health Alliance Plan Sr Finance Administrator/HMS Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ City State Zip Code MI 48322 Full Name (Last, First, Middle Initial) Darryl P Bostick Mailing Address 6431 Eastbrooke City State Zip Code MI 48322 FEC ID number of contributing federal political committee. Name of Employer Health Alliance Plan Mgr- Provider Reimbursement Receipt For: Qccupation Mgr- Provider Reimbursement Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$12.00 Bi-Weekly) P/R Deduction (\$12.00 Bi-Weekly) Date of Receipt Transaction ID : PR8708175224 Amount of Each Receipt this Period PR Deduction (\$12.00 Bi-Weekly) P/R Deduction (\$12.00 Bi-Weekly)	,		Date of Receipt		
Brighton MI 48114 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Health Alliance Plan Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) DarryI P Bostick Mailing Address 6431 Eastbrooke City State Zip Code MI 48322 Finance Administrator/HMS Date of Receipt Date of Receipt Transaction ID : PR8708175224 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Health Alliance Plan Receipt For: Primary General Occupation Mgr- Provider Reimbursement Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ P/R Deduction (\$12.00 Bi-Weekly) P/R Deduction (\$12.00 Bi-Weekly)					
FEC ID number of contributing federal political committee. Name of Employer Health Alliance Plan Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Darryl P Bostick Mailing Address 6431 Eastbrooke City State Zip Code MI 48322 West Bloomfield MI 48322 FEC ID number of contributing federal political committee. City Coccupation FEC ID number of contributing federal political committee. Name of Employer Health Alliance Plan Receipt For: Primary General Occupation Mgr- Provider Reimbursement Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$12.00 Bi-Weekly) P/R Deduction (\$12.00 Bi-Weekly) PR Deduction (\$12.00 Bi-Weekly) Transaction ID: PR8708175224 Amount of Each Receipt this Period P/R Deduction (\$12.00 Bi-Weekly)		•			
federal political committee. Name of Employer Health Alliance Plan Receipt For:		IVII 48114	Amount of Each Receipt this Period		
Health Alliance Plan Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$12.00 Bi-Weekly) P/R Deduction (\$12.00 Bi-Weekly) Date of Receipt Transaction ID: PR8708175224 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Health Alliance Plan Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$12.00 Bi-Weekly) P/R Deduction (\$12.00 Bi-Weekly)	· ·	C	24.00		
Receipt For: Primary	. ,	Occupation	1		
Primary General Other (specify) ▼ 300.00 P/R Deduction (\$12.00 Bi-Weekly) Full Name (Last, First, Middle Initial) Darryl P Bostick Mailing Address 6431 Eastbrooke City State Zip Code MI 48322 West Bloomfield MI 48322 FEC ID number of contributing federal political committee. Name of Employer Health Alliance Plan Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$12.00 Bi-Weekly) P/R Deduction (\$12.00 Bi-Weekly) P/R Deduction (\$12.00 Bi-Weekly) P/R Deduction (\$12.00 Bi-Weekly)		Sr Finance Administrator/HMS			
Date of Receipt Mailing Address 6431 Eastbrooke City West Bloomfield FEC ID number of contributing federal political committee. Name of Employer Health Alliance Plan Receipt For: Primary Other (specify) ▼ Date of Receipt Transaction ID: PR8708175224 Amount of Each Receipt this Period C 24. P/R Deduction (\$12.00 Bi-Weekly)	Primary General		P/R Deduction (\$12.00 Bi-Weekly)		
Mailing Address 6431 Eastbrooke City West Bloomfield FEC ID number of contributing federal political committee. Name of Employer Health Alliance Plan Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$12.00 Bi-Weekly)					
City State Zip Code West Bloomfield MI 48322 FEC ID number of contributing federal political committee. Name of Employer Health Alliance Plan Receipt For: Primary General Other (specify) ▼ PAggregate Year-to-Date ▼ 12 31 2012 Transaction ID : PR8708175224 Amount of Each Receipt this Period 24. Amount of Each Receipt this Period Primary General Aggregate Year-to-Date ▼ P/R Deduction (\$12.00 Bi-Weekly)			╡ '		
City State Zip Code West Bloomfield MI 48322 Amount of Each Receipt this Period Amount of Each Receipt this Period C 24. Name of Employer Health Alliance Plan Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$12.00 Bi-Weekly) P/R Deduction (\$12.00 Bi-Weekly) P/R Deduction (\$12.00 Bi-Weekly) C C Aggregate Year-to-Date ▼ P/R Deduction (\$12.00 Bi-Weekly) C C Aggregate Year-to-Date ▼ C C C C C C C C C C C C C	waining Address 6431 Eastbrooke				
West Bloomfield MI 48322 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Health Alliance Plan Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$12.00 Bi-Weekly)	City	State Zip Code			
FEC ID number of contributing federal political committee. Name of Employer Health Alliance Plan Receipt For: Primary Other (specify) ▼ Occupation Mgr- Provider Reimbursement Aggregate Year-to-Date ▼ P/R Deduction (\$12.00 Bi-Weekly)	West Bloomfield				
Health Alliance Plan Receipt For: Primary Other (specify) ▼ Mgr- Provider Reimbursement Aggregate Year-to-Date ▼ P/R Deduction (\$12.00 Bi-Weekly)	•	C	24.00		
Health Alliance Plan Receipt For: Primary Other (specify) ▼ Mgr- Provider Reimbursement Aggregate Year-to-Date ▼ P/R Deduction (\$12.00 Bi-Weekly)	Name of Employer	-			
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$12.00 Bi-Weekly)		Mgr- Provider Reimbursement			
Primary General Other (specify) ▼ Other (specify) ▼ Other (specify) ▼ Other (specify) ▼			1		
			P/R Deduction (\$12.00 Bi-Weekly)		
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)		82.62		
TOTAL This Period (last page this line number only)		·			

FOR LINE NUMBER: PAGE 17 OF 21 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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) Marlene A. Bowman Date of Receipt Mailing Address 1470 Robert Bradby Drive 2012 12 31 City Zip Code State Transaction ID: PR8708185224 Detroit MI 48207 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Supv- Security Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$10.00 Bi-Weekly) 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Elgin C Cooper Date of Receipt Mailing Address 1880 Pelican Ct 12 31 2012 City State Zip Code Transaction ID: PR8708195224 MI Troy 48084 Amount of Each Receipt this Period FEC ID number of contributing C 37.50 federal political committee. Name of Employer Occupation Health Alliance Plan Dir-Corp Program Mngmnt Office Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$18.75 Bi-Weekly) 468.75 Other (specify) Full Name (Last, First, Middle Initial) c. Janetta Dean Date of Receipt Mailing Address 24795 Beck M = M 12 31 2012 City State Zip Code Transaction ID: PR8708205224 MI Eastpointe 48021 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Mgr- COB Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$50.00 Bi-Weekly) 500.00 Other (specify) 97.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

-9

FOR LINE NUMBER: PAGE 18 OF 21 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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) Walter Knysz Date of Receipt Mailing Address 1165 Lake Angelus Rd. 2012 12 31 City State Zip Code Transaction ID: PR8708225224 Lake Angelus MI 48326 Amount of Each Receipt this Period FEC ID number of contributing C 46.00 federal political committee. Name of Employer Occupation Assoc Med Dir Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$23.00 Bi-Weekly) 575.00 Other (specify) Full Name (Last, First, Middle Initial) B. Deandre Antwan Lipscomb Date of Receipt Mailing Address 29064 Raleigh Rd 12 31 2012 City State Zip Code Transaction ID: PR8708235224 MI Farmington Hills 48336 Amount of Each Receipt this Period FEC ID number of contributing 77.00 federal political committee. Name of Employer Occupation Health Alliance Plan VP- Community Outreach Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.46 Bi-Weekly) 962.50 Other (specify) Full Name (Last, First, Middle Initial) c. John Francis Mcelligatt Date of Receipt Mailing Address 10149 Rosemarie Run 12 31 2012 City State Zip Code Transaction ID: PR8708255224 MI **Brighton** 48114 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Dir- Labor Affairs Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$10.00 Bi-Weekly) 250.00 Other (specify) 143.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

FOR LINE NUMBER: PAGE 19 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

21

14 13 15 16 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) Kimberly Michelle Bentz Date of Receipt Mailing Address 10826 Pardee Road 2012 12 31 City Zip Code State Transaction ID: PR8744465224 Taylor MI 48180 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Mgr- HCM Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$10.00 Bi-Weekly) 210.00 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 20.00 SUBTOTAL of Receipts This Page (optional)..... 4920.22 TOTAL This Period (last page this line number only).....

S ľ

S	CHEDULE B (FEC Form 3X)		\top	FOR L	INE 1	NUMBER	:			PAGE	20	OF	21
IT	EMIZED DISBURSEMENTS	Use separate schedule(s for each category of the)	(check	only	one)		1 00		104 5			7.00
		Detailed Summary Page		X	21b 27	22 28a		23 28b		24 28c	25 29		26 30b
Λ-	ny information copied from such Reports and Staten	nente may not be cold or u	1004				Dur		of se			ıtiona	
	for commercial purposes, other than using the name												,
$ \setminus $	NAME OF COMMITTEE (In Full)												
//	Health Alliance Plan PAC												
_	Full Name (Last, First, Middle Initial)					Dete	, D.			-1			
Α.	Comerica Bank					Date of Disbursement							
	Mailing Address P.O. Box 75000					12		0			2012		
		State Zip Code				Trans	sacti	ion ID	: 69	919607			
	Detroit Purpose of Disbursement	MI 48275				· · · · · ·	, uo .			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Credit Card Transaction Fee		Ш	001	Ш	Amoun	t of	Each	Dis	burseme	ent this	Perio	bc
	Candidate Name		С	ategory	/			-			6	4.27	П
	Office Sought: House Disbursen	nent For:		Туре			+	7		7			_
		Primary General				Credit C	Card	Trans	acti	on Fee			
		Other (specify) ▼											
_	State: District:												
В.	Full Name (Last, First, Middle Initial)					Date o	f Dis	sburse	mei	nt			
						M M	/	D	D	/ Y	Y	Υ	
	Mailing Address						ı,	L.		L		ш	
	City	State Zip Code											
	Purpose of Disbursement												
	Talpece of Biobalconion		Ш		П	Amoun	t of	Each	Dis	burseme	ent this	Perio	bc
	Candidate Name		C	ategory	/								
	Office Sought: House Disbursen	nent For:		Туре				7		7			_
		Primary General											
		Other (specify) ▼											
_	State: District:												
C.	Full Name (Last, First, Middle Initial)						f Dis	sburse	mei	nt			
						M M	_	D			Y	Υ	
	Mailing Address						_	L.		L		Ш	
	City	State Zip Code			\dashv								
	Purpose of Disbursement												
						Amoun	t of	Each	Dis	burseme	ent this	Perio	bc
	Candidate Name							-			-		
	Office Sought: House Disbursen	nent For:		Type	\dashv			7		7			
		Primary General											
	State: District:	Other (specify) ▼											
г	otate. District.												_
s	SUBTOTAL of Disbursements This Page (optional)				•						64	4.27	
H					_	_				7		1 27	Ħ
T	OTAL This Period (last page this line number only)				•			,		7	64	4.27	

SCHEDULE B (FEC Form 3X)	Liee congrate cohedule(s)	FOR LINE						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 2 28a 28b 28c X 29 3					
Any information copied from such Reports and Staten or for commercial purposes, other than using the name			on for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC	and address of any politic		Zamana nom odom committee.					
Full Name (Last, First, Middle Initial)			Date of Dieburg reserve					
Committee to Elect Gail Haines			Date of Disbursement					
Mailing Address PO Box 301085	11 28 2012							
City		Transaction ID : 6904203						
Waterford Purpose of Disbursement	MI 48330		Transaction is . 0304203					
Void - Committee to Elect Gail Haines		011	Amount of Each Disbursement this Period					
Candidate Name		Category/	-500.00					
MI Rep. Gail Haines Office Sought: House Disbursen	nent For: 2012	Туре	000.00					
	Primary		Void - Committee to Elect Gail Haines					
State: MI District: 43								
Full Name (Last, First, Middle Initial) 3.			Date of Disbursement					
Mailing Address			M = M / D = D / Y = Y = Y					
City	State Zip Code							
Purpose of Disbursement			Amount of Each Disbursement this Period					
Candidate Name		Category/ Type						
	nent For: Primary General Other (specify) ▼							
State: District:								
Full Name (Last, First, Middle Initial) C.			Date of Disbursement					
Mailing Address			M M / D D / Y Y Y Y					
City	State Zip Code							
Purpose of Disbursement								
Candidate Name		Category/ Type	Amount of Each Disbursement this Period					
President	nent For: Primary General Other (specify) ▼							
State: District:								
SUBTOTAL of Disbursements This Page (optional)		·····•	-500.00					
TOTAL This Period (last page this line number only)		·····•	-500.00					