

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. 1 2 F E 4 M 5

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 ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00410670 MI 48202

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 11 / 04 / 2014 in the State of MI

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

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

Election on / / in the State of

5. Covering Period 10 / 01 / 2014 through 10 / 15 / 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 10 / 20 / 2014

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="13757.11"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="521.05"/>	<input type="text" value="17055.97"/>
(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="14278.16"/>	<input type="text" value="61586.17"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1314.95"/>	<input type="text" value="48622.96"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="12963.21"/>	<input type="text" value="12963.21"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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).....	513.05	14331.29
(ii) Unitemized	8.00	2724.68
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	521.05	17055.97
(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)	521.05	17055.97
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))..... ▶	521.05	17055.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	521.05	17055.97

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	64.95	972.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	64.95	972.96
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	3400.00
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	750.00	44250.00
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)) ..	1314.95	48622.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1314.95	48622.96

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)	521.05	17055.97
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	521.05	17055.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	64.95	972.96
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	64.95	972.96

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

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

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Timothy Sullivan
 Full Name (Last, First, Middle Initial)
 Mailing Address 18331 Laraugh Drive
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 484.68

Date of Receipt 10 / 15 / 2014
Transaction ID : PR100554813555
 Amount of Each Receipt this Period 23.08
 P/R Deduction (\$23.08 Bi-Weekly)

B. Dawn J Geisert
 Full Name (Last, First, Middle Initial)
 Mailing Address 5716 Whitehaven
 City Troy State MI Zip Code 48085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation Chief Compliance Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR122949613555
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. Robin D Kelmenson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5412 Tequesta Drive
 City West Bloomfield State MI Zip Code 48323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation Sr Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR122949713555
 Amount of Each Receipt this Period 16.00
 P/R Deduction (\$16.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	89.08
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 7 OF 15
	(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"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Mark J. Zickel
Full Name (Last, First, Middle Initial)

Mailing Address 5580 Oak Tree Lane

City State Zip Code
Whitehall MI 49461

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

Name of Employer Occupation
Health Alliance Plan AVP-Prov Ntwk Intgrtn&Strategy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
10 / 15 / 2014
Transaction ID : PR122949813555

Amount of Each Receipt this Period
10.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Todd Eric Hutchison
Full Name (Last, First, Middle Initial)

Mailing Address 773 Whittier

City State Zip Code
Grosse Pointe Park MI 48230

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
10 / 15 / 2014
Transaction ID : PR124815113555

Amount of Each Receipt this Period
40.00

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

C. Irita Matthews
Full Name (Last, First, Middle Initial)

Mailing Address 861 Whittier

City State Zip Code
Grosse Pointe Park MI 48230

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
808.50

Date of Receipt
10 / 15 / 2014
Transaction ID : PR75326413555

Amount of Each Receipt this Period
38.50

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 88.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 15
<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) A. Jennifer Brooks Zbytowski		Date of Receipt 10 / 15 / 2014 Transaction ID : PR75326613555
Mailing Address 49206 St. Nicholas		Amount of Each Receipt this Period 20.00
City Shelby Township	State MI	Zip Code 48317
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation AVP- Case Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) B. Peter Anderson Stewart		Date of Receipt 10 / 15 / 2014 Transaction ID : PR75328013555
Mailing Address 7961 Little Farm Lane		Amount of Each Receipt this Period 14.00
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 ▼ 294.00	

Full Name (Last, First, Middle Initial) C. Dianna Lynn Ronan		Date of Receipt 10 / 15 / 2014 Transaction ID : PR75334013555
Mailing Address 2156 Cumberland		Amount of Each Receipt this Period 77.00
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 ▼ 1617.00	

SUBTOTAL of Receipts This Page (optional).....▶	111.00
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 15
	<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 ▼ **807.87**

Date of Receipt
10 / 15 / 2014
Transaction ID : PR75335513555

Amount of Each Receipt this Period
38.47

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 ▼ **336.00**

Date of Receipt
10 / 15 / 2014
Transaction ID : PR75335913555

Amount of Each Receipt this Period
16.00

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 ▼ **378.00**

Date of Receipt
10 / 15 / 2014
Transaction ID : PR75336213555

Amount of Each Receipt this Period
18.00

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

SUBTOTAL of Receipts This Page (optional)..... **72.47**

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 15
	<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 ▼ 320.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR75336913555
Amount of Each Receipt this Period 16.00
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 ▼ 420.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR75337413555
Amount of Each Receipt this Period 20.00
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 ▼ 450.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR75339413555
Amount of Each Receipt this Period 25.00
P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 61.00
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 15
<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) A. Donna M Siegmund		Date of Receipt 10 / 15 / 2014 Transaction ID : PR75340613555
Mailing Address 9 Sylvan		Amount of Each Receipt this Period 12.00
City Pleasant Ridge	State MI	Zip Code 48069
FEC ID number of contributing federal political committee. C		P/R Deduction (\$12.00 Bi-Weekly)
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 ▼ 252.00	

Full Name (Last, First, Middle Initial) B. Christopher Andrew Johnston		Date of Receipt 10 / 15 / 2014 Transaction ID : PR75340713555
Mailing Address 4300 Westover Dr.		Amount of Each Receipt this Period 19.00
City West Bloomfield	State MI	Zip Code 48323
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)
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 ▼ 399.00	

Full Name (Last, First, Middle Initial) C. Rory P. Lafferty		Date of Receipt 10 / 15 / 2014 Transaction ID : PR75341713555
Mailing Address 759 Cherry Stone Drive #2D		Amount of Each Receipt this Period 20.00
City Canton	State MI	Zip Code 48188
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
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 ▼ 420.00	

SUBTOTAL of Receipts This Page (optional).....▶	51.00
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 12 OF 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 State Zip Code
Grand Blanc MI 48439

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

Name of Employer Occupation
Health Alliance Plan Deputy General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR99462013555

Amount of Each Receipt this Period
40.00

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

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	513.05

**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 : 8732130

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)..... ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Mike Bishop For Congress

Mailing Address PO Box 1148

City Brighton State MI Zip Code 48116

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Michael Bishop

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 08

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2014

Transaction ID : 8738796

Amount of Each Disbursement this Period

500.00

Direct Contribution

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

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

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)..... ▶

500.00

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

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. George T. Darany for State Representative

Mailing Address 17835 Oakwood Blvd.

City Dearborn State MI Zip Code 48124

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Rep. George Darany

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2014

Transaction ID : 8730638

Amount of Each Disbursement this Period

250.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Cmte to Elect Brenda Jones

Mailing Address PO Box 21146

City Detroit State MI Zip Code 48221-0146

Purpose of Disbursement
Brenda Jones, City Council (Population 250,000 +) MI

011

Candidate Name

Brenda Jones

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : 8735221

Amount of Each Disbursement this Period

500.00

Brenda Jones, City Council (Population 250,000 +) MI

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

750.00

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

750.00