

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Health Alliance Plan PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		75863.48
(b) Cash on Hand at Beginning of Reporting Period.....	75863.48	
(c) Total Receipts (from Line 19)	21840.93	21840.93
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	97704.41	97704.41
7. Total Disbursements (from Line 31).....	31766.14	31766.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	65938.27	65938.27
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Health Alliance Plan PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	20006.97	20006.97
(ii) Unitemized	1833.96	1833.96
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	21840.93	21840.93
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	21840.93	21840.93
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	21840.93	21840.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	21840.93	21840.93

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	441.14	441.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	441.14	441.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	30825.00	30825.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	31766.14	31766.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31766.14	31766.14

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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	21840.93	21840.93
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21840.93	21840.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	441.14	441.14
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	441.14	441.14

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Ronald W. Berry			Date of Receipt M M / D D / Y Y Y Y Y 01 / 04 / 2013 Transaction ID : 6986382		
Mailing Address 1043 Woods Lane			Amount of Each Receipt this Period 2000.00		
City Grosse Pointe	State MI	Zip Code 48236			
FEC ID number of contributing federal political committee. C					
Name of Employer Health Alliance Plan		Occupation CFO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00			

Full Name (Last, First, Middle Initial) B. Jeanne Dunk			Date of Receipt M M / D D / Y Y Y Y Y 01 / 11 / 2013 Transaction ID : 6998528		
Mailing Address 1429 Iroquois			Amount of Each Receipt this Period 2000.00		
City Detroit	State MI	Zip Code 48214			
FEC ID number of contributing federal political committee. C					
Name of Employer Health Alliance Plan		Occupation VP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00			

Full Name (Last, First, Middle Initial) C. Antoinette Frawley			Date of Receipt M M / D D / Y Y Y Y Y 01 / 24 / 2013 Transaction ID : 7141582		
Mailing Address 53910 Oakview Dr			Amount of Each Receipt this Period 400.00		
City Shelby Township	State MI	Zip Code 48315-1929			
FEC ID number of contributing federal political committee. C					
Name of Employer Health Alliance Plan		Occupation Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

SUBTOTAL of Receipts This Page (optional).....▶	4400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Sammye VanDiver
Full Name (Last, First, Middle Initial)
Mailing Address 19170 Lancashire St
City Detroit State MI Zip Code 48223-1348
FEC ID number of contributing federal political committee. **C**
Name of Employer Health Alliance Plan Occupation Manager, IT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 24 / 2013
Transaction ID : 7145576
Amount of Each Receipt this Period 300.00

B. Naim Munir
Full Name (Last, First, Middle Initial)
Mailing Address 16090 Brook Trout Lane
City Northville State MI Zip Code 48168
FEC ID number of contributing federal political committee. **C**
Name of Employer Health Alliance Plan Occupation Cheif Medical Officer & SVP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 01 / 30 / 2013
Transaction ID : 7156226
Amount of Each Receipt this Period 1500.00

C. William R. Alvin
Full Name (Last, First, Middle Initial)
Mailing Address 505 Middlesex Road
City Grosse Pointe Park State MI Zip Code 48230
FEC ID number of contributing federal political committee. **C**
Name of Employer Health Alliance Plan Occupation President & CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 05 / 24 / 2013
Transaction ID : 7417795
Amount of Each Receipt this Period 2000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3800.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Gerald C Bradford
 Full Name (Last, First, Middle Initial)
 Mailing Address 7844 Autumn Woods Dr Se
 City State Zip Code
 Ada MI 49301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Health Alliance Plan VP- Network Management
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : PR10055446352
 Amount of Each Receipt this Period
 520.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. Mark Giroux
 Full Name (Last, First, Middle Initial)
 Mailing Address 2127 Woodland Avenue
 City State Zip Code
 Royal Oak MI 48073-3876
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Health Alliance Plan AVP- Provider Contracting
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 286.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : PR10055456352
 Amount of Each Receipt this Period
 286.00
 P/R Deduction (\$22.00 Bi-Weekly)

C. Gary Heicklen
 Full Name (Last, First, Middle Initial)
 Mailing Address 25507 Hereford Dr
 City State Zip Code
 Huntington Woods MI 48237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Health Alliance Plan Mgr-Product Development & Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : PR10055466352
 Amount of Each Receipt this Period
 260.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1066.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Lori Rund
Full Name (Last, First, Middle Initial)
Mailing Address 50495 Waterstone Court
City Plymouth State MI Zip Code 48170
FEC ID number of contributing federal political committee. **C**
Name of Employer Health Alliance Plan Occupation VP - Prod Mgmt & Mrkt Intlgnce
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 455.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR10055476352
Amount of Each Receipt this Period 455.00
P/R Deduction (\$35.00 Bi-Weekly)

B. Larry Watson
Full Name (Last, First, Middle Initial)
Mailing Address 2462 Coe Ct.
City Perrysburg State OH Zip Code 43551
FEC ID number of contributing federal political committee. **C**
Name of Employer Health Alliance Plan Occupation Dir- Customer Reporting
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 260.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR10055496352
Amount of Each Receipt this Period 260.00
P/R Deduction (\$20.00 Bi-Weekly)

C. Karen Wintringham
Full Name (Last, First, Middle Initial)
Mailing Address 2946 Pheasant Ring Drive
City Rochester Hills State MI Zip Code 48309
FEC ID number of contributing federal political committee. **C**
Name of Employer Health Alliance Plan Occupation VP- Medicare & Government
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 260.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR10055506352
Amount of Each Receipt this Period 260.00
P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **975.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Stewart Barry Smith
Full Name (Last, First, Middle Initial)

Mailing Address 10844 Pardee Road

City Taylor State MI Zip Code 48180

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

Name of Employer Health Alliance Plan Occupation Mgr - Sales Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : PR11004336352

Amount of Each Receipt this Period
 220.00

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

B. Jennifer Brooks Zbytowski
Full Name (Last, First, Middle Initial)

Mailing Address 49206 St. Nicholas

City Shelby Township State MI Zip Code 48317

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

Name of Employer Health Alliance Plan Occupation AVP- Case Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : PR7532666352

Amount of Each Receipt this Period
 220.00

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

C. Kevin W Coughlin
Full Name (Last, First, Middle Initial)

Mailing Address 43119 Hanford Rd.

City Canton State MI Zip Code 48187

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

Name of Employer Health Alliance Plan Occupation Dir- Bus Intelligence&App Sprt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 234.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : PR7532686352

Amount of Each Receipt this Period
 234.00

P/R Deduction (\$18.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	674.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Michael Anthony Elinski			Date of Receipt MM / DD / YYYY 06 / 30 / 2013 Transaction ID : PR7532696352
Mailing Address 3434 Essex			Amount of Each Receipt this Period 299.00
City Troy	State MI	Zip Code 48084	P/R Deduction (\$23.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 299.00	
Name of Employer Health Alliance Plan	Occupation AVP-Technology & eBusiness Dev		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Diane Lynn Slon			Date of Receipt MM / DD / YYYY 06 / 30 / 2013 Transaction ID : PR7532736352
Mailing Address 31646 Robinhood Dr.			Amount of Each Receipt this Period 325.00
City Beverly Hills	State MI	Zip Code 48025	P/R Deduction (\$25.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 325.00	
Name of Employer Health Alliance Plan	Occupation AVP- Business Intelligence		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Chrystal M. Roberts			Date of Receipt MM / DD / YYYY 06 / 30 / 2013 Transaction ID : PR7532886352
Mailing Address 24601 Pinehurst Ave.			Amount of Each Receipt this Period 224.90
City Oak Park	State MI	Zip Code 48237	P/R Deduction (\$17.30 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 224.90	
Name of Employer Health Alliance Plan	Occupation Dir- Community Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	848.90
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Donald Edward Kiefiuk		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 Transaction ID : PR7532946352
Mailing Address 39810 Karola		Amount of Each Receipt this Period 520.00
City Sterling Heights	State MI	Zip Code 48313
FEC ID number of contributing federal political committee. C	Name of Employer Health Alliance Plan	Occupation VP - Enrollment & Claims
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Glen P Koslakiewicz		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 Transaction ID : PR7533256352
Mailing Address 30431 John Hauk		Amount of Each Receipt this Period 234.00
City Garden City	State MI	Zip Code 48135
FEC ID number of contributing federal political committee. C	Name of Employer Health Alliance Plan	Occupation Dir- Fin Operations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	P/R Deduction (\$18.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Vincent C. Pawloske		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 Transaction ID : PR7533356352
Mailing Address 5450 Sandlewood Court		Amount of Each Receipt this Period 450.00
City Waterford	State MI	Zip Code 48329
FEC ID number of contributing federal political committee. C	Name of Employer Health Alliance Plan	Occupation Dir- Financial Services
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	P/R Deduction (\$0.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1204.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Dianna Lynn Ronan
Full Name (Last, First, Middle Initial)
Mailing Address 2156 Cumberland
City Brighton State MI Zip Code 48114
FEC ID number of contributing federal political committee. **C**
Name of Employer Health Alliance Plan Occupation VP - Financial Services
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1001.00**

Date of Receipt **06 / 30 / 2013**
Transaction ID : PR7533406352
Amount of Each Receipt this Period **1001.00**
P/R Deduction (\$77.00 Bi-Weekly)

B. Mark W Hall
Full Name (Last, First, Middle Initial)
Mailing Address 925 E Lincoln Avenue
City Royal Oak State MI Zip Code 48067
FEC ID number of contributing federal political committee. **C**
Name of Employer Health Alliance Plan Occupation VP- Sales
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.09**

Date of Receipt **06 / 30 / 2013**
Transaction ID : PR7533556352
Amount of Each Receipt this Period **1000.09**
P/R Deduction (\$76.93 Bi-Weekly)

C. Rachel A Powell
Full Name (Last, First, Middle Initial)
Mailing Address 543 Thurber
City Troy State MI Zip Code 48085
FEC ID number of contributing federal political committee. **C**
Name of Employer Health Alliance Plan Occupation Dir - MA Revenue Management
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **234.00**

Date of Receipt **06 / 30 / 2013**
Transaction ID : PR7533626352
Amount of Each Receipt this Period **234.00**
P/R Deduction (\$18.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **2235.09**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Sandra Lee Ledesma
Full Name (Last, First, Middle Initial)

Mailing Address 22429 Provincial

City Woodhaven State MI Zip Code 48183

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

Name of Employer Health Alliance Plan Occupation Dir- Application Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : PR7533696352

Amount of Each Receipt this Period
 260.00

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

B. Cynthia L Hoffman
Full Name (Last, First, Middle Initial)

Mailing Address 5768 Whitehaven Dr

City Troy State MI Zip Code 48085

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

Name of Employer Health Alliance Plan Occupation Dir- eCommerce & Tech Planning

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : PR7533746352

Amount of Each Receipt this Period
 260.00

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

C. Daniel A. Trim
Full Name (Last, First, Middle Initial)

Mailing Address 921 Juneau Rd.

City Ypsilanti State MI Zip Code 48198

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

Name of Employer Health Alliance Plan Occupation Dir- Technical Support

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : PR7533786352

Amount of Each Receipt this Period
 260.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 780.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Scott T Allen		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 Transaction ID : PR7533946352
Mailing Address 3066 Richmond Dr.		Amount of Each Receipt this Period 275.00
City Clarkston	State MI	Zip Code 48348
FEC ID number of contributing federal political committee. C	Name of Employer Health Alliance Plan	Occupation Dir- Labor Affairs & VEBA Adm
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
		P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Christopher Andrew Johnston		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 Transaction ID : PR7534076352
Mailing Address 4300 Westover Dr.		Amount of Each Receipt this Period 208.00
City West Bloomfield	State MI	Zip Code 48323
FEC ID number of contributing federal political committee. C	Name of Employer Health Alliance Plan	Occupation Dir- New Business Sales
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	
		P/R Deduction (\$16.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Anita R Moliterno		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 Transaction ID : PR7534096352
Mailing Address P.o. Box 283		Amount of Each Receipt this Period 500.00
City Fenton	State MI	Zip Code 48430
FEC ID number of contributing federal political committee. C	Name of Employer Health Alliance Plan	Occupation General Mgr- East Region
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
		P/R Deduction (\$500.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	983.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Rory P. Lafferty
Full Name (Last, First, Middle Initial)

Mailing Address 759 Cherry Stone Drive
#2D

City Canton State MI Zip Code 48188

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

Name of Employer Health Alliance Plan Occupation Dir- Government&Lgsltv Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
06 / 30 / 2013
Transaction ID : PR7534176352

Amount of Each Receipt this Period
260.00

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

B. Christopher B. Pike
Full Name (Last, First, Middle Initial)

Mailing Address 1657 Wilmington Ct

City Rochester Hills State MI Zip Code 48309

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

Name of Employer Health Alliance Plan Occupation SVP- Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1001.00

Date of Receipt
06 / 30 / 2013
Transaction ID : PR7534196352

Amount of Each Receipt this Period
1001.00

P/R Deduction (\$77.00 Bi-Weekly)

C. Derick W Adams
Full Name (Last, First, Middle Initial)

Mailing Address 6889 Reed Ct

City West Bloomfield State MI Zip Code 48322

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

Name of Employer Health Alliance Plan Occupation VP- Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
06 / 30 / 2013
Transaction ID : PR7655116352

Amount of Each Receipt this Period
480.00

P/R Deduction (\$80.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 1741.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 OF 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Annette M Marcath
 Full Name (Last, First, Middle Initial)
 Mailing Address 55261 Ester Dr
 City Shelby Township State MI Zip Code 48315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation AVP- Business Integration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR7755576352
 Amount of Each Receipt this Period 550.00
 P/R Deduction (\$0.00 Bi-Weekly)

B. Joel T Keiper
 Full Name (Last, First, Middle Initial)
 Mailing Address 3812 Miller Way South
 City Bloomfield State MI Zip Code 48301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation VP- Corp Strategic Planning
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR8708216352
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$0.00 Bi-Weekly)

C. Deandre Antwan Lipscomb
 Full Name (Last, First, Middle Initial)
 Mailing Address 29064 Raleigh Rd
 City Farmington Hills State MI Zip Code 48336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation VP- Community Outreach
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2013
Transaction ID : PR8708236352
 Amount of Each Receipt this Period 499.98
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1299.98
TOTAL This Period (last page this line number only).....▶	20006.97

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Comerica Bank

Mailing Address P.O. Box 75000

City State Zip Code
Detroit MI 48275

Purpose of Disbursement
Credit Card Transaction Fee

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7251498

Amount of Each Disbursement this Period

Credit Card Transaction Fee

Full Name (Last, First, Middle Initial)

B. Comerica Bank

Mailing Address P.O. Box 75000

City State Zip Code
Detroit MI 48275

Purpose of Disbursement
Merchant Fee

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7321585

Amount of Each Disbursement this Period

Merchant Fee

Full Name (Last, First, Middle Initial)

C. Comerica Bank

Mailing Address P.O. Box 75000

City State Zip Code
Detroit MI 48275

Purpose of Disbursement
Credit Card Transaction Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7381740

Amount of Each Disbursement this Period

Credit Card Transaction Fees

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Comerica Bank

Mailing Address P.O. Box 75000

City Detroit State MI Zip Code 48275

Purpose of Disbursement
Credit Card Transaction Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7443839

Amount of Each Disbursement this Period

Credit Card Transaction Fees

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Rudy Hobbs for Congress

Mailing Address PO Box 442056

City State Zip Code
Detroit MI 48244

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rudy Hobbs

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 14

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 10 / 2013

Transaction ID : 7453249

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

500.00

500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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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

Mailing Address PO Box 4521

City Dearborn State MI Zip Code 48126

Purpose of Disbursement
Direct Contribution

011

Candidate Name
John O'Reilly, Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 18 / 2013

Transaction ID : 7082706

Amount of Each Disbursement this Period

400.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Duggan for Detroit

Mailing Address 3011 W Grand Blvd, Ste 2500

City Detroit State MI Zip Code 48202

Purpose of Disbursement
Direct Contribution

011

Candidate Name
Mike Duggan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 25 / 2013

Transaction ID : 7145577

Amount of Each Disbursement this Period

250.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Mike Callton for State Representative

Mailing Address PO Box 676

City Nashville State MI Zip Code 49073

Purpose of Disbursement
Direct Contribution

011

Candidate Name
MI Rep. Mike Callton

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 87

Date of Disbursement

MM / DD / YYYY
01 / 29 / 2013

Transaction ID : 7153374

Amount of Each Disbursement this Period

250.00

Direct Contribution

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

900.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Michigan Association of Health Plans PAC (MAHP PAC)

Mailing Address 327 Seymour

City State Zip Code
Lansing MI 48933

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y
01 / 30 / 2013

Transaction ID : 7155928

Amount of Each Disbursement this Period

10000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Committee to Elect Gail Haines

Mailing Address PO Box 301085

City State Zip Code
Waterford MI 48330

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name

MI Rep. Gail Haines

Office Sought: House
 Senate
 President
State: MI District: 43

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y
02 / 13 / 2013

Transaction ID : 7190034

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Posthumus Lyons Leadership Fund

Mailing Address 7815 Alden Nash SE

City State Zip Code
Alto MI 49302

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y
02 / 13 / 2013

Transaction ID : 7190035

Amount of Each Disbursement this Period

400.00

Direct Contribution

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

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

10900.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Paul Muxlow for State Representative

Mailing Address PO Box 70

City State Zip Code
Brown City MI 48416

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Rep. Paul Muxlow

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 83

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 14 / 2013

Transaction ID : 7190655

Amount of Each Disbursement this Period

250.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Citizens Supporting Mike Nofs

Mailing Address 5420 Beckley Rd #350

City State Zip Code
Battle Creek MI 49015

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Sen. Mike Nofs

Category/
Type

Office Sought: House
 Senate
 President
State: MI District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2013

Transaction ID : 7196943

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. George T. Darany for State Representative

Mailing Address 17835 Oakwood Blvd.

City State Zip Code
Dearborn MI 48124

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Rep. George Darany

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 15

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2013

Transaction ID : 7197403

Amount of Each Disbursement this Period

500.00

Direct Contribution

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

1250.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Tonya Schuitmaker for State Senate

Mailing Address PO Box 1116

City Portage State MI Zip Code 49081

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Sen. Tonya Schuitmaker

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2013

Transaction ID : 7197404

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Rudy Hobbs

Mailing Address PO Box 3353

City Southfield State MI Zip Code 48037-3353

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rudy Hobbs

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 35

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2013

Transaction ID : 7197406

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Committee to Elect Dale Zorn

Mailing Address 7498 Ida East Road

City Ida State MI Zip Code 48140

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Rep. Dale Zorn

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 56

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2013

Transaction ID : 7197408

Amount of Each Disbursement this Period

300.00

Direct Contribution

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

1300.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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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 Senator

Mailing Address 32721 Valley Dr

City Warren State MI Zip Code 48093

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Sen. Steven Bieda

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2013

Transaction ID : 7197409

Amount of Each Disbursement this Period

400.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Aric Nesbitt for State Representative

Mailing Address PO Box 400

City Lawton State MI Zip Code 49065

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Rep. Aric Nesbitt

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 66

Date of Disbursement

MM / DD / YYYY
02 / 21 / 2013

Transaction ID : 7198176

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Bob Genetski for State Representative

Mailing Address PO Box 1242

City Holland State MI Zip Code 49422

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Rep. Bob Genetski

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 80

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2013

Transaction ID : 7206919

Amount of Each Disbursement this Period

300.00

Direct Contribution

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

1200.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Citizens for Andrea LaFontaine

Mailing Address PO Box 6

City State Zip Code
Memphis MI 48041

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Rep. Andrea LaFontaine

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 32

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2013

Transaction ID : 7206946

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Jim Ananich Senate

Mailing Address 932 Maxine Street

City State Zip Code
Flint MI 48503

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Jim Ananich

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: MI District: Special-General2013

Date of Disbursement

MM / DD / YYYY
02 / 26 / 2013

Transaction ID : 7241165

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Committee to Elect Pete Lund

Mailing Address 68814 Muirfield Drive

City State Zip Code
Shelby Twp MI 48316

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Rep. Pete Lund

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 36

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2013

Transaction ID : 7244584

Amount of Each Disbursement this Period

1000.00

Direct Contribution

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

2000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Kevin Cotter for State Representative

Mailing Address 2767 Eland Ct.

City Mount Pleasant State MI Zip Code 48858

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Rep. Kevin Cotter

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 99

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2013

Transaction ID : 7244586

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Joe Hune for State Senate Committee

Mailing Address 4849 Hogback Road

City Fowlerville State MI Zip Code 48836

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Sen. Joe Hune

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2013

Transaction ID : 7244587

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Duggan for Detroit

Mailing Address 3011 W Grand Blvd, Ste 2500

City Detroit State MI Zip Code 48202

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Mike Duggan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2013

Transaction ID : 7244589

Amount of Each Disbursement this Period

1000.00

Direct Contribution

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

2500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Committee to Elect Joel Johnson

Mailing Address PO Box 280

City State Zip Code
Clare MI 48617

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Rep. Joel Johnson

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 97

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2013

Transaction ID : 7265989

Amount of Each Disbursement this Period

250.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Rebekah Warren for State Senate

Mailing Address 234 Eighth Street

City State Zip Code
Ann Arbor MI 48103

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Sen. Rebekah Warren

Category/
Type

Office Sought: House
 Senate
 President
State: MI District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2013

Transaction ID : 7316256

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Greimel for Michigan

Mailing Address PO Box 16045

City State Zip Code
Lansing MI 48901

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2013

Transaction ID : 7316257

Amount of Each Disbursement this Period

500.00

Direct Contribution

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

1750.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Bruce Caswell for Senate

Mailing Address 8940 E Bacon

City Hillsdale State MI Zip Code 49242

Purpose of Disbursement
Direct Contribution

011

Candidate Name
MI Sen. Bruce Caswell

Category/
Type

Office Sought: House
 Senate
 President
State: MI District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2013

Transaction ID : 7316258

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Tom Leonard for State Representative

Mailing Address 14840 Robinwood Dr

City Lansing State MI Zip Code 48906

Purpose of Disbursement
Direct Contribution

011

Candidate Name
MI Rep. Tom Leonard

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 93

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2013

Transaction ID : 7316259

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. CTE Klint Kesto

Mailing Address PO Box 1193

City Walled Lake State MI Zip Code 48390

Purpose of Disbursement
Direct Contribution

011

Candidate Name
MI Rep. Klint Kesto

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 39

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2013

Transaction ID : 7316260

Amount of Each Disbursement this Period

250.00

Direct Contribution

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

1250.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Rick Jones for State Senate

Mailing Address PO Box 115

City State Zip Code
Grand Ledge MI 48837

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Sen. Rick Jones

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 29 / 2013

Transaction ID : 7316261

Amount of Each Disbursement this Period

250.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Benny Napoleon for Mayor

Mailing Address PO Box 32763

City State Zip Code
Detroit MI 48232

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Benny Napoleon

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 22 / 2013

Transaction ID : 7355721

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Friends of David Knezek

Mailing Address 6641 Evangeline

City State Zip Code
Dearborn Heights MI 48127

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Rep. David Knezek

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 11

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2013

Transaction ID : 7362832

Amount of Each Disbursement this Period

500.00

Direct Contribution

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

1750.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Michigan Jobs Fund

Mailing Address 1731 Blue Grass Road

City Lansing State MI Zip Code 48906

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2013

Transaction ID : 7363284

Amount of Each Disbursement this Period

600.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. John B. O'Reilly, Jr. Committee

Mailing Address PO Box 4521

City Dearborn State MI Zip Code 48126

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Category/
Type

John O'Reilly, Jr.

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2013

Transaction ID : 7378764

Amount of Each Disbursement this Period

200.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. John Proos for State Senate

Mailing Address PO Box 271

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Category/
Type

MI Sen. John Proos IV

Office Sought: House
 Senate
 President
State: MI District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2013

Transaction ID : 7391062

Amount of Each Disbursement this Period

500.00

Direct Contribution

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

1300.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Committee to Elect Gail Haines

Mailing Address PO Box 301085

City Waterford State MI Zip Code 48330

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Rep. Gail Haines

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 43

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2013

Transaction ID : 7413675

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Duggan for Detroit

Mailing Address 3011 W Grand Blvd, Ste 2500

City Detroit State MI Zip Code 48202

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Mike Duggan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2013

Transaction ID : 7414049

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Detroit Regional Chamber PAC

Mailing Address PO Box 77356

City Detroit State MI Zip Code 48277

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2013

Transaction ID : 7414050

Amount of Each Disbursement this Period

400.00

Direct Contribution

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

1400.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Duggan for Detroit

Mailing Address 3011 W Grand Blvd, Ste 2500

City Detroit State MI Zip Code 48202

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Mike Duggan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2013

Transaction ID : 7453248

Amount of Each Disbursement this Period

250.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Committee to Elect Jack Brandenburg

Mailing Address 25 Eldredge

City Mt. Clemens State MI Zip Code 48043

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Sen. Jack Brandenburg

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2013

Transaction ID : 7461637

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Benny Napoleon for Mayor

Mailing Address PO Box 32763

City Detroit State MI Zip Code 48232

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

011

Candidate Name

Benny Napoleon

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2013

Transaction ID : 7465591

Amount of Each Disbursement this Period

1000.00

Benny Napoleon, Mayor (Population 250,000 +) MI

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

1750.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Citizens for Margaret O'Brien

Mailing Address 1625 Bellaire

City Portage State MI Zip Code 49024

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Rep. Margaret O'Brien

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 61

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2013

Transaction ID : 7493966

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Benny Napoleon for Mayor

Mailing Address PO Box 32763

City Detroit State MI Zip Code 48232

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Benny Napoleon

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2013

Transaction ID : 7493968

Amount of Each Disbursement this Period

250.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

1250.00

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

30500.00