



**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="2011"/>		59176.12
(b) Cash on Hand at Beginning of Reporting Period.....	65176.65	
(c) Total Receipts (from Line 19) .....	9165.57	19408.36
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	74342.22	78584.48
7. Total Disbursements (from Line 31).....	6176.50	10418.76
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	68165.72	68165.72
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

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).....	8942.57	17094.55
(ii) Unitemized .....	223.00	2313.81
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9165.57	19408.36
(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) .....	9165.57	19408.36
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))..... ▶	9165.57	19408.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9165.57	19408.36

**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 .....	226.50	468.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	226.50	468.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	2100.00
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 .....	4450.00	7850.00
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)) ..	6176.50	10418.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6176.50	10418.76

**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) .....	9165.57	19408.36
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9165.57	19408.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	226.50	468.76
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	226.50	468.76

**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 20
	<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. Alice MacDermott**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2850 W Grand Blvd

City Detroit	State MI	Zip Code 48202
-----------------	-------------	-------------------

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

Name of Employer HAP	Occupation VP Assoc General Council
-------------------------	--

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	/	12	/	2011

**Transaction ID : 5957589**

Amount of Each Receipt this Period  
1000.00

**B. Mary Ann Tournoux**  
Full Name (Last, First, Middle Initial)  
Mailing Address 726 S Renard

City Grosse Pte Woods	State MI	Zip Code 48236
--------------------------	-------------	-------------------

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

Name of Employer HAP	Occupation SVP
-------------------------	-------------------

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	/	27	/	2011

**Transaction ID : 5982029**

Amount of Each Receipt this Period  
500.00

**C. Irita Matthews**  
Full Name (Last, First, Middle Initial)  
Mailing Address 861 Whittier

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
806.40

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR7532642552**

Amount of Each Receipt this Period  
499.20

P/R Deduction (\$38.40 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1999.20
<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 20
	<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	<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. Kevin W Coughlin**  
Full Name (Last, First, Middle Initial)

Mailing Address 43119 Hanford Rd.

City Canton State MI Zip Code 48187

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

Name of Employer Health Alliance Plan Occupation Mgr Appl Dev/Bus Supp/Proj Mgt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **293.75**

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR7532682552**

Amount of Each Receipt this Period  
**152.75**

P/R Deduction (\$11.75 Bi-Weekly)

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

Mailing Address 3434 Essex

City Troy State MI Zip Code 48084

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

Name of Employer Health Alliance Plan Occupation AVP-Technology & eBusiness Dev

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR7532692552**

Amount of Each Receipt this Period  
**455.00**

P/R Deduction (\$35.00 Bi-Weekly)

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

Mailing Address 31646 Robinhood Dr.

City Beverly Hills State MI Zip Code 48025

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

Name of Employer 2 Occupation AVP- Med&Business Informatics

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **572.00**

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR7532732552**

Amount of Each Receipt this Period  
**286.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **893.75**

**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:	PAGE 8 OF 20
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Phillip D Krause</b>			Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR7532792552</b>
Mailing Address 326 Lakewood Dr.			Amount of Each Receipt this Period 260.00
City Bloomfield Hills	State MI	Zip Code 48304	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Health Alliance Plan	Occupation Mgr HealthCare & Perf Analysis		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

Full Name (Last, First, Middle Initial) <b>B. Chrystal M. Roberts</b>			Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR7532882552</b>
Mailing Address 24601 Pinehurst Ave.			Amount of Each Receipt this Period 225.03
City Oak Park	State MI	Zip Code 48237	P/R Deduction (\$17.30 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer 2	Occupation Dir- Community Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.06		

Full Name (Last, First, Middle Initial) <b>C. Donald Edward Kiefiuk</b>			Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR7532942552</b>
Mailing Address 39810 Karola			Amount of Each Receipt this Period 520.00
City Sterling Heights	State MI	Zip Code 48313	P/R Deduction (\$40.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Health Alliance Plan	Occupation VP - Claims		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1005.03
<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 20
	<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. Anthony V Caporale**  
Full Name (Last, First, Middle Initial)

Mailing Address 1320 Shenandoah

City Rochester Hills State MI Zip Code 48306

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

Name of Employer 2 Occupation Mgr- General Acctg

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR7533072552**

Amount of Each Receipt this Period 104.00

P/R Deduction (\$7.00 Bi-Weekly)

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

Mailing Address 21115 Violet

City Saint Clair Shores State MI Zip Code 48082

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

Name of Employer Health Alliance Plan Occupation Dir- Health Mgmt Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR7533122552**

Amount of Each Receipt this Period 227.50

P/R Deduction (\$17.50 Bi-Weekly)

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

Mailing Address 20810 Gardner St.

City Oak Park State MI Zip Code 48237

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

Name of Employer Health Alliance Plan Occupation Mgr- Provider Fin

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR7533192552**

Amount of Each Receipt this Period 156.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 487.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 20
	<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. Glen P Koslakiewicz</b>			Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR7533252552</b>
Mailing Address 30431 John Hauk			Amount of Each Receipt this Period 234.00
City Garden City	State MI	Zip Code 48135	P/R Deduction (\$18.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer 2	Occupation Dir- Fin Operations	Aggregate Year-to-Date 468.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Deborah L Marine</b>			Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR7533312552</b>
Mailing Address 40054 Crosswinds			Amount of Each Receipt this Period 390.00
City Novi	State MI	Zip Code 48375	P/R Deduction (\$30.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Health Alliance Plan	Occupation Dir- CompliancePrivacy Officer	Aggregate Year-to-Date 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Rachel A Powell</b>			Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR7533622552</b>
Mailing Address 543 Thurber			Amount of Each Receipt this Period 234.00
City Troy	State MI	Zip Code 48085	P/R Deduction (\$18.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer 2	Occupation Dir - MA Revenue Management	Aggregate Year-to-Date 468.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	858.00
<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 11 OF 20
	<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. Cynthia L Hoffman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5768 Whitehaven Dr  
 City Troy State MI Zip Code 48085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Alliance Plan Occupation Dir- eCommerce & Tech Planning  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR7533742552**  
 Amount of Each Receipt this Period 325.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. Howard M. Flasch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1459 North Rochester Rd.  
 City Oakland Township State MI Zip Code 48363  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Alliance Plan Occupation VP- Corporate Initiatives  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2117.70

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR7533812552**  
 Amount of Each Receipt this Period 1529.45  
 P/R Deduction (\$117.65 Bi-Weekly)

**C. Virginia Lambert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6014 Plainfield  
 City Dearborn Heights State MI Zip Code 48127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Alliance Plan Occupation Mgr- Disbursements  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR7533872552**  
 Amount of Each Receipt this Period 130.00  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1984.45
<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 20 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<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. Scott T Allen**  
Full Name (Last, First, Middle Initial)

Mailing Address 3066 Richmond Dr.

City Clarkston State MI Zip Code 48348

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

Name of Employer Health Alliance Plan Occupation Dir- Labor Affairs & VEBA Adm

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR7533942552**

Amount of Each Receipt this Period  
**260.00**

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

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

Mailing Address 45504 Morningside Rd.

City Canton State MI Zip Code 48187

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

Name of Employer Health Alliance Plan Occupation Mgr- Receivables

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 / 2011  
**Transaction ID : PR7533992552**

Amount of Each Receipt this Period  
**156.00**

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

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

Mailing Address 9 Sylvan

City Pleasant Ridge State MI Zip Code 48069

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

Name of Employer Health Alliance Plan Occupation Project Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **216.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR7534062552**

Amount of Each Receipt this Period  
**156.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>572.00</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: (check only one)	PAGE 13 OF 20
	<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. Rory P. Lafferty</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR7534172552</b>
Mailing Address 3937 Radcliff Drive #2D		Amount of Each Receipt this Period 156.00
City Canton State MI Zip Code 48188	FEC ID number of contributing federal political committee. C	P/R Deduction (\$17.31 Bi-Weekly)
Name of Employer 2 Occupation Dir- Government&Lgsltv Affairs	Aggregate Year-to-Date 312.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Michael A Heffner</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR7534232552</b>
Mailing Address 43464 Vintners Place Drive		Amount of Each Receipt this Period 216.65
City Sterling Heights State MI Zip Code 48314	FEC ID number of contributing federal political committee. C	P/R Deduction (\$16.61 Bi-Weekly)
Name of Employer Health Alliance Plan Occupation Project Manager	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Judith Ann Sullivan</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR7880392552</b>
Mailing Address 25905 Balsam Road		Amount of Each Receipt this Period 520.00
City Franklin State MI Zip Code 48025	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer Health Alliance Plan Occupation Dir- Consultant Business	Aggregate Year-to-Date 720.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	892.65
<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 14 OF 20
	<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.** Full Name (Last, First, Middle Initial)  
**Hazem Barghouty**

Mailing Address 680 Sunlight Drive

City Rochester Hills State MI Zip Code 48309

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

Name of Employer Health Alliance Plan Occupation AVP - IT Support & Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
288.45

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR8131792552**

Amount of Each Receipt this Period  
249.99

P/R Deduction (\$19.23 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 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 Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	249.99
<b>TOTAL</b> This Period (last page this line number only).....▶	8942.57

**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 State Zip Code  
Detroit MI 48275

Purpose of Disbursement  
Merchant Fee

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 5338508**

Amount of Each Disbursement this Period

Merchant Fee

Full Name (Last, First, Middle Initial)

**B. Comerica Bank**

Mailing Address P.O. Box 75000

City State Zip Code  
Detroit MI 48275

Purpose of Disbursement  
July Operating Expense

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 5701457**

Amount of Each Disbursement this Period

July Operating Expense

Full Name (Last, First, Middle Initial)

**C. Comerica Bank**

Mailing Address P.O. Box 75000

City State Zip Code  
Detroit MI 48275

Purpose of Disbursement  
Merchant Fee

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 5762766**

Amount of Each Disbursement this Period

Merchant Fee

**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 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 State Zip Code  
Detroit MI 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 : 5814061**

Amount of Each Disbursement this Period

Credit Card Transaction Fee

Full Name (Last, First, Middle Initial)

**B. Comerica Bank**

Mailing Address P.O. Box 75000

City State Zip Code  
Detroit MI 48275

Purpose of Disbursement  
Merchant Fee

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 5882947**

Amount of Each Disbursement this Period

Merchant Fee

Full Name (Last, First, Middle Initial)

**C. Comerica Bank**

Mailing Address P.O. Box 75000

City State Zip Code  
Detroit MI 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 : 5944457**

Amount of Each Disbursement this Period

Credit Card Transaction Fee

**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 checked="" 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. Stabenow for U.S. Senate**

Mailing Address P.O. Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Debbie Stabenow**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District:

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2011

**Transaction ID : 5846945**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Mark Warner**

Mailing Address 201 North Union Street Suite 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Sen. Mark Warner**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District:

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2011

**Transaction ID : 5889713**

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

1500.00

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

1500.00

**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  
Gail Haines, STATE HOUSE 43rd MI

011

Candidate Name

**MI Rep. Gail Haines**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 43

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 26 / 2011

**Transaction ID : 5659068**

Amount of Each Disbursement this Period

1000.00

Gail Haines, STATE HOUSE 43rd MI

Full Name (Last, First, Middle Initial)

**B. Richardville Leadership Fund**

Mailing Address PO Box 1631

City Monroe State MI Zip Code 48161

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2011

**Transaction ID : 5664066**

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Macomb Business United**

Mailing Address 2 Crocker Blvd

City Mount Clemens State MI Zip Code 48043-2528

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 08 / 2011

**Transaction ID : 5762535**

Amount of Each Disbursement this Period

250.00

Direct Contribution

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

1750.00

**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 Representative Liss**

Mailing Address 27472 Haverhill Drive

City Warren State MI Zip Code 48092

Purpose of Disbursement  
Lesia Liss, STATE HOUSE 28th MI

Candidate Name

**MI Rep. Lesia Liss**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 28

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2011

**Transaction ID : 5778638**

Amount of Each Disbursement this Period

750.00

Lesia Liss, STATE HOUSE 28th MI

Full Name (Last, First, Middle Initial)

**B. Cmte to Re-Elect Benny N. Napoleon Sheriff**

Mailing Address PO Box 32974

City Detroit State MI Zip Code 48232

Purpose of Disbursement  
Benny Napoleon, County Sherriff (Population 250,000 +) MI

Candidate Name

**Benny Napoleon**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2011

**Transaction ID : 5787885**

Amount of Each Disbursement this Period

500.00

Benny Napoleon, County Sherriff (Population 250,000 +) MI

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Joel Johnson**

Mailing Address PO Box 280

City Clare State MI Zip Code 48617

Purpose of Disbursement  
Joel Johnson, STATE HOUSE 97th MI

Candidate Name

**MI Rep. Joel Johnson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 97

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2011

**Transaction ID : 5846946**

Amount of Each Disbursement this Period

300.00

Joel Johnson, STATE HOUSE 97th MI

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

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

1550.00

**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. Leadership Now PAC**

Mailing Address 9300 Cooper Street

City Taylor State MI Zip Code 48108

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2011

Transaction ID : 5853564

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Friends of L. Brooks Patterson**

Mailing Address 26200 American Dr Ste 500

City Southfield State MI Zip Code 48034-6101

Purpose of Disbursement  
L. Brooks Patterson, County Executive (Population 250,000+) MI

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 20 / 2011

Transaction ID : 5973380

Amount of Each Disbursement this Period

650.00

L. Brooks Patterson, County Executive (Population 250,000+) MI

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

1150.00

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

4450.00