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Image# 12970101841

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Autr	ionzed Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Health Alliance Plan P	PAC		
ADDRESS (number and street)	2850 West Grand Boulevard		
Check if different			
than previously reported. (ACC)	Detroit		MI 48202 – L L L L L L L L L L L L L L L L L L
2. FEC IDENTIFICATION N	UMBER ▼ CIT	Υ▲	STATE ▲ ZIP CODE ▲
C C00410670		S THIS EPORT X (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (M6	(Non-Election Year Only)
April 15 Quarterly Report (0		20 (M4) Jul 20 (M7	Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (	(C) 12-Day	Primary (12P)	General (12G) Runoff (12R)
October 15	Report for the:	Convention (12C)	Special (12S)
Quarterly Report (  X January 31 Year-End Report (	Floation	n on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)		n on	in the State of
5. Covering Period 0		through 12	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined the	his Report and to the best of	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure	er Nancy Cushman		
Signature of Treasurer Nanc	cy Cushman	[Electronically Filed]	Date 01 / 19 / 2012
NOTE: Submission of false, error	neous, or incomplete information	n may subject the person signing	this Report to the penalties of 2 U.S.C. §437g.
Office Use			FEC FORM 3X Rev. 12/2004

FEC <b>Form 3X</b> (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
Write or Type Committee Name		<u> </u>
Health Alliance Plan PAC		
	07 01 / 2011 To:	12 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 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	
X This committee has qualified as a multical	andidate 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 PA	AC	lan P	PI	Alliance	lealth	Н
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I. Receipts  Itions (other than loans) From: Ividuals/Persons Other In Political Committees Itemized (use Schedule A)  Unitemized  TOTAL (add Lines 11(a)(i) and (ii)	COLUMN A Total This Period  8942.57  223.00  9165.57	COLUMN B Calendar Year-to-Date  17094.55  2313.81
viduals/Persons Other an Political Committees Itemized (use Schedule A)  Unitemized  TOTAL (add Lines 11(a)(i) and (ii)	223.00 9165.57	2313.81
un Political Committees Itemized (use Schedule A)  Unitemized  TOTAL (add Lines 11(a)(i) and (ii)  itical Party Committees	223.00 9165.57	2313.81
Unitemized (use Schedule A)  Unitemized  TOTAL (add Lines 11(a)(i) and (ii)  itical Party Committees	223.00 9165.57	2313.81
Unitemized  TOTAL (add Lines 11(a)(i) and (ii)	223.00 9165.57	2313.81
TOTAL (add Lines 11(a)(i) and (ii)▶	9165.57	
TOTAL (add Lines 11(a)(i) and (ii)▶	9165.57	19408.36
Lines 11(a)(i) and (ii)▶ itical Party Committees		19408.36
		.5100.00
	0.00	0.00
er Political Committees	0.00	0.00
ch as PACs)	0.00	0.00
al Contributions (add Lines	7	
a)(iii), (b), and (c)) (Carry		
	9165.57	19408.36
ommittees	0.00	0.00
s Received	0.00	0.00
	0.00	
	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	7 7	7 7
	0.00	0.00
ederal Receipts		
ds, Interest, etc.)	0.00	0.00
s from Non-Federal and Levin Funds		
m Schedule H3)	0.00	0.00
a Funds (from Schedula H5)	0.00	0.00
Tranas (nom schedule Hs)		0.00
Transfers (add 18(a) and 18(b))	0.00	0.00
	a)(iii), (b), and (c)) (Carry als to Line 33, page 5) s From Affiliated/Other committees	als to Line 33, page 5)

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	II. Disbursements COLUMN A Total This Period			
. Operating Expenditures: (a) Allocated Federal/Non-Federal	1000 11101 01100	Calendar Year-to-Date		
Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(ii) Non-Federal Share(b) Other Federal Operating	5.00			
Expenditures	226.50	468.76		
(c) Total Operating Expenditures				
(add 21(a)(i), (a)(ii), and (b))▶	226.50	468.76		
Transfers to Affiliated/Other Party Committees	0.00	0.00		
Contributions to	7			
Federal Candidates/Committees and Other Political Committees	1500.00	2100.00		
Independent Expenditures	0.00	0.00		
(use Schedule E) Coordinated Party Expenditures	0.00	0.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
(doc concodic 1)				
Loan Repayments Made	0.00	0.00		
	0.00	0.00		
Loans MadeRefunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00	0.00		
(such as PACs)	0.00			
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))▶	0.00	0.00		
Other Disbursements	4450.00	7950.00		
Other Disbursements	4450.00	7850.00		
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6)	2.22	0.00		
(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	0.00	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	6176.50	10418.76		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)	6176 50	10/19 76		
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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	9165.57	19408.36
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9165.57	19408.36
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	226.50	468.76
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	226.50	468.76

FOR LINE NUMBER: **PAGE** 6 OF 20 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) Alice MacDermott Date of Receipt Mailing Address 2850 W Grand Blvd 2011 12 12 City Zip Code State Transaction ID: 5957589 Detroit MI 48202 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation HAP VP Assoc General Counsil Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mary Ann Tournoux Date of Receipt Mailing Address 726 S Renard 2011 12 27 City State Zip Code Transaction ID: 5982029 Grosse Pte Woods MI 48236 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation HAP SVP Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Irita Matthews Date of Receipt Mailing Address 861 Whittier M = M 12 31 2011 City Zip Code State Transaction ID: PR7532642552 MI Grosse Pointe Park 48230 Amount of Each Receipt this Period FEC ID number of contributing 499.20 С 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 (\$38.40 Bi-Weekly) 806.40 Other (specify) 1999.20 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -9

FOR LINE NUMBER: **PAGE** 7 OF 20 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 W Coughlin Date of Receipt Mailing Address 43119 Hanford Rd. 2011 12 31 City Zip Code State Transaction ID: PR7532682552 Canton MI 48187 Amount of Each Receipt this Period FEC ID number of contributing C 152.75 federal political committee. Name of Employer Occupation Mgr Appl Dev/Bus Supp/Proj Mgt Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$11.75 Bi-Weekly) 293.75 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Anthony Elinski Date of Receipt Mailing Address 3434 Essex 12 31 2011 City State Zip Code Transaction ID: PR7532692552 MI Troy 48084 Amount of Each Receipt this Period FEC ID number of contributing C 455.00 federal political committee. Name of Employer Occupation Health Alliance Plan AVP-Technology & eBusiness Dev Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$35.00 Bi-Weekly) 630.00 Other (specify) Full Name (Last, First, Middle Initial) c. Diane Lynn Slon Date of Receipt Mailing Address 31646 Robinhood Dr. 12 31 2011 City State Zip Code Transaction ID: PR7532732552 MI Beverly Hills 48025 Amount of Each Receipt this Period FEC ID number of contributing 286.00 С federal political committee. Name of Employer Occupation **AVP- Med&Business Informatics** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Bi-Weekly) 572.00 Other (specify) 893.75 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

	FOR LINE NUMBER:					PAGE	8	OF	20
Use separate schedule(s) for each category of the	l `	ck only	or	ne)					
Detailed Summary Page	X	11a		11b		11c	12		
,		13		14		15	16	: [	17

	nd 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)  A. Phillip D Krause		Date of Receipt
Mailing Address 326 Lakewood Dr.		12 31 2011
City	State Zip Code	Transaction ID : PR7532792552
Bloomfield Hills	MI 48304	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	260.00
Name of Employer	Occupation	†
Health Alliance Plan	Mgr HealthCare & Perf Analysis	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  340.00	P/R Deduction (\$20.00 Bi-Weekly)
Full Name (Last, First, Middle Initial)  Chrystal M. Roberts		Date of Receipt
Mailing Address 24601 Pinehurst Ave.		M = M / D = D / Y = Y = Y
City	State 7in Cod-	12 31 2011
City Oak Park	State Zip Code MI 48237	Transaction ID : PR7532882552
	.020	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	225.03
Name of Employer	Occupation	1
2	Dir- Community Relations	]
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.06	P/R Deduction (\$17.30 Bi-Weekly)
Full Name (Last, First, Middle Initial)  C. Donald Edward Kiefiuk	<del>.</del>	Date of Receipt
Mailing Address 39810 Karola		12 31 2011
City	State Zip Code	Transaction ID : PR7532942552
Sterling Heights	MI 48313	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	520.00
Name of Employer	Occupation	1
Health Alliance Plan	VP - Claims	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	1040.00	P/R Deduction (\$40.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional	)	1005.03
ODIOTAL OF HECEIPES THIS FAGE (OPHONAL	·····	
TOTAL This Period (last page this line numl	per only)	

FOR LINE NUMBER: **PAGE** 9 OF 20 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) Anthony V Caporale Date of Receipt Mailing Address 1320 Shenandoah 2011 12 31 City Zip Code State Transaction ID: PR7533072552 Rochester Hills MI 48306 Amount of Each Receipt this Period FEC ID number of contributing C 104.00 federal political committee. Name of Employer Occupation 2 Mgr- General Acctg Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$7.00 Bi-Weekly) 208.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jody L Doherty Date of Receipt Mailing Address 21115 Violet 2011 12 31 City State Zip Code Transaction ID: PR7533122552 Saint Clair Shores MI 48082 Amount of Each Receipt this Period FEC ID number of contributing 227.50 federal political committee. Name of Employer Occupation Health Alliance Plan Dir- Health Mgmt Services Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$17.50 Bi-Weekly) 455.00 Other (specify) Full Name (Last, First, Middle Initial) c. Joyce Melissa James Date of Receipt Mailing Address 20810 Gardner St. M = M 12 31 2011 City State Zip Code **Transaction ID: PR7533192552** MI Oak Park 48237 Amount of Each Receipt this Period FEC ID number of contributing 156.00 С federal political committee. Name of Employer Occupation Health Alliance Plan Mgr- Provider Fin Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$12.00 Bi-Weekly) 312.00 Other (specify) 487.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

	FOR LINE NUMBER: PAGE 10 OF							20
Use separate schedule(s) for each category of the	(chec	k only_	one)					
Detailed Summary Page	×	11a	11b		11c		12	_
		13	14		15		16	17

	nd Statements may not be sold or used by any pe	
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 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Garden City	State Zip Code MI 48135	Transaction ID : PR7533252552  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	234.00
Name of Employer 2	Occupation 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)  Deborah L Marine		Date of Receipt
Mailing Address 40054 Crosswinds		12 31 2011
City Novi	State Zip Code MI 48375	Transaction ID : PR7533312552  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	390.00
Name of Employer Health Alliance Plan	Occupation Dir- CompliancePrivacy Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  600.00	P/R Deduction (\$30.00 Bi-Weekly)
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 543 Thurber		12 31 2011
City Troy	State Zip Code MI 48085	Transaction ID : PR7533622552  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	234.00
Name of Employer	Occupation Dir - MA Revenue Management	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 468.00	P/R Deduction (\$18.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional	l) <b>&gt;</b>	858.00
TOTAL This Period (last page this line num	<u></u>	

	FOR LINE NUMBER: PAGE 11 OF								20	
Use separate schedule(s) for each category of the	(ch	(check only one)								
Detailed Summary Page	>	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
Full Name (Last, First, Middle Initial)  Cynthia L Hoffman		Date of Receipt
Mailing Address 5768 Whitehaven Dr		12 31 2011 _
City Troy	State Zip Code MI 48085	Transaction ID : PR7533742552  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	325.00
Name of Employer  Health Alliance Plan  Receipt For:  Primary General  Other (specify) ▼	Occupation Dir- eCommerce & Tech Planning  Aggregate Year-to-Date ▼  450.00	P/R Deduction (\$25.00 Bi-Weekly)
Full Name (Last, First, Middle Initial)  Howard M. Flasch  Mailing Address 1459 North Rochester Rd.		Date of Receipt
City Oakland Township	State Zip Code MI 48363	12 31 2011
FEC ID number of contributing federal political committee.	C	1529.45
Name of Employer Health Alliance Plan	Occupation VP- Corporate Initiatives	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2117.70	P/R Deduction (\$117.65 Bi-Weekly)
Full Name (Last, First, Middle Initial)  C. Virginia Lambert		Date of Receipt
Mailing Address 6014 Plainfield		12 31 2011
City Dearborn Heights	State Zip Code MI 48127	Transaction ID : PR7533872552  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	130.00
Name of Employer	Occupation	
Health Alliance Plan  Receipt For:  Primary General  Other (specify) ▼	Mgr- Disbursements  Aggregate Year-to-Date ▼  250.00	P/R Deduction (\$10.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		1984.45
TOTAL This Period (last page this line number	<u>*</u>	

	FOF	R LINE	NU	IMBER	:	PAGE	•	12 OI	F	20
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

	Statements may not be sold or used by any perse e name and address of any political committee to			
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC				
Full Name (Last, First, Middle Initial) Scott T Allen  Mailing Address 3066 Richmond Dr.		Date of Receipt		
City Clarkston	State Zip Code MI 48348	12 31 2011  Transaction ID : PR7533942552  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	260.00		
Name of Employer  Health Alliance Plan  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Dir- Labor Affairs & VEBA Adm  Aggregate Year-to-Date ▼  500.00	P/R Deduction (\$20.00 Bi-Weekly)		
Full Name (Last, First, Middle Initial)  Kevin Michael Hurley  Mailing Address 45504 Morningside Rd.	Date of Receipt  12 31 2011			
City Canton  FEC ID number of contributing federal political committee.	State Zip Code MI 48187	Transaction ID : PR7533992552  Amount of Each Receipt this Period  156.00		
Name of Employer Health Alliance Plan  Receipt For:  Primary General Other (specify) ▼	Occupation Mgr- Receivables  Aggregate Year-to-Date ▼  312.00	P/R Deduction (\$12.00 Bi-Weekly)		
Full Name (Last, First, Middle Initial)  Donna M Siegmund  Mailing Address 9 Sylvan		Date of Receipt  12 31 2011		
City Pleasant Ridge FEC ID number of contributing	State Zip Code MI 48069	Transaction ID : PR7534062552  Amount of Each Receipt this Period		
federal political committee.  Name of Employer	Occupation	156.00		
Health Alliance Plan Receipt For:  Primary General Other (specify) ▼	Project Manager  Aggregate Year-to-Date ▼  216.00	P/R Deduction (\$12.00 Bi-Weekly)		
SUBTOTAL of Receipts This Page (optional)		572.00		
TOTAL This Period (last page this line number	only)			

FOR LINE NUMBER: PAGE 13 OF 20 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) Rory P. Lafferty Date of Receipt Mailing Address 3937 Radcliff Drive #2D 2011 12 31 City State Zip Code Transaction ID: PR7534172552 Canton MI 48188 Amount of Each Receipt this Period FEC ID number of contributing C 156.00 federal political committee. Name of Employer Occupation 2 Dir- Government&LasItv Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$17.31 Bi-Weekly) 312.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael A Heffner Date of Receipt Mailing Address 43464 Vintners Place Drive 12 31 2011 City State Zip Code Transaction ID: PR7534232552 MI Sterling Heights 48314 Amount of Each Receipt this Period FEC ID number of contributing 216.65 federal political committee. Name of Employer Occupation Health Alliance Plan Project Manager Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$16.61 Bi-Weekly) 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Judith Ann Sullivan Date of Receipt Mailing Address 25905 Balsam Road M = M 12 31 2011 City Zip Code State Transaction ID: PR7880392552 MI Franklin 48025 Amount of Each Receipt this Period FEC ID number of contributing 520.00 С federal political committee. Name of Employer Occupation Dir- Consultant Business Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$40.00 Bi-Weekly) 720.00 Other (specify) 892.65 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -9

FOR LINE NUMBER: PAGE 14 OF 20 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) Hazem Barghouty Date of Receipt Mailing Address 680 Sunlight Drive 2011 12 31 City Zip Code State Transaction ID: PR8131792552 Rochester Hills MI 48309 Amount of Each Receipt this Period FEC ID number of contributing C 249.99 federal political committee. Name of Employer Occupation AVP - IT Support & Operations Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$19.23 Bi-Weekly) 288.45 Other (specify) Full Name (Last, First, Middle Initial) B 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) 249.99 SUBTOTAL of Receipts This Page (optional)..... 8942.57 TOTAL This Period (last page this line number only).....

tate Zi MI 4:	egory of the nmary Page be sold or use	(check only 21b 27 27 2d by any personal committee to 27 200 200 200 200 200 200 200 200 200	22 28a on for the proposolicit control Date of I M M O7	Disbursen 05	ment		ee.
tate Zi MI 4:	p Code	001 Category/	Date of I	Disbursen 05	ment : 5338508	committe	ee.
tate Zi MI 4: ent For: Primary	p Code	001 Category/	Date of I	Disbursen 05	ment / Y	Y   Y   I	
MI 4: ent For: Primary		Category/	07	05	5338508		Y
MI 4: ent For: Primary		Category/	07	05	5338508		Y
MI 4: ent For: Primary		Category/	07	05	: 5338508		
MI 4: ent For: Primary		Category/					
ent For:	82/5	Category/					
Primary		Category/	Amount of	of Each D	Disburseme		
Primary			· · ·			nt this F	eriod
Primary		Type				37	7.50
Primary				7	7	01	.00
Other (specify)	General ▼		Merchant	Fee			
			Data of I	)iehuroon	ment		
							V
lailing Address P.O. Box 75000				08 02			ĭ
			Transa	ction ID :	: 5701457		
Purpose of Disbursement July Operating Expense				Amount of Each Disbursement this			Period
		Category/ Type		,		37	7.50
ent For: Primary Other (specify)	General		July Oper	ating Exp	pense		
Mailing Address P.O. Box 75000							Y
City State Zip Code Detroit MI 48275					5762766		
Purpose of Disbursement Merchant Fee  Candidate Name							
							Period '.50
ent For: Primary Other (specify)	General ▼	7,17					
						112	.50
tr	ent For: Primary Other (specify)  ate Zi MI 4  ent For: Primary Other (specify)  ent For: Primary Other (specify)	Other (specify)   Cate Zip Code MI 48275  Pent For: Primary General Other (specify)   Cate Zip Code MI 48275  Cate Zip Code MI 48275  Cate Zip Code MI 48275	Other (specify)   Category/ Type  Tent For:  Other (specify)   Category/ Type  Category/ Type	Date of E  Amount of Category/ Type  Date of E  Marchant  Date of	Date of Disburser  Date of Disburser  Date of Disburser  M M M OB  OB  Transaction ID  Amount of Each II  Category/ Type  Date of Disburser  July Operating Exp  Date of Disburser  Date of Disburser  Transaction ID  Date of Disburser  Date of Disburser  Date of Disburser  Date of Disburser  Amount of Each II  Category/ Type  Primary General  On1  Category/ Type  Primary General  Other (specify)   Merchant Fee	Date of Disbursement    M	Date of Disbursement    Date of Disbursement

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 16 OF 20		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)			
	Detailed Summary Page	X 21b	22 23 28b	24 25 26 30b		
Any information copied from such Reports and Staten	pente may not be sold or					
or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)						
Health Alliance Plan PAC						
Full Name (Last, First, Middle Initial)						
A. Comerica Bank			Date of Disbursen			
Mailing Address P.O. Box 75000			10 04			
City	State Zip Code		Transaction ID :	5814061		
Detroit Purpose of Disbursement	MI 48275		Transaction is .	0014001		
Credit Card Transaction Fee		001	Amount of Each [	Disbursement this Period		
Candidate Name		Category/		37.50		
Office Sought: House Disbursen	pent For:	Туре		37.30		
	Primary General		Credit Card Transa	action Fee		
	Other (specify) ▼		Ordan dara mand			
State: District:						
Full Name (Last, First, Middle Initial)  B. Comerica Bank			Date of Disbursen	nent		
- Comenca Bank			M = M / D = E			
Mailing Address P.O. Box 75000	Mailing Address P.O. Box 75000					
Detroit	State Zip Code MI 48275		Transaction ID :	: 5882947		
Purpose of Disbursement Merchant Fee		001	Amount of Each [	Disbursement this Period		
Candidate Name		Category/		20.05		
05.		Type		38.25		
Office Sought: House Disbursen Senate	nent For:  Primary General		Merchant Fee			
	Other (specify) ▼		Merchant Fee			
State: District:						
Full Name (Last, First, Middle Initial)			Date of Disbursen	nont		
C. Comerica Bank			M M / D I			
Mailing Address P.O. Box 75000		12 02				
City	State Zip Code		Transaction ID :	5944457		
Detroit Purpose of Disbursement	MI 48275					
Credit Card Transaction Fee	001	Amount of Each Disbursement this Perio				
Candidate Name		Category/	, and an each L			
Office County	and Fair	Туре		38.25		
Office Sought: House Disbursen Senate	nent For:  Primary General		Cradit Card Trans	nation Foo		
	Other (specify)		Credit Card Transa	icion Fee		
State: District:						
				111.00		
SUBTOTAL of Disbursements This Page (optional)		·····•		114.00		
TOTAL This Period (last page this line number only)				226.50		

SCHEDULE B (FEC Form 3X)	Hee consusts as bridge (	FOR LINE	PAGE 17 OF 20			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)				
	Detailed Summary Page	21b 27	22 X 23 28b	24 25 26 28c 29 30		
Any information copied from such Reports and Statem or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)	addition of any point	00	22.00. 20			
Health Alliance Plan PAC						
Full Name (Last, First, Middle Initial)			Date of Disbursem			
A. Stabenow for U.S. Senate						
Mailing Address P.O. Box 4945			10 18	2011		
•	State Zip Code		Transaction ID :	5846945		
East Lansing	MI 48826		Transaction iD .	3640943		
Purpose of Disbursement Direct Contribution		011	Amount of Each D	isbursement this Period		
Candidate Name		Category/		1000.00		
Debbie Stabenow  Office Sought: House Disbursen	nent For: 2012	Туре		, , , , ,		
Senate President	Primary General Other (specify)		Direct Contribution			
State: MI District:						
Full Name (Last, First, Middle Initial)			Data of Dishuras	ont		
B. Friends Of Mark Warner			Date of Disbursem			
Mailing Address 201 North Union Street Suite 300			11 09 2011			
City	State Zip Code		Transaction ID :	5000712		
Alexandria	VA 22314		TTANSACTION ID :	J003/ 13		
Purpose of Disbursement Direct Contribution		011	Amount of Each D	isbursement this Period		
Candidate Name		Category/		500.00		
Sen. Mark Warner	ant Fam. 201	Type		300.00		
Senate President	nent For: 2014 Primary General Other (specify)		Direct Contribution			
State: VA District:  Full Name (Last, First, Middle Initial)						
C.			Date of Disbursem			
Mailing Address			M M / D D	/		
City	State Zip Code					
Purpose of Disbursement						
Candidate Name		Category/ Type		isbursement this Period		
	nent For: Primary General Other (specify)	.,,,,,				
				1500.00		
SUBTOTAL of Disbursements This Page (optional)		·····•		100.00		
TOTAL This Period (last page this line number only)				1500.00		

S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 18 OF					
ΙT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	one)	20		
			Summary Page	21b 27		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		
Λ-	ry information copied from such Reports and Statem	ente may	not be sold or use					
	for commercial purposes, other than using the nam							
$\setminus$	NAME OF COMMITTEE (In Full)							
	Health Alliance Plan PAC							
^	Full Name (Last, First, Middle Initial)				Detect Dist			
Α.	Committee to Elect Gail Haines				Date of Disb			
	Mailing Address PO Box 301085				07	26 2011		
	City	State	Zip Code		Transasti-	n ID : 5659068		
	Waterford	MI	48330		HANSAUTIO	. טו וו . סטטפטטט		
	Purpose of Disbursement Gail Haines, STATE HOUSE 43rd MI			011	Amount of E	ach Disbursement this Period		
	Candidate Name			Category/		1000.00		
	MI Rep. Gail Haines  Office Sought:	nent For: 2	2012	Туре				
	Senate President	Primary Other (spe	<b>X</b> General		Gail Haines,	STATE HOUSE 43rd MI		
_	State: MI District: 43							
P	Full Name (Last, First, Middle Initial)				Data of Dish	urcomont		
۵.	Richardville Leadership Fund				Date of Disbursement			
	Mailing Address PO Box 1631				07	28 2011		
	Monroe	State MI	Zip Code 48161		Transactio	n ID : 5664066		
	Purpose of Disbursement Direct Contribution			011	Amount of F	ach Disbursement this Period		
	Candidate Name				A THOUSE OF L	asi. Dioparsonioni tilis i enou		
				Category/ Type		500.00		
	Office Sought: House Disbursen	nent For:		-				
		Primary	General		Direct Contrib	oution		
		Other (spe	city) 🔻					
_	State: District: Full Name (Last, First, Middle Initial)							
C.	Macomb Business United				Date of Disb	ursement		
					M M /	D D / Y Y Y Y		
	Mailing Address 2 Crocker Blvd		09	08 2011				
		State	Zip Code		Transactio	n ID : 5762535		
		MI	48043-2528		. ransacilo			
	Purpose of Disbursement Direct Contribution 011				A	ook Diekomeenen Heie Deut 1		
	Candidate Name			Category/ Type	Amount of E	ach Disbursement this Period 250.00		
	Office Sought: House Disbursen	nent For:		1 4 0 0				
		Primary	General		Direct Contrib	oution		
	President	Other (spe	cify) 🔻		50. 50			
	State: District:							
s	UBTOTAL of Disbursements This Page (optional)			······		1750.00		
Т	OTAL This Period (last page this line number only)					7		

SCHEDULE B (FEC Form 3X)		_		1.			
` '	Use separate schedule(s)			TOWNDER.	PAGE 19 OF 20		
TEMIZED DISBURSEMENTS	for each category of the	(check only			4		
	Detailed Summary Page		21b	22 23 24			
			27		8c 🗙 29 30b		
Any information copied from such Reports and State							
or for commercial purposes, other than using the na	me and address of any political	commi	ttee to	solicit contributions from	such committee.		
NAME OF COMMITTEE (In Full)							
Health Alliance Plan PAC							
/							
Full Name (Last, First, Middle Initial)							
Committee to Elect Representative	e Liss			Date of Disbursement			
				M M / D D /	Y Y Y Y		
Mailing Address 27472 Haverhill Drive				09 15	2011		
-							
City	State Zip Code			Transaction ID: 5778	638		
Warren	MI 48092						
Purpose of Disbursement Lesia Liss, STATE HOUSE 28th MI	1	011		Amount of Fook Diskum	annes de la Devie d		
Candidate Name		011		Amount of Each Disbur	sement this Period		
		Catego			750.00		
MI Rep. Lesia Liss	ment Ferr 2012	Туре					
	ement For: 2012						
Senate	Primary General	Lesia Liss, STATE H			SE 28th MI		
State: MI District: 28	Other (specify)						
=-							
Full Name (Last, First, Middle Initial)	0.1.14			D (D) .			
3. Cmte to Re-Elect Benny N. Napol	eon Sheriff			Date of Disbursement			
AA W. A LL				M M / D D /	YYYYY		
Mailing Address PO Box 32974				09 23	2011		
C:4.	Chata Zin Coda						
City Detroit	State Zip Code MI 48232			Transaction ID: 5787	885		
Purpose of Disbursement	40232						
Benny Napoleon, County Sherriff (Population 250,	,000 +) MI	011		Amount of Each Disbur	sement this Period		
Candidate Name	L			Attribute of Edon Biobardement this Ferred			
Benny Napoleon		Category/ Type			500.00		
	ement For: 2014	туре					
Senate	Primary General			Dannii Nanalaan Caimb	· Charriff (Danielation 050.00		
President	Other (specify)			+) MI	y Sherriff (Population 250,00		
State: District:	care (epeciny) V			,			
Full Name (Last, First, Middle Initial)							
				Date of Disbursement			
Committee to Elect Joel Johnson							
Mailing Address PO Box 280				10 18	2011		
Maining / Molicoo FO DUX 200				.0 10	2011		
City	State Zip Code						
Clare	MI 48617			Transaction ID: 5846	946		
Purpose of Disbursement							
Joel Johnson, STATE HOUSE 97th MI		011		Amount of Each Disbur	sement this Period		
Candidate Name		Catego	rv/		1 1 1 1 1		
MI Rep. Joel Johnson					300.00		
•	ement For: 2012	Туре		7			
Senate	Primary X General			Joel Johnson, STATE HO	OUSE 97th MI		
President	Other (specify)			3301 3011110011, 0171111111	200 <u>2</u> 01 11 1111		
State: MI District: 97	1						
SUBTOTAL of Disbursements This Page (optional).					1550.00		
TOTAL This Period (last nage 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 (check only 21b 27	
Any information copied from such Reports and Statem			on for the purpose of soliciting contributions
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)  Health Alliance Plan PAC	e and address of any politica	i committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)			Data of Dishusanant
A. Leadership Now PAC			Date of Disbursement
Mailing Address 9300 Cooper Street			10 24 2011
City S Taylor	State Zip Code MI 48108		Transaction ID : 5853564
Purpose of Disbursement Direct Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	500.00
	nent For: Primary General Other (specify)	Type	Direct Contribution
Full Name (Last, First, Middle Initial)  B. Friends of L. Brooks Patterson  Mailing Address 26200 American Dr Ste 500			Date of Disbursement  12 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Southfield	State Zip Code MI 48034-6101		Transaction ID : 5973380
Purpose of Disbursement L. Brooks Patterson, County Executive (Population	250,000+) MI	011	Amount of Each Disbursement this Period
Candidate Name  L. Brooks Patterson		Category/	650.00
Office Sought: House Disbursen Senate	nent For: 2012  Primary Seneral  Other (specify)	Туре	L. Brooks Patterson, County Executive (Populat 250,000+) MI
Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address	M M / D D / Y Y Y Y		
City	State Zip Code		
Purpose of Disbursement			Account of Early Birly and this Boried
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)			1150.00
TOTAL This Period (last page this line number only)			4450.00