Image# 13964425049 PAGE 1 / 34

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

								Office Use Only	
1.	NAME OF COMMITTEE (in full)	TYPE OR F	PRINT ▼		mple: If typir r the lines.	ng, type	12FE4M5		
۱	Health Alliance Plan PA	/C						1 1 1 1 1	
_									
AD	DRESS (number and street)	2850 Wes	st Grand Boul	evard					
ř	Check if different								
ŀ	than previously reported. (ACC)	Detroit					MI	48202	
2.	FEC IDENTIFICATION NU	MBER ▼		CITY 🛦		5	STATE 🛦	ZIP C	ODE 🛦
	C C00410670		;	3. IS THIS REPORT		NEW OR	AN (A)	MENDED	
4.	TYPE OF REPORT (Choose One)	(b) Mon	ort	Feb 20 (M2)	_ ı	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:	Due	On:	Mar 20 (M3)		Jun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	April 15			Apr 20 (M4)		Jul 20 (M7)	Oct	20 (M10)	Jan 31 (YE)
	Quarterly Report (Q	(c)	12-Day	П	Primary (12P)	General	(12G)	Runoff (12R)
	July 15 Quarterly Report (Q2	2)	PRE-Election			_	1		
	October 15 Quarterly Report (QC	2)	Report for th	ie.	Convention (120)	Special (125)	
	January 31 Year-End Report (YE		E	lection on	M = M /	D D /	Y	in the State	
	July 31 Mid-Year Report (Non-election Year Only) (MY)	(d)	30-Day POST-Election		General (300	à)	Runoff (3	30R)	Special (30S)
	Termination Report		Report for th	10:	M = M /	D D /	Y Y Y Y	in the	
	(TER)		E	lection on				State	
5.	Covering Period 01	/ 01		013	through	M M 06	30	2013]
Ιc	ertify that I have examined this	s Report a	nd to the be	st of my kno	wledge and b	pelief it is tru	e, correct and	d complete.	
Тур	oe or Print Name of Treasurer	Nancy C	ushman						
Sig	gnature of Treasurer Nancy	Cushman			[Electronically	Filed] D	ate 07	20 /	2013
NC	TE: Submission of false, errone	ous or inco	omplete inform	nation may si	ihiect the ners	son signing th	is Renort to the	ne nenalties of 2	USC 8437a
	Office	- IIIOC		a.ion may st	joor alo pere	Jen digning th	.s rioport to ti		
ı	Use							FEC FO	

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Health Alliance Plan PAC 2013 06 30 2013 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 75863.48 January 1, 2013 (b) Cash on Hand at 75863.48 Beginning of Reporting Period..... 21840.93 21840.93 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 97704.41 97704.41 6(a) and 6(c) for Column B)..... 31766.14 31766.14 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 65938.27 65938.27 (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

Health Alliance Plan PA	AC	lan P	PI	Alliance	lealth	Н
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utions (other than loans) From: dividuals/Persons Other an Political Committees Itemized (use Schedule A) Unitemized TOTAL (add Lines 11(a)(i) and (ii) Iditical Party Committees ther Political Committees tal Contributions (add Lines (a)(iii), (b), and (c)) (Carry tals to Line 33, page 5) Trs From Affiliated/Other	Total This Period 20006.97 1833.96 21840.93 0.00 21840.93	20006.97 1833.96 21840.93 0.00
an Political Committees Itemized (use Schedule A) Unitemized TOTAL (add Lines 11(a)(i) and (ii) Ititical Party Committees Inch as PACs) Ital Contributions (add Lines (a)(iii), (b), and (c)) (Carry Itals to Line 33, page 5) Itals to Line 33, page 5) Itals to Line 33, page 5)	1833.96 21840.93 0.00	1833.96 21840.93 0.00
Unitemized Unitemized TOTAL (add Lines 11(a)(i) and (ii) litical Party Committees ther Political Committees uch as PACs) tal Contributions (add Lines (a)(iii), (b), and (c)) (Carry tals to Line 33, page 5) rs From Affiliated/Other	1833.96 21840.93 0.00	1833.96 21840.93 0.00
Unitemized TOTAL (add Lines 11(a)(i) and (ii) litical Party Committees her Political Committees uch as PACs) tal Contributions (add Lines (a)(iii), (b), and (c)) (Carry tals to Line 33, page 5) rs From Affiliated/Other	1833.96 21840.93 0.00	1833.96 21840.93 0.00
o TOTAL (add Lines 11(a)(i) and (ii)	21840.93 0.00 0.00	21840.93 0.00
o TOTAL (add Lines 11(a)(i) and (ii)	21840.93 0.00 0.00	21840.93 0.00
Lines 11(a)(i) and (ii)	0.00	0.00
her Political Committees	0.00	0.00
her Political Committees uch as PACs) tal Contributions (add Lines (a)(iii), (b), and (c)) (Carry tals to Line 33, page 5) rs From Affiliated/Other	0.00	0.00
her Political Committees uch as PACs) tal Contributions (add Lines (a)(iii), (b), and (c)) (Carry tals to Line 33, page 5) rs From Affiliated/Other		
tal Contributions (add Lines (a)(iii), (b), and (c)) (Carry tals to Line 33, page 5) rs From Affiliated/Other		
(a)(iii), (b), and (c)) (Carry tals to Line 33, page 5)	21840.93	21840.93
tals to Line 33, page 5) rs From Affiliated/Other	21840.93	21840.93
rs From Affiliated/Other	21840.93	21840.93
Committees	0.00	0.00
n Barria I	0.00	0.00
ns Received	3.00	0.00
	0.00	
	0.00	0.00
· · · · · · · · · · · · · · · · · · ·		
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	7	0.00
	0.00	0.00
	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	7	7
n-Federal Account		
om Schedule H3)	0.00	0.00
_		
in Funds (from Schedule H5)	0.00	0.00
l Transfers (add 18(a) and 18(b))	0.00	0.00
	Repayments Received	To Operating Expenditures ds, Rebates, etc.) Totals to Line 37, page 5)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	1044 1110 1 01104	Calcinal Teal-to-Date
	(i) Federal Share	0.00	0.00
	(ii) New Federal Chans	0.00	0.00
	(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
	Expenditures	441.14	441.14
	(c) Total Operating Expenditures	444	111 11
,	(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	441.14	441.14
•	Committees	0.00	0.00
3.	Contributions to Federal Candidates/Committees and Other Political Committees	500.00	500.00
	Independent Expenditures		
i.	(use Schedule E)	0.00	0.00
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	Loan Repayments Made	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		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
	Other Disbursements	30825.00	30825.00
	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	· ·		0.00
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	0.00
	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
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	31766.14	31766.14
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	31766.14	31766.14
	from Line 31)	31700.14	31700.14

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)	21840.93	21840.93
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21840.93	21840.93
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	441.14	441.14
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	441.14	441.14

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

_	R LINE	_		:	PAGE	6	OF	34
(che	eck only	or	ne)					
×	11a		11b		11c	12		
	13		14		15	16	;	17

NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name (Last, First, Middle Initial) A. Ronald W. Berry Mailing Address 1043 Woods Lane City State Zip Code Grosse Pointe MI 48236 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) Jeanne Dunk Mailing Address 1429 Iroquois	Date of Receipt O1 11 2013
A. Ronald W. Berry Mailing Address 1043 Woods Lane City State Zip Code Grosse Pointe MI 48236 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) Jeanne Dunk Mailing Address 1429 Iroquois	Date of Receipt Date of Receipt
Grosse Pointe MI 48236 FEC ID number of contributing federal political committee. Name of Employer Health Alliance Plan Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00 Full Name (Last, First, Middle Initial) Jeanne Dunk Mailing Address 1429 Iroquois	Transaction ID: 6986382 Amount of Each Receipt this Period 2000.00 Date of Receipt 01 11 2013
FEC ID number of contributing federal political committee. Name of Employer Health Alliance Plan Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00 Full Name (Last, First, Middle Initial) Jeanne Dunk Mailing Address 1429 Iroquois	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Health Alliance Plan Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Jeanne Dunk Mailing Address 1429 Iroquois	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Health Alliance Plan Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00 Full Name (Last, First, Middle Initial) Jeanne Dunk Mailing Address 1429 Iroquois	Date of Receipt O1 11 2013
Primary General Other (specify) Full Name (Last, First, Middle Initial) Jeanne Dunk Mailing Address 1429 Iroquois	Date of Receipt O1 11 2013
Mailing Address 1429 Iroquois	01 11 2013
	01 11 2013
City State Zip Code	Transaction ID: 6998528
Detroit MI 48214	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	2000.00
Name of Employer Health Alliance Plan VP	
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Antoinette Frawley	Date of Receipt
Mailing Address 53910 Oakview Dr	01 24 2013
City State Zip Code Shelby Township MI 48315-1929	Transaction ID : 7141582
FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 400.00
Name of Employer Occupation	
Health Alliance Plan Director	
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)	4400.00

FOR LINE NUMBER: **PAGE** 7 Use separate schedule(s) (check only one) X 11a 11b 11c

OF

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for each category of the 12 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) Sammye VanDiver Date of Receipt Mailing Address 19170 Lancashire St 2013 01 24 City Zip Code State Transaction ID: 7145576 Detroit MI 48223-1348 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Occupation Health Alliance Plan Manager, IT Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Naim Munir Date of Receipt Mailing Address 16090 Brook Trout Lane 01 30 2013 City State Zip Code Transaction ID: 7156226 Northville MI 48168 Amount of Each Receipt this Period FEC ID number of contributing 1500.00 federal political committee. Name of Employer Occupation Health Alliance Plan Cheif Medical Officer & SVP Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Wiliam R. Alvin Date of Receipt Mailing Address 505 Middlesex Road 2013 05 24 City State Zip Code Transaction ID: 7417795 MI Grosse Pointe Park 48230 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 С federal political committee. Occupation Name of Employer President & CEO Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 3800.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

	FOR LINE N	NUMBER:	PAGE	: 8 O)F 3
Use separate schedule(s)	(check only	one)			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
zotanou oumnary r ago	13	14	15	16	

	Statements may not be sold or used by any persi- e name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
Health Alliance Plan PAC		
Full Name (Last, First, Middle Initial) A. Gerald C Bradford		Date of Receipt
Mailing Address 7844 Autumn Woods Dr Se		06 30 2013
City	State Zip Code	Transaction ID : PR10055446352
Ada	MI 49301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	520.00
Name of Employer	Occupation	
Health Alliance Plan	VP- Network Management	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$40.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Mark Giroux		Date of Receipt
Mailing Address 2127 Woodland Avenue		M = M / D = D / Y = Y = Y
City	State 7:- O-d-	06 30 2013
City Royal Oak	State Zip Code MI 48073-3876	Transaction ID : PR10055456352
Royal Oak	MI 48073-3876	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	286.00
Name of Employer	Occupation	
Health Alliance Plan	AVP- Provider Contracting	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 286.00	P/R Deduction (\$22.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) C. Gary Heicklen		Date of Receipt
Mailing Address 25507 Hereford Dr		06 30 2013
City	State Zip Code	Transaction ID : PR10055466352
Huntington Woods	MI 48237	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	260.00
Name of Employer	Occupation	1
Health Alliance Plan	Mgr-Product Development & Mgmt	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	P/R Deduction (\$20.00 Bi-Weekly)
Other (specify) ▼	260.00	
SUBTOTAL of Receipts This Page (optional)		1066.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: **PAGE** 9 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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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) Lori Rund Date of Receipt Mailing Address 50495 Waterstone Court 30 2013 City Zip Code State Transaction ID: PR10055476352 Plymouth MI 48170 Amount of Each Receipt this Period FEC ID number of contributing C 455.00 federal political committee. Name of Employer Occupation VP - Prod Mgmt & Mrkt Intlgnce Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$35.00 Bi-Weekly) 455.00 Other (specify) Full Name (Last, First, Middle Initial) B. Larry Watson Date of Receipt Mailing Address 2462 Coe Ct. 30 06 2013 City State Zip Code Transaction ID: PR10055496352 OH Perrysburg 43551 Amount of Each Receipt this Period FEC ID number of contributing 260.00 federal political committee. Name of Employer Occupation Health Alliance Plan **Dir-Customer Reporting** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 260.00 Other (specify) Full Name (Last, First, Middle Initial) c. Karen Wintringham Date of Receipt Mailing Address 2946 Pheasant Ring Drive 30 06 2013 City Zip Code State Transaction ID: PR10055506352 MI Rochester Hills 48309 Amount of Each Receipt this Period FEC ID number of contributing 260.00 С federal political committee. Name of Employer Occupation VP- Medicare & Government Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 260.00 Other (specify) 975.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	FO	R LINE	NU	MBER	:	PAGE	10 OF	34
Use separate schedule(s) for each category of the	(ch	eck only	or	ne)				
Detailed Summary Page	>	1 1a		11b		11c	12	
, ,		13		14		15	16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name (Last, First, Middle Initial) Stewart Barry Smith Date of Receipt Mailing Address 10844 Pardee Road 30 2013 City Zip Code State Transaction ID: PR11004336352 Taylor MI 48180 Amount of Each Receipt this Period FEC ID number of contributing C 220.00 federal political committee. Name of Employer Occupation Mgr - Sales Operations Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 220.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jennifer Brooks Zbytowski Date of Receipt Mailing Address 49206 St. Nicholas 30 06 2013 City State Zip Code Transaction ID: PR7532666352 MI Shelby Township 48317 Amount of Each Receipt this Period FEC ID number of contributing 220.00 federal political committee. Name of Employer Occupation Health Alliance Plan AVP- Case Management Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 220.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kevin W Coughlin Date of Receipt Mailing Address 43119 Hanford Rd. 30 06 2013 City State Zip Code Transaction ID: PR7532686352

MI Canton 48187 Amount of Each Receipt this Period FEC ID number of contributing 234.00 С federal political committee. Name of Employer Occupation Dir- Bus Intelligence&App Sprt Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$18.00 Bi-Weekly) 234.00 Other (specify) 674.00 SUBTOTAL of Receipts This Page (optional).....

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

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 11 OF 34 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

ITEMIZED RECEIPTS 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) Michael Anthony Elinski Date of Receipt Mailing Address 3434 Essex 30 2013 06 City Zip Code State Transaction ID: PR7532696352 Troy MI 48084 Amount of Each Receipt this Period FEC ID number of contributing C 299.00 federal political committee. Name of Employer Occupation AVP-Technology & eBusiness Dev Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$23.00 Bi-Weekly) 299.00 Other (specify) Full Name (Last, First, Middle Initial) B. Diane Lynn Slon Date of Receipt Mailing Address 31646 Robinhood Dr. 06 30 2013 City State Zip Code Transaction ID: PR7532736352 Beverly Hills MI 48025 Amount of Each Receipt this Period FEC ID number of contributing C 325.00 federal political committee. Name of Employer Occupation Health Alliance Plan AVP- Business Intelligence Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Bi-Weekly) 325.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Chrystal M. Roberts Date of Receipt Mailing Address 24601 Pinehurst Ave. 30 06 2013 City State Zip Code Transaction ID: PR7532886352 MI Oak Park 48237 Amount of Each Receipt this Period FEC ID number of contributing 224.90 С federal political committee. Name of Employer Occupation Dir- Community Relations Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$17.30 Bi-Weekly) 224.90 Other (specify) 848.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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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) Donald Edward Kiefiuk Date of Receipt Mailing Address 39810 Karola 30 2013 06 City Zip Code State Transaction ID: PR7532946352 Sterling Heights MI 48313 Amount of Each Receipt this Period FEC ID number of contributing C 520.00 federal political committee. Name of Employer Occupation VP - Enrollment & Claims Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$40.00 Bi-Weekly) 520.00 Other (specify) Full Name (Last, First, Middle Initial) B. Glen P Koslakiewicz Date of Receipt Mailing Address 30431 John Hauk 30 06 2013 City State Zip Code Transaction ID: PR7533256352 Garden City MI 48135 Amount of Each Receipt this Period FEC ID number of contributing 234.00 federal political committee. Name of Employer Occupation Health Alliance Plan **Dir- Fin Operations** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$18.00 Bi-Weekly) 234.00 Other (specify) Full Name (Last, First, Middle Initial) c. Vincent C. Pawloske Date of Receipt Mailing Address 5450 Sandlewood Court 30 06 2013 City Zip Code State Transaction ID: PR7533356352 MI Waterford 48329 Amount of Each Receipt this Period FEC ID number of contributing 450.00 С federal political committee. Name of Employer Occupation **Dir-Financial Services** Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$0.00 Bi-Weekly) 450.00 Other (specify) 1204.00 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 13 OF

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
	d Statements may not be sold or used by any pe the 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) Dianna Lynn Ronan Mailing Address 2156 Cumberland		Date of Receipt
City	State Zip Code	06 30 2013
Brighton	MI 48114	Transaction ID : PR7533406352 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1001.00
Name of Employer	Occupation	
Health Alliance Plan	VP - Financial Services	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1001.00	P/R Deduction (\$77.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) 3. Mark W Hall		Date of Receipt
Mailing Address 925 E Lincoln Avenue		06 30 _2013 _
City Royal Oak	State Zip Code MI 48067	Transaction ID : PR7533556352 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.09
Name of Employer Health Alliance Plan	Occupation VP- Sales	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.09	P/R Deduction (\$76.93 Bi-Weekly)
Full Name (Last, First, Middle Initial) C. Rachel A Powell		Date of Receipt
Mailing Address 543 Thurber		06 30 2013
City	State Zip Code MI 48085	Transaction ID : PR7533626352
Troy	1011 48085	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	234.00
Name of Employer	Occupation	
Health Alliance Plan Receipt For:	Dir - MA Revenue Management	_
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	P/R Deduction (\$18.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		2235.09
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

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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 30 2013 06 City Zip Code State Transaction ID: PR7533696352 Woodhaven MI 48183 Amount of Each Receipt this Period FEC ID number of contributing C 260.00 federal political committee. Name of Employer Occupation **Dir- Application Development** Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 260.00 Other (specify) Full Name (Last, First, Middle Initial) B. Cynthia L Hoffman Date of Receipt Mailing Address 5768 Whitehaven Dr 30 06 2013 City State Zip Code Transaction ID: PR7533746352 MI Troy 48085 Amount of Each Receipt this Period FEC ID number of contributing C 260.00 federal political committee. Name of Employer Occupation Health Alliance Plan Dir- eCommerce & Tech Planning Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 260.00 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel A. Trim Date of Receipt Mailing Address 921 Juneau Rd. 30 06 2013 City State Zip Code **Transaction ID: PR7533786352** MI Ypsilanti 48198 Amount of Each Receipt this Period FEC ID number of contributing 260.00 С 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) 260.00 Other (specify) 780.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -9

	FOF	R LINE	NU	IMBER	:	PAGE	· '	15 OF	=	34
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	nd Statements may not be sold or used by any per g the name and address of any political 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.		06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Clarkston	State Zip Code MI 48348	Transaction ID : PR7533946352 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	275.00
Name of Employer Health Alliance Plan Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Dir- Labor Affairs & VEBA Adm Aggregate Year-to-Date ▼ 275.00	P/R Deduction (\$25.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Christopher Andrew Johnston Mailing Address 4300 Westover Dr.		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City West Bloomfield	State Zip Code MI 48323	Transaction ID : PR7534076352 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.00
Name of Employer Health Alliance Plan Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Dir- New Business Sales Aggregate Year-to-Date ▼ 208.00	P/R Deduction (\$16.00 Bi-Weekly)
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address P.o. Box 283		06 30 / Y Y Y Y Y Y
City Fenton	State Zip Code MI 48430	Transaction ID : PR7534096352 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Health Alliance Plan Receipt For: Primary General Other (specify) ▼	Occupation General Mgr- East Region Aggregate Year-to-Date ▼ 500.00	P/R Deduction (\$500.00 Bi-Weekly)
SUPTOTAL of Possints This Poss (artists		983.00
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SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 16 OF 34 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

ITEMIZED RECEIPTS 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 759 Cherry Stone Drive #2D 30 2013 06 City State Zip Code Transaction ID: PR7534176352 Canton MI 48188 Amount of Each Receipt this Period FEC ID number of contributing C 260.00 federal political committee. Name of Employer Occupation Health Alliance Plan Dir- Government&LasItv Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 260.00 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher B. Pike Date of Receipt Mailing Address 1657 Wilmington Ct 06 30 2013 City State Zip Code Transaction ID: PR7534196352 Rochester Hills MI 48309 Amount of Each Receipt this Period FEC ID number of contributing C 1001.00 federal political committee. Name of Employer Occupation Health Alliance Plan SVP- Chief Operating Officer Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$77.00 Bi-Weekly) 1001.00 Other (specify) Full Name (Last, First, Middle Initial) c. Derick W Adams Date of Receipt Mailing Address 6889 Reed Ct 30 06 2013 City Zip Code State **Transaction ID: PR7655116352** MI West Bloomfield 48322 Amount of Each Receipt this Period FEC ID number of contributing 480.00 С federal political committee. Name of Employer Occupation VP- Human Resources Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$80.00 Bi-Weekly) 480.00 Other (specify) 1741.00 SUBTOTAL of Receipts This Page (optional).....

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

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for each category of the Detailed Summary Page	X 11a	11b	11c	12	
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NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Annette M Marcath Mailing Address 55261 Ester Dr		Date of Receipt
Ott	21.0	06 30 2013
City Shelby Township	State Zip Code MI 48315	Transaction ID : PR7755576352
	100 10	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	550.00
Name of Employer	Occupation	-
Health Alliance Plan	AVP- Business Integration	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	550.00	P/R Deduction (\$0.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Joel T Keiper		Date of Receipt
Mailing Address 3812 Miller Way South		M = M / D = D / Y = Y = Y
City	State Zin Codo	06 30 2013
City Bloomfield	State Zip Code MI 48301	Transaction ID : PR8708216352
	40001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Health Alliance Plan	VP- Corp Strategic Planning	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	P/R Deduction (\$0.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Deandre Antwan Lipscomb		Date of Receipt
Mailing Address 29064 Raleigh Rd		06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : PR8708236352
Farmington Hills	MI 48336	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	499.98
Name of Employer	Occupation	-
Health Alliance Plan	VP- Community Outreach	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	499.98	P/R Deduction (\$38.46 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		1299.98

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$ \rangle$	Health Alliance Plan PAC														
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	Mailing Address P.O. Box 75000						03	٠)4	<u> </u>	20	013		
	City	State	Zip Code		Trans	sact	ion ID	· 7	25149	<u></u>					
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_	Full Name (Last, First, Middle Initial)														
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	Mailing Address P.O. Box 75000						05		0)2	L	20	013		
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\setminus	NAME OF COMMITTEE (In Full)												
/	Health Alliance Plan PAC												
_	Full Name (Last, First, Middle Initial)												
Α.	Comerica Bank					Date o	of Di	sburse	eme				
	Mailing Address P.O. Box 75000					06	/	0	4	/ Y	2013	Y	
	City	State Zip Code			\dashv								
	Detroit	MI 48275				Trans	sact	ion ID	: 74	443839			
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	Mailing Address							Ь.					
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NAME OF COMMITTEE (In Full)						
Health Alliance Plan PAC						
Full Name (Last, First, Middle Initial)			Date of Disbur	rsement		
A. Rudy Hobbs for Congress				rsement		
Mailing Address PO Box 442056			06	10 2013		
	tate Zip Code		Transaction	ID : 7453249		
Detroit Purpose of Disbursement	MI 48244			-		
Direct Contribution		011	Amount of Eac	ch Disbursement this Period		
Candidate Name		Category/		500.00		
Rudy Hobbs Office Sought:	ent For: 2044	Type		300.00		
Senate X I	nent For: 2014 Primary General Other (specify) ▼		Direct Contribu	tion		
State: MI District: 14						
Full Name (Last, First, Middle Initial)			Data of Distri	'camant		
В.			Date of Disbur			
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Office Sought: House Disbursem	ent For:	76-5				
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Candidate Name		Category/				
Office Sought: House Disbursem	ent For:	Туре				
Senate	Primary General					
	Other (specify) ▼					
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NAME OF COMMITTEE (In Full)						
Health Alliance Plan PAC						
Full Name (Last, First, Middle Initial)						
A. John B. O'Reilly, Jr. Committee			Date of Disbursement			
Mailing Address PO Box 4521			01 18 2013			
City	State Zip Code		Transaction ID : 7082706			
Dearborn Dishuranana	MI 48126		11a115aCuOii ID : 7002700			
Purpose of Disbursement Direct Contribution		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	400.00			
John O'Reilly, Jr.		Type	400.00			
Office Sought: House Disburser Senate President	ment For: 2013 Primary		Direct Contribution			
State: District:						
Full Name (Last, First, Middle Initial)						
B. Duggan for Detroit			Date of Disbursement			
Mailing Address 3011 W Grand Blvd, Ste 2500			01 25 2013			
			2. 2010			
,	State Zip Code		Transaction ID: 7145577			
Detroit Purpose of Disbursement	MI 48202					
Direct Contribution		011	Amount of Each Disbursement this Period			
Candidate Name						
Mike Duggan		Category/ Type	250.00			
	ment For: 2013 Primary		Direct Contribution			
Full Name (Last, First, Middle Initial)						
 C. Mike Callton for State Representat 	ive		Date of Disbursement			
Mailing Address PO Box 676			01 29 7 2013			
City	State Zip Code					
Nashville	MI 49073		Transaction ID: 7153374			
Purpose of Disbursement Direct Contribution						
		011	Amount of Each Disbursement this Period			
MI Rep. Mike Callton	andidate Name					
•	ment For: 2014	Туре				
Senate Sissaissi	Primary Seneral		Direct Contribution			
President	Other (specify) ▼		2st combanon			
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or	for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	ie and add	ress or any politica	ai committee to	solicit cont	noutions fro	on such committee.		
$ \rangle$	Health Alliance Plan PAC								
_	Full Name (Last, First, Middle Initial)	-	. /B.4.A.1.1= = 5.5		D-1- (1	O'alasses			
Α.	Michigan Association of Health Pla	ns PAC	(MAHP PAC	(ز		Disburseme			
	Mailing Address 327 Seymour				01 30 2013				
	•	State	Zip Code		Transa	ction ID : 7	155928		
	Purpose of Disbursement	MI	48933						
	Direct Contribution			011	Amount	of Each Dis	sbursement this Period		
	Candidate Name			Category/			10000.00		
	Office Sought: House Disbursen	nent For		Туре		7	10000.00		
	Senate	Primary Other (spe	General cify) ▼		Direct Co	ntribution			
_	State: District:								
В.	Full Name (Last, First, Middle Initial)				Date of	Disburseme	ant		
υ.	Committee to Elect Gail Haines				M M	/ D D	/ Y 		
	Mailing Address PO Box 301085				02	13	2013		
	Waterford	State MI	Zip Code 48330		Transa	ction ID : 7	7190034		
	Purpose of Disbursement Direct Contribution			011	Amount	of Each Dis	sbursement this Period		
	Candidate Name			Category/	500.00				
	MI Rep. Gail Haines Office Sought: House Disbursen	ant Fr	2011	Туре					
	Senate	Primary	For: 2014 ary			ntribution			
	State: MI District: 43		· 						
_	Full Name (Last, First, Middle Initial)				Dota of	Disburseme			
C.	Posthumus Lyons Leadership Fund	מ			Date of	Jisburseme	ent		
	Mailing Address 7815 Alden Nash SE				02	13	2013		
	Alto	State MI	Zip Code 49302		Transa	ction ID : 7	7190035		
	Purpose of Disbursement Direct Contribution			011					
	Candidate Name	Category/ Type							
	Office Sought: House Disbursen	nent For:		71					
		Primary	General		Direct Co	ntribution			
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S	SCHEDULE B (FEC Form 3X) FOR LINE NUMBER: PAGE 23								
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	ny information copied from such Reports and Statem for commercial purposes, other than using the name								
\setminus	NAME OF COMMITTEE (In Full)								
	Health Alliance Plan PAC								
$\overline{}$	Full Name (Last, First, Middle Initial)								
Α.	Paul Muxlow for State Representat	ive				sbursement			
	Mailing Address PO Box 70				02 14 2013				
	City	State	Zip Code		Transact	ion ID : 7190655			
	Brown City	MI	48416		Hallsact	1011 ID . 7 190033			
	Purpose of Disbursement Direct Contribution			011	Amount of	Each Disbursement this Period			
	Candidate Name			Category/		250.00			
	MI Rep. Paul Muxlow			Туре		230.00			
	President	nent For: Primary Other (spe	X General		Direct Cont	ribution			
_	State: MI District: 83								
D	Full Name (Last, First, Middle Initial)				Data of Di				
В.	Citizens Supporting Mike Nofs					sbursement			
	Mailing Address 5420 Beckley Rd #350				02	19 2013			
	Battle Creek	State MI	Zip Code 49015		Transact	ion ID : 7196943			
	Purpose of Disbursement Direct Contribution			011	Amount of	Each Disbursement this Period			
	Candidate Name			Category/		500.00			
	MI Sen. Mike Nofs			Туре		300.00			
		Primary	X General		Direct Contribution				
	President State: MI District:	Other (spe	ecify) 🔻						
	Full Name (Last, First, Middle Initial)								
C.	George T. Darany for State Repres	entativ	е			sbursement			
	Mailing Address 17835 Oakwood Blvd.				02	19 2013			
	City	State	Zip Code		Transact	ion ID : 7197403			
		MI	48124		Hansact	. 1 101 TOO			
	Purpose of Disbursement Direct Contribution			011	A	Fools District and this Device			
	Candidate Name		Amount of	Each Disbursement this Period					
	MI Rep. George Darany			Category/ Type		500.00			
	Office Sought: House Disbursen	nent For:	2014	71					
		Primary Other (spe	General		Direct Cont	ribution			
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	ly information copied from such Reports and Staten for commercial purposes, other than using the name								
	NAME OF COMMITTEE (In Full)								
$ \rangle$	Health Alliance Plan PAC								
_	Full Name (Last, First, Middle Initial)								
Α.	Tonya Schuitmaker for State Senat	te			M = M	Disburser	D / Y Y Y Y Y		
	Mailing Address PO Box 1116				02 19 2013				
	•	State MI	Zip Code		Transa	action ID :	7197404		
	Purpose of Disbursement	IVII	49081						
	Direct Contribution			011	Amount	of Each [Disbursement this Period		
	Candidate Name MI Sen Tonya Schuitmaker			Category/			500.00		
	MI Sen. Tonya Schuitmaker Office Sought: House Disbursen	nent For:	2014	Туре		,			
	Senate President	Primary Other (spe	X General		Direct C	ontribution			
_	State: MI District:								
В.	Full Name (Last, First, Middle Initial) Friends of Rudy Hobbs				Date of	Disburser	ment		
	Mailing Address PO Box 3353				02	19			
	Southfield	State MI	Zip Code 48037-3353		Trans	action ID	: 7197406		
	Purpose of Disbursement Direct Contribution			011	Amount	of Each [Disbursement this Period		
	Candidate Name Rudy Hobbs			Category/ Type	500.00				
	Office Sought: House Disbursen	nent For: Primary Other (spe	X General	,	Direct C	ontribution			
С .	Full Name (Last, First, Middle Initial) Committee to Elect Dale Zorn				Date of	Disburser	ment		
	Mailing Address 7498 Ida East Road				M M 02	19			
	City S	State MI	Zip Code 48140		Trans	action ID :	: 7197408		
	Purpose of Disbursement Direct Contribution		40140	011					
	Candidate Name	andidate Name				of Each L	Disbursement this Period		
	MI Rep. Dale Zorn			Category/ Type			300.00		
	Office Sought: House Disbursen Senate President	nent For: Primary Other (spe	X General	71:	Direct C	ontribution			
	State: MI District: 56								
s	UBTOTAL of Disbursements This Page (optional)			<u> </u>		7	1300.00		
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 25 OF						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)					
	Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c x 29 30b					
Assistant Secretary Control								
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NAME OF COMMITTEE (In Full)								
Health Alliance Plan PAC								
Full Name (Last, First, Middle Initial)								
A. Committee to Elect Steven Bieda S	Senator		Date of Disbursement					
Mailing Address 32721 Valley Dr			02 19 2013					
City	State Zip Code		Transaction ID - 7407400					
Warren	MI 48093		Transaction ID: 7197409					
Purpose of Disbursement Direct Contribution		011	Amount of Each Disbursement this Period					
Candidate Name		Category/	400.00					
MI Sen. Steven Bieda		Type	400.00					
	nent For: 2014							
Senate President	Primary General Other (specify)		Direct Contribution					
State: MI District:	Other (specify)							
Full Name (Last, First, Middle Initial)								
B. Aric Nesbitt for State Representation	ve		Date of Disbursement					
Mailing Address PO Box 400		02 21 2013						
City	State Zip Code		Transaction ID: 7198176					
Lawton	MI 49065		Transaction ID: 7196176					
Purpose of Disbursement Direct Contribution		011	Amount of Each Disbursement this Period					
Candidate Name			, and are of Each Dispulsement this relieu					
MI Rep. Aric Nesbitt		Category/ Type	500.00					
	nent For: 2014							
	Primary Seneral		Direct Contribution					
President	Other (specify) ▼							
State: MI District: 66								
Full Name (Last, First, Middle Initial)	ativo		Date of Disbursement					
C. Bob Genetski for State Representa	uive		M M / D D / Y Y Y Y					
Mailing Address PO Box 1242			02 25 2013					
City	State Zip Code		Transaction ID - 7000040					
Holland	MI 49422		Transaction ID: 7206919					
Purpose of Disbursement Direct Contribution		011						
Candidate Name		Amount of Each Disbursement this Period						
MI Rep. Bob Genetski		Category/ Type	300.00					
	nent For: 2014	71						
Senate	Primary General		Direct Contribution					
President	Other (specify) ▼							
State: MI District: 80								
SUBTOTAL of Disbursements This Page (optional)			1200.00					
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SCHEDULE B (FEC Form 3X)		, FOR LINE	PAGE 26 OF 34						
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NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , , ,								
Health Alliance Plan PAC									
Full Name (Last, First, Middle Initial)									
A. Citizens for Andrea LaFontaine			Date of Disbursemer	nt					
Mailing Address BOD 0			M M / D D	/					
Mailing Address PO Box 6			02 25	2013					
City	State Zip Code								
Memphis	MI 48041		Transaction ID: 72	206946					
Purpose of Disbursement									
Direct Contribution		011	Amount of Each Disk	oursement this Period					
Candidate Name		Category/		500.00					
MI Rep. Andrea LaFontaine Office Sought: House Disburse	ement For: 2014	Type		7					
Senate Disputs	Primary Seneral		Diseast Constribution						
President	Other (specify)		Direct Contribution						
State: MI District: 32	(a) (a) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c								
Full Name (Last, First, Middle Initial)									
B. Friends of Jim Ananich Senate			Date of Disbursemer	nt					
			M = M / D = D	/ Y = Y = Y = Y					
Mailing Address 932 Maxine Street			02 26	2013					
City	State Zip Code								
Flint	MI 48503		Transaction ID: 72	241165					
Purpose of Disbursement									
Direct Contribution		011	Amount of Each Disbursement this Period						
Candidate Name		Category/	500.00						
Jim Ananich Office Sought: House Disburse	ement For: 2013	Туре		7					
Senate	Primary General		Discort Occupiello of an						
	Other (specify)		Direct Contribution						
State: MI District:	Special-Genera	12013							
Full Name (Last, First, Middle Initial)									
C. Committee to Elect Pete Lund			Date of Disbursemer	nt					
			M M / D D	/					
Mailing Address 68814 Muirfield Drive			02 28	2013					
City	State Zip Code								
Shelby Twp	MI 48316		Transaction ID: 72	244584					
Purpose of Disbursement									
Direct Contribution		011	Amount of Each Disk	oursement this Period					
Candidate Name		Category/		1000.00					
MI Rep. Pete Lund Office Sought: House Disburse	ement For: 2014	Туре		1000.00					
Senate Disputs	Primary General		Diseat Cantaibution						
President	Other (specify)		Direct Contribution						
State: MI District: 36									
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SCHEDULE B (FEC Form 3X)	Use separate sch	nedule(e)	FOR LINE NUMBER: PAGE 27 OF 34					
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NAME OF COMMITTEE (In Full) Health Alliance Plan PAC	me and address of a	arry political	committee to	SOIICH COMMINGER				
Full Name (Last, First, Middle Initial)	_			5				
Kevin Cotter for State Representa	tive			Date of Disbursement				
Mailing Address 2767 Eland Ct.	Mailing Address 2767 Eland Ct.							
City	State Zip Co			Transaction ID : 7244586				
Mount Pleasant Purpose of Disbursement	MI 48858	3						
Direct Contribution			011	Amount of Each Disbursement this Period				
Candidate Name			Category/	500.00				
MI Rep. Kevin Cotter			Type	500.00				
Senate President	ement For: 2014 Primary Other (specify) ▼	General		Direct Contribution				
State: MI District: 99								
Full Name (Last, First, Middle Initial) Joe Hune for State Senate Committee				Date of Disbursement				
Mailing Address 4849 Hogback Road				02 / 28 / 2013				
City Fowlerville	State Zip Co MI 48836			Transaction ID : 7244587				
Purpose of Disbursement Direct Contribution		lΓ	011	Amount of Each Disbursement this Period				
Candidate Name			Category/					
MI Sen. Joe Hune			Type	1000.00				
Office Sought: House Senate President State: MI District:	ment For: 2014 Primary ∑ G Other (specify) ▼	General		Direct Contribution				
Full Name (Last, First, Middle Initial) - Duggan for Detroit				Date of Disbursement				
Mailing Address 3011 W Grand Blvd, Ste 2500				02 28 2013				
City Detroit	State Zip Co MI 48202			Transaction ID : 7244589				
Purpose of Disbursement Direct Contribution			011	Amount of Each Disbursement this Period				
Candidata Nama				1000.00				
Candidate Name Mike Duggan			Type					
Mike Duggan Office Sought: House Disburse Senate President	ement For: 2013 Primary Other (specify)	General		Direct Contribution				
Mike Duggan Office Sought: House Disburse Senate	Primary			Direct Contribution				

S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 28 OF 34					
ΙT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	k only one)				
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\setminus	NAME OF COMMITTEE (In Full)								
	Health Alliance Plan PAC								
^	Full Name (Last, First, Middle Initial)				D-4 (5	Night urs a war and			
Α.	Committee to Elect Joel Johnson					Disbursement	V		
	Mailing Address PO Box 280				03	13	2013	Y	
	City	State	Zip Code		Transac	tion ID : 7265	5090		
	Clare	MI	48617		Hallsat	, (1011 ID . 1200	1909		
	Purpose of Disbursement Direct Contribution			011	Amount o	of Each Disbu	rsement this	s Period	
	Candidate Name			Category/			2	50.00	
	MI Rep. Joel Johnson Office Sought: House Disbursen	nent For:	2014	Туре		,			
	Senate President	Primary Other (spe	X General		Direct Cor	ntribution			
_	State: MI District: 97								
В.	Full Name (Last, First, Middle Initial)				Date of F)ichurcament			
υ.	Rebekah Warren for State Senate	;			Date of Disbursement				
	Mailing Address 234 Eighth Street				03	29	2013		
	Ann Arbor	State MI	Zip Code 48103		Transa	ction ID : 7316	6256		
	Purpose of Disbursement Direct Contribuiton			011	Amount o	of Each Disbu	rsement this	s Period	
	Candidate Name MI Sen. Rebekah Warren			Category/ Type			10	00.00	
		nent For:	2014	Туре		,	,		
		Primary	General		Direct Co	ntribuiton			
		Other (spe	ecify) 🔻						
_	State: MI District: Full Name (Last, First, Middle Initial)								
C.	Greimel for Michigan				Date of D	Disbursement			
	Mailing Address PO Box 16045				03	29	2013	Y	
	City	State	Zip Code		T	tion ID 7011	2057		
	Lansing	MI	48901		Transa	ction ID : 7316	025/		
	Purpose of Disbursement Direct Contribution								
	Candidate Name			O11 Category/ Type	Amount o	of Each Disbu		o0.00	
	Office Sought: House Disbursen	nent For:		Туре		7	7		
		Primary	General		Direct Cor	ntribution			
	President	Other (spe	ecify) 🔻		2300 001				
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SCHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 29 OF 34					
IT	EMIZED DISBURSEMENTS		parate schedule(s) category of the	(check only	neck only one)				
			Summary Page	21b 27	22 28a	23 28b	24 25 26 28c X 29 30b		
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or	ly information copied from such Reports and Staten for commercial purposes, other than using the nam	ients may	dress of any politication	al committee to	solicit cor	tributions f	from such committee.		
	NAME OF COMMITTEE (In Full)								
	Health Alliance Plan PAC								
$\overline{}$	Full Name (Last, First, Middle Initial)								
Α.	Bruce Caswell for Senate					Disbursem			
	Mailing Address 8940 E Bacon				03	29			
	City	State	Zip Code		Trans	action ID :	7316258		
	Hillsdale Rurness of Dishursement	MI	49242		ITALIS	action ib .	7510250		
	Purpose of Disbursement Direct Contribution			011	Amount	of Each D	Disbursement this Period		
	Candidate Name			Category/			500.00		
	MI Sen. Bruce Caswell			Type		-5	300.00		
	X Senate	nent For: Primary Other (spe	X General		Direct C	ontribution			
	State: MI District:								
_	Full Name (Last, First, Middle Initial)								
В.	Tom Leonard for State Representative				Date of Disbursement				
	Mailing Address 14840 Robinwood Dr				03	29			
	Lansing	State MI	Zip Code 48906		Trans	action ID :	7316259		
	Purpose of Disbursement Direct Contribution			011	Amount	of Each D	Disbursement this Period		
	Candidate Name			Category/			500.00		
	MI Rep. Tom Leonard			Type			500.00		
		nent For: Primary Other (spe	General		Direct C	ontribution			
_	Full Name (Last, First, Middle Initial)				5	5			
C.	CTE Klint Kesto					Disbursen			
	Mailing Address PO Box 1193				03	29			
	Walled Lake	State MI	Zip Code 48390		Trans	action ID :	7316260		
	Purpose of Disbursement Direct Contribuiton			244					
	Candidate Name			011	Amount	of Each D	Disbursement this Period		
	MI Rep. Klint Kesto			Category/ Type			250.00		
	•	nent For:	2014	Турс					
	Senate President	Primary Other (spe	X General		Direct C	ontribuiton			
	State: MI District: 39								
s	UBTOTAL of Disbursements This Page (optional)			<u> </u>	<u> </u>		1250.00		
Т	OTAL This Period (last page this line number only)						. ,		

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	FOR LINE			
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 NAME OF COMMITTEE (In Full) 	me and address of any poli	licai committee to	Solicit contributions from such committee.		
Health Alliance Plan PAC					
Full Name (Last, First, Middle Initial)			Data of Diahamanana		
A. Rick Jones for State Senate	Date of Disbursement				
Mailing Address PO Box 115	Mailing Address PO Box 115				
City	State Zip Code		Transaction ID : 7316261		
Grand Ledge Purpose of Disbursement	MI 48837		Transaction 15 : 7310201		
Direct Contribution		011	Amount of Each Disbursement this Period		
Candidate Name		Category/	050.00		
MI Sen. Rick Jones		Type	250.00		
Senate President	ement For: 2014 Primary General Other (specify)		Direct Contribution		
State: MI District:					
Full Name (Last, First, Middle Initial)			B		
Benny Napoleon for Mayor		Date of Disbursement			
Mailing Address PO Box 32763		04 22 2013			
City	State Zip Code MI 48232		Transaction ID: 7355721		
Detroit Purpose of Disbursement	1011 48232				
Direct Contribution		011	Amount of Each Disbursement this Period		
Candidate Name		Category/	4000.00		
Benny Napoleon		Type	1000.00		
Office Sought: House Senate President State: District:	ement For: 2013 Primary General Other (specify)		Direct Contribution		
Full Name (Last, First, Middle Initial)					
Friends of David Knezek			Date of Disbursement		
Mailing Address 6641 Evangeline			04 24 7 2013		
City	State Zip Code		Transaction ID - 700000		
Dearborn Heights	MI 48127		Transaction ID: 7362832		
Purpose of Disbursement Direct Contribuiton	Purpose of Disbursement Direct Contribuiton				
Candidate Name		O11	Amount of Each Disbursement this Period		
MI Rep. David Knezek		Category/ Type	500.00		
•	ement For: 2014 Primary General Other (specify)	•	Direct Contribuiton		
State. IVII Station					
SUBTOTAL of Disbursements This Page (optional).			1750.00		
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 OF					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 23 28b	24 25 26 28c X 29 36			
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NAME OF COMMITTEE (In Full) Health Alliance Plan PAC	e and address of any pointer	a commutee to	Solicit Contributions In	om such committee.			
Full Name (Last, First, Middle Initial)			Data of Dishumanna				
Michigan Jobs Fund	Date of Disburseme	ent					
Mailing Address 1731 Blue Grass Road	Mailing Address 1731 Blue Grass Road						
	State Zip Code		Transaction ID: 7	363284			
Lansing Purpose of Disbursement	MI 48906						
Direct Contribution		011	Amount of Each Dis	sbursement this Period			
Candidate Name		Category/		600.00			
Office Sought: House Bishurson	ant For	Туре		000.00			
President	Primary General Other (specify)		Direct Contribution				
State: District:							
Full Name (Last, First, Middle Initial) John B. O'Reilly, Jr. Committee			Date of Disburseme	ent			
Mailing Address PO Box 4521			05 D D	2013			
City S Dearborn	State Zip Code MI 48126		Transaction ID: 7	7378764			
Purpose of Disbursement	40120						
Direct Contribution		011	Amount of Each Dis	sbursement this Period			
Candidate Name John O'Reilly, Jr.		Category/ Type		200.00			
Office Sought: House Disbursen Senate	nent For: 2013 Primary	туре	Direct Contribution	, , , , , , , , , , , , , , , , , , , ,			
Full Name (Last, First, Middle Initial) John Proos for State Senate			Date of Disburseme	ent			
Mailing Address PO Box 271			05 / D D D	2013			
St. Joseph	State Zip Code MI 49085		Transaction ID: 7	391062			
Purpose of Disbursement Direct Contribution		011	Amount of Each Disbursement this Period				
Candidate Name MI Sen. John Proos IV		Category/		500.00			
Office Sought: House Disbursen Senate	nent For: 2014 Primary General Other (specify)	Type	Direct Contribution	7			
State: MI District:							
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S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 32 OF 34					
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			Summary Page	21b 27	22 28a	$\begin{bmatrix} 23 & & 24 & & 25 & & 26 \\ 28b & & 28c & \times & 29 & & 30b \end{bmatrix}$			
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	NAME OF COMMITTEE (In Full)								
	Health Alliance Plan PAC								
	Full Name (Last, First, Middle Initial)				B				
Α.					Date of Dis	sbursement			
	Mailing Address PO Box 301085				05	21 2013			
	,	State	Zip Code		Transacti	ion ID : 7413675			
	Waterford Purpose of Disbursement	MI	48330						
	Direct Contribution			011	Amount of	Each Disbursement this Period			
	Candidate Name			Category/		500.00			
	MI Rep. Gail Haines Office Sought: House Disbursen	nent For:	2014	Туре					
	Senate President	Primary Other (spe	X General		Direct Conti	ribution			
_	State: MI District: 43								
P	Full Name (Last, First, Middle Initial)				Deta -(D'	ah.ura amant			
Ď.	Duggan for Detroit					sbursement			
	Mailing Address 3011 W Grand Blvd, Ste 2500				05	23 2013			
	Detroit	State MI	Zip Code 48202		Transact	ion ID : 7414049			
	Purpose of Disbursement Direct Contribution			011	Amount of	Each Disbursement this Period			
	Candidate Name			Category/		500.00			
	Mike Duggan			Туре		300.00			
	Senate	nent For: Primary Other (spe	X General		Direct Cont	ribution			
_	Full Name (Last, First, Middle Initial)								
C.	Detroit Regional Chamber PAC				Date of Dis	sbursement			
	Mailing Address PO Box 77356				05	23 2013			
		State MI	Zip Code 48277		Transact	ion ID : 7414050			
	Purpose of Disbursement Direct Contribution								
	Candidate Name			011 Category/	Amount of	Each Disbursement this Period 400.00			
	Office Sought: House Disbursen	ant Fam		Туре		100.00			
		nent For: Primary	General		Direct Occit	ribution			
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r for commercial purposes, other than using the nam	ne and address of any politic	cal committe	e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
` '			
Health Alliance Plan PAC			
Full Name (Last, First, Middle Initial)			
· Duggan for Detroit			Date of Disbursement
Duggan for Detroit			
Mailing Address 3011 W Grand Blvd, Ste 2500			06 10 2013
manning training of the control of t			10 10 10 10 10 10 10 10 10 10 10 10 10 1
City	State Zip Code		
Detroit	MI 48202		Transaction ID: 7453248
Purpose of Disbursement			_
Direct Contribution		011	Amount of Each Disbursement this Period
Candidate Name			
Mike Duggan		Category/ Type	250.00
	nent For: 2013	- iype	
	Primary Seneral		Discot Contribution
	· ·		Direct Contribution
	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			
Committee to Elect Jack Brandenb	urg		Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 25 Eldredge			06 13 2013
City	State Zip Code		Transaction ID : 7461637
Mt. Clemens	MI 48043		Transaction is 17401001
Purpose of Disbursement			1
Direct Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	500.00
MI Sen. Jack Brandenburg		Type	500.00
	nent For: 2014		
✓ Senate	Primary General		Direct Contribution
President	Other (specify)		Birect Contribution
State: MI District:	(□ (□ □ □ (□ □ □ □ □ □ □ □ □ □		
Full Name (Last, First, Middle Initial)			
			Date of Disbursement
Benny Napoleon for Mayor			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO Box 32763			06 18 2013
-			
•	State Zip Code		Transaction ID: 7465591
Detroit Disharman	MI 48232		
Purpose of Disbursement Benny Napoleon, Mayor (Population 250,000 +) MI			1
		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Benny Napoleon		Type	1000.00
Office Sought: House Disburser	ment For: 2013		
Senate	Primary General		Benny Napoleon, Mayor (Population 250,000 -
	Other (specify)		Bonny Napoleon, Mayor (1 opulation 250,000 -
President	- · · · · · / - [- · · · · ·] / 🔻		
State: District:			
State: District:			1750 00
			1750.00

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	for commercial purposes, other than using the nam								
$\overline{\ }$	NAME OF COMMITTEE (In Full)								
\rangle	Health Alliance Plan PAC								
<u>/_</u>									
^	Full Name (Last, First, Middle Initial)				Date of Dis	churcomon	+		
Α.	Citizens for Margaret O'Brien								
	Mailing Address 1625 Bellaire				06	27		13	'
	,	tate Zip C			Transact	ion ID : 74	93966		
	Purpose of Disbursement	MI 4902	4						
	Direct Contribution		lΓ	011	Amount of	Each Disb	ursement	this Po	eriod
	Candidate Name			Category/					-
	MI Rep. Margaret O'Brien			Type		7		1000.0	00
		ent For: 2014	'						
		,	General		Direct Cont	ribution			
	State: MI District: 61	Other (specify)	•						
	Full Name (Last, First, Middle Initial)								
В.	Benny Napoleon for Mayor				Date of Dis	sbursemen	t		
	Definy Napoleon for Mayor				M = M /	D D	/ Y Y	- Y - Y	1
	Mailing Address PO Box 32763				06	27	_ 20	13	
	21								
	City S Detroit	tate Zip C MI 4823			Transact	ion ID : 74	93968		
	Purpose of Disbursement	4020							
	Direct Contribution			011	Amount of	Each Disb	ursement	this P	eriod
	Candidate Name			Category/				250.	00
	Benny Napoleon			Туре		7	7	230.	00
		ent For: 2013 Primary	General		5 6 .				
		Other (specify)	General		Direct Cont	ribution			
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	Full Name (Last, First, Middle Initial)								
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	Purpose of Disbursement		Г						
	didate Name				Amount of	Each Disb	ursement	this Pe	eriod
	Candidate Name		1	Category/ Type					
	Office Sought: House Disbursem	ent For:		Турс		,	7		
	Senate	Primary	General						
		Other (specify)	,						
	State: District:								
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