

# 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 PRINT ▼** Example: If typing, type over the lines. 12FE4M5

Health Alliance Plan PAC

ADDRESS (number and street) 2850 West Grand Boulevard

Check if different than previously reported. (ACC) Detroit MI 48202

2. **FEC IDENTIFICATION NUMBER ▼** C00410670 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

(d) 30-Day **POST-Election** Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2014 through M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Rory Lafferty

Signature of Treasurer Rory Lafferty *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 01 / 16 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Health Alliance Plan PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="44530.20"/>	<input type="text" value="44530.20"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="18961.41"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="2642.10"/>	<input type="text" value="27011.22"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="21603.51"/>	<input type="text" value="71541.42"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="91.80"/>	<input type="text" value="50029.71"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="21511.71"/>	<input type="text" value="21511.71"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Health Alliance Plan PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2642.10	24062.54
(ii) Unitemized .....	0.00	2948.68
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2642.10	27011.22
(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) .....	2642.10	27011.22
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))..... ▶	2642.10	27011.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2642.10	27011.22

**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 .....	91.80	1129.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	91.80	1129.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	4400.00
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 .....	0.00	44500.00
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)) ..	91.80	50029.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	91.80	50029.71

**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) .....	2642.10	27011.22
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2642.10	27011.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	91.80	1129.71
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	91.80	1129.71

**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 14
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Health Alliance Plan PAC**

Full Name (Last, First, Middle Initial) <b>A. Susan Schwandt</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 11 / 2014 <b>Transaction ID : 8873055</b>
Mailing Address 2007 Rector Court		Amount of Each Receipt this Period 100.00
City Canton	State MI	Zip Code 48188
FEC ID number of contributing federal political committee. C		
Name of Employer Health Alliance Plan	Occupation Executive Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Mary Ann Tournoux</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 26 / 2014 <b>Transaction ID : 8915690</b>
Mailing Address 30695 Oakleaf Lane		Amount of Each Receipt this Period 1500.00
City Franklin	State MI	Zip Code 48025
FEC ID number of contributing federal political committee. C		
Name of Employer HAP	Occupation SVP - CMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C. Timothy Sullivan</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2014 <b>Transaction ID : PR100554815456</b>
Mailing Address 18331 Laraugh Drive		Amount of Each Receipt this Period 46.16
City Northville	State MI	Zip Code 48168
FEC ID number of contributing federal political committee. C		
Name of Employer Health Alliance Plan	Occupation VP- Healthcare Affrd & Prf Imp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.08	P/R Deduction (\$23.08 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1646.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 14
	<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**

Full Name (Last, First, Middle Initial) <b>A. Dawn J Geisert</b>			Date of Receipt 12 / 31 / 2014 <b>Transaction ID : PR122949615456</b>
Mailing Address 5716 Whitehaven			Amount of Each Receipt this Period 100.00
City Troy	State MI	Zip Code 48085	P/R Deduction (\$50.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Health Alliance Plan	Occupation Chief Compliance Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) <b>B. Robin D Kelmenson</b>			Date of Receipt 12 / 31 / 2014 <b>Transaction ID : PR122949715456</b>
Mailing Address 5412 Tequesta Drive			Amount of Each Receipt this Period 32.00
City West Bloomfield	State MI	Zip Code 48323	P/R Deduction (\$16.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Health Alliance Plan	Occupation Sr Medical Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 416.00	

Full Name (Last, First, Middle Initial) <b>C. Mark J. Zickel</b>			Date of Receipt 12 / 31 / 2014 <b>Transaction ID : PR122949815456</b>
Mailing Address 5580 Oak Tree Lane			Amount of Each Receipt this Period 20.00
City Whitehall	State MI	Zip Code 49461	P/R Deduction (\$10.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Health Alliance Plan	Occupation AVP-Prov Ntwk Intgrtn&Strategy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	152.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 14
<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. Todd Eric Hutchison**  
Full Name (Last, First, Middle Initial)  
Mailing Address 773 Whittier

City Grosse Pointe Park	State MI	Zip Code 48230
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FEC ID number of contributing federal political committee. **C**

Name of Employer Health Alliance Plan	Occupation VP-Undrwrting & Actuarial Svrc
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2014

**Transaction ID : PR124815115456**

Amount of Each Receipt this Period  
80.00

P/R Deduction (\$40.00 Bi-Weekly)

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

City Grosse Pointe Park	State MI	Zip Code 48230
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FEC ID number of contributing federal political committee. **C**

Name of Employer Health Alliance Plan	Occupation VP - Assoc General Counsel
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1001.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2014

**Transaction ID : PR75326415456**

Amount of Each Receipt this Period  
77.00

P/R Deduction (\$38.50 Bi-Weekly)

**C. Jennifer Brooks Zbytowski**  
Full Name (Last, First, Middle Initial)  
Mailing Address 49206 St. Nicholas

City Shelby Township	State MI	Zip Code 48317
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FEC ID number of contributing federal political committee. **C**

Name of Employer Health Alliance Plan	Occupation AVP- Case Management
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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
12	/	31	/	2014

**Transaction ID : PR75326615456**

Amount of Each Receipt this Period  
40.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	197.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 14
	<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**

Full Name (Last, First, Middle Initial) <b>A. Peter Anderson Stewart</b>		Date of Receipt 12 / 31 / 2014 <b>Transaction ID : PR75328015456</b>
Mailing Address 7961 Little Farm Lane		Amount of Each Receipt this Period 28.00
City West Bloomfield	State MI	Zip Code 48322
FEC ID number of contributing federal political committee. C		P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation Dir- Auditing Srvc & MAR Compl	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 364.00	

Full Name (Last, First, Middle Initial) <b>B. Anthony V Caporale</b>		Date of Receipt 12 / 31 / 2014 <b>Transaction ID : PR75330715456</b>
Mailing Address 1320 Shenandoah		Amount of Each Receipt this Period 16.00
City Rochester Hills	State MI	Zip Code 48306
FEC ID number of contributing federal political committee. C		P/R Deduction (\$8.00 Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation Mgr- General Acctg	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

Full Name (Last, First, Middle Initial) <b>C. Dianna Lynn Ronan</b>		Date of Receipt 12 / 31 / 2014 <b>Transaction ID : PR75334015456</b>
Mailing Address 2156 Cumberland		Amount of Each Receipt this Period 154.00
City Brighton	State MI	Zip Code 48114
FEC ID number of contributing federal political committee. C		P/R Deduction (\$77.00 Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation VP - Financial Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2002.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	198.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 14
	<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. 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 ▼ 1000.22

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2014  
**Transaction ID : PR75335515456**

Amount of Each Receipt this Period  
 76.94

P/R Deduction (\$38.47 Bi-Weekly)

**B. Robert G Leger**  
Full Name (Last, First, Middle Initial)

Mailing Address 7705 Woodward Ave

City Detroit State MI Zip Code 48202

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

Name of Employer Health Alliance Plan Occupation Dir- Support Svcs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2014  
**Transaction ID : PR75335915456**

Amount of Each Receipt this Period  
 32.00

P/R Deduction (\$16.00 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 ▼ 468.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2014  
**Transaction ID : PR75336215456**

Amount of Each Receipt this Period  
 36.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	144.94
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 14
	<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. 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 ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2014  
**Transaction ID : PR75336915456**

Amount of Each Receipt this Period  
**32.00**

P/R Deduction (\$16.00 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 ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2014  
**Transaction ID : PR75337415456**

Amount of Each Receipt this Period  
**40.00**

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

**C. Scott T Allen**  
Full Name (Last, First, Middle Initial)

Mailing Address 3066 Richmond Dr.

City Clarkston State MI Zip Code 48348

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2014  
**Transaction ID : PR75339415456**

Amount of Each Receipt this Period  
**50.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>122.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 14
	<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**

Full Name (Last, First, Middle Initial) <b>A. Donna M Siegmund</b>			Date of Receipt 12 / 31 / 2014 <b>Transaction ID : PR75340615456</b>
Mailing Address 9 Sylvan			Amount of Each Receipt this Period 24.00
City Pleasant Ridge	State MI	Zip Code 48069	P/R Deduction (\$12.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Health Alliance Plan	Occupation Sr Project Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 312.00	

Full Name (Last, First, Middle Initial) <b>B. Christopher Andrew Johnston</b>			Date of Receipt 12 / 31 / 2014 <b>Transaction ID : PR75340715456</b>
Mailing Address 4300 Westover Dr.			Amount of Each Receipt this Period 38.00
City West Bloomfield	State MI	Zip Code 48323	P/R Deduction (\$19.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Health Alliance Plan	Occupation AVP - Sales New Business		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 494.00	

Full Name (Last, First, Middle Initial) <b>C. Rory P. Lafferty</b>			Date of Receipt 12 / 31 / 2014 <b>Transaction ID : PR75341715456</b>
Mailing Address 759 Cherry Stone Drive #2D			Amount of Each Receipt this Period 40.00
City Canton	State MI	Zip Code 48188	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Health Alliance Plan	Occupation Dir- Government&Lgsltv Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	102.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 13 OF 14  
(check only one)

<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.** Full Name (Last, First, Middle Initial)  
**Dan Ellis Champney**

Mailing Address 9186 Hidden Oaks Dr

City Grand Blanc State MI Zip Code 48439

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

Name of Employer Health Alliance Plan Occupation Deputy General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1040.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2014

**Transaction ID : PR99462015456**

Amount of Each Receipt this Period  
80.00

P/R Deduction (\$40.00 Bi-Weekly)

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2642.10

**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 : 8849509**

Amount of Each Disbursement this Period

Credit Card Transaction Fees

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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

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  
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)..... ▶