Image# 14951697202 PAGE 1 / 15

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Aut	monzed Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Health Alliance Plan F	PAC		
ADDRESS (number and street)	2850 West Grand Boulevard	d 	
Check if different			
than previously reported. (ACC)	Detroit		MI 48202 - - -
2. FEC IDENTIFICATION N	UMBER ▼ CIT	ТҮ▲	STATE ▲ ZIP CODE ▲
C C00410670		S THIS NEW (N) O	R AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb	20 (M2) May 20 (N	(Non-Election Year Only)
(a) Quarterly Reports:		r 20 (M3) Jun 20 (M	(Non-Election Year Only)
April 15 Quarterly Report (01)	20 (M4) Jul 20 (M	7) Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report ((C) 12-Day	Primary (12P)	X General (12G) Runoff (12R)
October 15 Quarterly Report (Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (Floatie	on on 11 04	in the 2014 State of MI
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)		on on	in the State of
5. Covering Period 1	0 01 2014	through 10	15 2014
I certify that I have examined t	his Report and to the best of	f my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure	er Rory Lafferty		
Signature of Treasurer Rory	y Lafferty	[Electronically Filed]	Date 10 / 20 / 2014
NOTE: Submission of false, error	neous, or incomplete informatio	on may subject the person signir	g this Report to the penalties of 2 U.S.C. §437g.
Office Use			FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Health Alliance Plan PAC 10 2014 10 2014 Report Covering the Period: 15 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 44530.20 January 1, 2014 (b) Cash on Hand at 13757.11 Beginning of Reporting Period..... 17055.97 521.05 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 14278.16 61586.17 6(a) and 6(c) for Column B)..... 1314.95 48622.96 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 12963.21 12963.21 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Health Alliance Plan PAC	nce Plan PAC
--------------------------	--------------

Report Covering the Period: From:	01 2014	To: 10 15 2014
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. 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
(I) Belitted Bed Occurring	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contributions (add Lines		5.00
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	521.05	17055.97
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
,		
B. All Loans Received	0.00	0.00
_		7
I. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures	7 7	7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made	7	7
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
3. 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
7. Total Receipts (add Lines 11(d),12, 13, 14, 15, 16, 17, and 18(c))	521.05	17055.97
_	7	7
). Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	521.05	17055.9

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements		Total This Period		
	deral/Non-Federal	Total Tillo I ollou	Calendar Year-to-Date	
	Schedule H4)	0.00	0.00	
(i) Federal	Share	0.00	0.00	
` '	deral Share	0.00	0.00	
(b) Other Federa		64.95	972.96	
•	ng Expenditures	04.33	312.30	
(add 21(a)(i)	, (a)(ii), and (b))▶	64.95	972.96	
Transfers to Affilia	1	0.00	0.00	
Contributions to		0.00	0.00	
Federal Candidat and Other Politica	es/Committees al Committees	500.00	3400.00	
Independent Experience		0.00	0.00	
Coordinated Part	y Expenditures	0.00	0.00	
(2 U.S.C. §441a((use Schedule F)	(d))	0.00	0.00	
Loan Repayments	s Made	0.00	0.00	
	F	0.00	0.00	
Refunds of Contr		0.00	0.00	
(a) Individuals/Portion (a) Than Political	ersons Other Il Committees	0.00	0.00	
(b) Political Part	y Committees	0.00	0.00	
(c) Other Politica	al Committees		0.00	
(such as PA)	Cs)	0.00	0.00	
(d) Total Contrib	ution Refunds	0.00		
(add Lines 2	8(a), (b), and (c))	0.00	0.00	
Other Disburseme	ents	750.00	44250.00	
Federal Election	Activity (2 U.S.C. §431(20))			
(a) Allocated Fe	deral Election Activity			
(from Schedu	· · · · · · · · · · · · · · · · · · ·	0.00	0.00	
(i) Federal S	hare			
, ,	hare	0.00	0.00	
	tion Activity Paid Entirely deral Funds	0.00	0.00	
	I Election Activity (add	, , , ,		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00	
Total Disburseme	nts (add Lines 21(c), 22,			
	7, 28(d), 29 and 30(c))	1314.95	48622.96	
Total Federal Dis	bursements			
	(a)(ii) and Line 30(a)(ii)	1 1 1 1 1 1 1 1 1 1 1 1 1	10000	
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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	521.05	17055.97
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	521.05	17055.97
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	64.95	972.96
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	64.95	972.96

	FOR	LINE	NU	MBER	:	PAGE	6 ()F	15
Use separate schedule(s)	(ched	ck only	or	ne)					
for each category of the Detailed Summary Page	X	11a		11b		11c	12		
		13		14		15	16		717

NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
Full Name (Last, First, Middle Initial) Timothy Sullivan		Date of Receipt
Mailing Address 18331 Laraugh Drive		10 15 2014
City	State Zip Code	Transaction ID : PR100554813555
Northville	MI 48168	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	23.08
Name of Employer	Occupation	
Health Alliance Plan	VP- Healthcare Affrd & Prf Imp	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 484.68	P/R Deduction (\$23.08 Bi-Weekly)
Full Name (Last, First, Middle Initial) Dawn J Geisert		Date of Receipt
Mailing Address 5716 Whitehaven		10 15 2014
City	State Zip Code	Transaction ID : PR122949613555
Troy	MI 48085	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	_
Health Alliance Plan	Chief Compliance Officer	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	1050.00	P/R Deduction (\$50.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Robin D Kelmenson		Date of Receipt
Mailing Address 5412 Tequesta Drive		10 15 2014
City	State Zip Code	Transaction ID : PR122949713555
West Bloomfield	MI 48323	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	16.00
Name of Employer	Occupation	
Health Alliance Plan	Sr Medical Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	336.00	P/R Deduction (\$16.00 Bi-Weekly)
UBTOTAL of Receipts This Page (optional)		89.08

FOR LINE NUMBER: **PAGE** 7 OF 15 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name (Last, First, Middle Initial) Mark J. Zickel Date of Receipt Mailing Address 5580 Oak Tree Lane 2014 10 15 City Zip Code State Transaction ID: PR122949813555 Whitehall MI 49461 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation AVP-Prov Ntwk Intgrtn&Strategy Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$10.00 Bi-Weekly) 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. Todd Eric Hutchison Date of Receipt Mailing Address 773 Whittier 10 15 2014 City State Zip Code Transaction ID: PR124815113555 Grosse Pointe Park MI 48230 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Health Alliance Plan VP-Undrwrting & Actuarial Svrc Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$40.00 Bi-Weekly) 800.00 Other (specify) Full Name (Last, First, Middle Initial) c. Irita Matthews Date of Receipt Mailing Address 861 Whittier M M / 10 15 2014 City Zip Code State Transaction ID: PR75326413555 MI Grosse Pointe Park 48230 Amount of Each Receipt this Period FEC ID number of contributing 38.50 С federal political committee. Name of Employer Occupation VP - Assoc General Counsel Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.50 Bi-Weekly) 808.50 Other (specify) 88.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -9

FOR LINE NUMBER: **PAGE** 8 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

15

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name (Last, First, Middle Initial) Jennifer Brooks Zbytowski Date of Receipt Mailing Address 49206 St. Nicholas 2014 10 15 City Zip Code State Transaction ID: PR75326613555 Shelby Township MI 48317 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Health Alliance Plan AVP- Case Management Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 420.00 Other (specify) Full Name (Last, First, Middle Initial) B. Peter Anderson Stewart Date of Receipt Mailing Address 7961 Little Farm Lane 10 15 2014 City State Zip Code Transaction ID: PR75328013555 West Bloomfield MI 48322 Amount of Each Receipt this Period FEC ID number of contributing C 14.00 federal political committee. Name of Employer Occupation Health Alliance Plan Dir- Auditing Srvc & MAR Compl Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$14.00 Bi-Weekly) 294.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dianna Lynn Ronan Date of Receipt Mailing Address 2156 Cumberland 10 15 2014 City State Zip Code Transaction ID: PR75334013555 MI **Brighton** 48114 Amount of Each Receipt this Period FEC ID number of contributing 77.00 С federal political committee. Name of Employer Occupation VP - Financial Services Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$77.00 Bi-Weekly) 1617.00 Other (specify) 111.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 9 OF

TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC			
Full Name (Last, First, Middle Initial) Mark W Hall			Date of Receipt
Mailing Address 925 E Lincoln Avenue			10 15 2014
City	State	Zip Code	Transaction ID : PR75335513555
Royal Oak	MI	48067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		38.47
Name of Employer	Occupation		
Health Alliance Plan	VP- Sales		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 807.87	P/R Deduction (\$38.47 Bi-Weekly)
Full Name (Last, First, Middle Initial) 3. Robert G Leger			Date of Receipt
Mailing Address 7705 Woodward Ave			M M / D D / Y Y Y Y
			10 15 2014
City	State MI	Zip Code	Transaction ID : PR75335913555
Detroit	IVII	48202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		16.00
Name of Employer Health Alliance Plan	Occupation		
Receipt For:	Dir- Support		_
Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$16.00 Bi-Weekly)
Other (specify) ▼		336.00	F/N Deduction (\$10.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) C. Rachel A Powell	'		Date of Receipt
Mailing Address 543 Thurber			10 15 2014
City	State MI	Zip Code	Transaction ID : PR75336213555
Troy	IVII	48085	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		18.00
Name of Employer	Occupation		
Health Alliance Plan Receipt For:	Dir - MA Re	evenue Management	
Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$18.00 Bi-Weekly)
Other (specify) ▼		378.00	P/N Deduction (\$10.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		72.47
TOTAL This Period (last page this line num	ber only)		7

FOR LINE NUMBER: PAGE 10 OF 15 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name (Last, First, Middle Initial) Sandra Lee Ledesma Date of Receipt Mailing Address 22429 Provincial 2014 10 15 City Zip Code State Transaction ID: PR75336913555 Woodhaven MI 48183 Amount of Each Receipt this Period FEC ID number of contributing C 16.00 federal political committee. Name of Employer Occupation **Dir- Application Development** Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$16.00 Bi-Weekly) 320.00 Other (specify) Full Name (Last, First, Middle Initial) B. Cynthia L Hoffman Date of Receipt Mailing Address 5768 Whitehaven Dr 10 15 2014 City State Zip Code Transaction ID: PR75337413555 MI Troy 48085 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Health Alliance Plan Dir- eCommerce & Tech Planning Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 420.00 Other (specify) Full Name (Last, First, Middle Initial) c. Scott T Allen Date of Receipt Mailing Address 3066 Richmond Dr. M = M 10 15 2014 City State Zip Code Transaction ID: PR75339413555 MI Clarkston 48348 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation Dir- Labor Affairs & VEBA Adm Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Bi-Weekly) 450.00 Other (specify) 61.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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

15

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name (Last, First, Middle Initial) Donna M Siegmund Date of Receipt Mailing Address 9 Sylvan 2014 10 15 City Zip Code State Transaction ID: PR75340613555 Pleasant Ridge MI 48069 Amount of Each Receipt this Period FEC ID number of contributing C 12.00 federal political committee. Name of Employer Occupation Health Alliance Plan Sr Project Manager Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$12.00 Bi-Weekly) 252.00 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher Andrew Johnston Date of Receipt Mailing Address 4300 Westover Dr. 10 2014 15 City State Zip Code Transaction ID: PR75340713555 West Bloomfield MI 48323 Amount of Each Receipt this Period FEC ID number of contributing C 19.00 federal political committee. Name of Employer Occupation Health Alliance Plan AVP - Sales New Business Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$19.00 Bi-Weekly) 399.00 Other (specify) Full Name (Last, First, Middle Initial) c. Rory P. Lafferty Date of Receipt Mailing Address 759 Cherry Stone Drive M = M 10 15 2014 #2D City State Zip Code Transaction ID: PR75341713555 MI Canton 48188 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Dir- Government&Lgsltv Affairs Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 420.00 Other (specify) 51.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name (Last, First, Middle Initial) Dan Ellis Champney Date of Receipt Mailing Address 9186 Hidden Oaks Dr 2014 10 15 City Zip Code State Transaction ID: PR99462013555 **Grand Blanc** MI 48439 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Health Alliance Plan Deputy General Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$40.00 Bi-Weekly) 840.00 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 40.00 SUBTOTAL of Receipts This Page (optional)..... 513.05 TOTAL This Period (last page this line number only).....

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S	CHEDULE B (FEC Form 3X)						PAGI	PAGE 13 OF 15					
IT	EMIZED DISBURSEMENTS	for each category of the			for one leaders were of the land land							7.00	
		Detailed Summary Page		×	21b 27	22 28a		23 28b		24 28c	25 29		26 30b
Ar	ny information copied from such Reports and Staten	I nents mav not be sold or u	L used	bv anv			pur		of so			utions	
	for commercial purposes, other than using the name												
$ \setminus $	NAME OF COMMITTEE (In Full)												
/	Health Alliance Plan PAC												
_	Full Name (Last, First, Middle Initial)												
Α.	Comerica Bank					Date o	f Di						
	Mailing Address P.O. Box 75000					10	/	0	2	/ Y	2014	Y	
	City	State Zip Code				T		: ID	. 0-	722420			
	Detroit Pickursers of Pickurse	MI 48275				irans	sact	ion iD	: 8/	732130			
	Purpose of Disbursement Credit Card Transaction Fees		П	001		Amoun	ıt of	Each	Dis	burseme	ent this	Perio	od
	Candidate Name			Categor	v/	_	-	-		-		4.05	\neg
	000			Type				7		- 7	6	4.95	
	Office Sought: House Disbursen Senate	nent For: Primary General				Crodit (ard	Tranc	octi	on Fees			
		Other (specify) ▼				Credit	Jaiu	i iiaiia	acu	on rees	'		
_	State: District:												
В.	Full Name (Last, First, Middle Initial)					Date o	f Di	ehure <i>c</i>	mai	nt			
٥.						M = M	, Di	D			YY	Y	
	Mailing Address							L.		L			
	City S	State Zip Code											
	Parameter (Birthern)	· 											
	Purpose of Disbursement		П			Amoun	ıt of	Each	Dis	burseme	ent this	Perio	od
	Candidate Name			Categor	v/	_	-	-		-		-	
	0.5			Type				7		- 7			
	Office Sought: House Disbursen Senate	nent For: Primary General											
		Other (specify) ▼											
_	State: District:												
C.	Full Name (Last, First, Middle Initial)					Date o	f Di	ehure <i>c</i>	mai	nt			
Ο.						M = M		D			YY	Y	
	Mailing Address							L.		L			
	City	State Zip Code											
	Purpose of Disbursement												
						Amoun	t of	Each	Dis	burseme	ent this	Perio	bc
	Candidate Name			Categor Type	y/	Т.				-			
	Office Sought: House Disbursen	ment For:	1	.,,,,	$\overline{}$		Ť	7		7			
		Primary General											
	State: District:	Other (specify) ▼											
Г	District.						-	_			_		_
s	SUBTOTAL of Disbursements This Page (optional)				•						6	4.95	
H					_	_					e	4.95	
T	OTAL This Period (last page this line number only)							7		- 7	0,	+.95	

for each category of the period process of process process of process purposes of betaled Summary Page	SCHEDULE B (FEC Form 3X)	Lico conorato achadula (a)	I .	NE NUMBER: PAGE 14 OF 15						
Any information copied from such Reports and Statements may prot be sold or used by any person for the purpose of soliciting contributions of 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 State Zip Code Bright Alliance Plan PAC Purpose of Disbursement Direct Contribution Candidate Name Michael Bishop Office Sought: House Disbursement For: 2014 Purpose of Disbursement Candidate Name Category' Type Office Sought: House Disbursement For: Senate President State: District: Senate President Category' Type Office Sought: House Disbursement For: Category' Type Office Sought: Senate President Candidate Name Category' Type Office Sought: Senate President Candidate Name Category' Type Office Sought: House Disbursement For: Category' Type Office Sought: Senate President Candidate Name Category' Type Office Sought: House Disbursement For: Category' Type Office Sought: House Disbursement For: Category' Type Office Sought: Senate President Candidate Name Candidate Name Category' Type Office Sought: House Disbursement For: Category' Type Office Sought: House Disbursement For: Category' Type Office Sought: President Disbursement For: President Disbursement For: President D	ITEMIZED DISBURSEMENTS		` `	,	23					
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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. George T. Darany for State Representative Mailing Address 17835 Oakwood Blvd. City Dearborn MI A8124 Purpose of Disbursement Direct Contribution Candidate Name MI Rep. George Darany Office Sought: House President State: District: Full Name (Last, First, Middle Initial) B. Cmte to Elect Brenda Jones Office Sought: Disbursement Disbursement State Zip Code Detroit MI 48221-0146 Purpose of Disbursement Direct Contribution Date of Disbursement this Period Category/ Type Direct Contribution Date of Disbursement Direct Contribution Transaction ID : 8735221 Amount of Each Disbursement Direct Contribution Date of Disbursement this Period Category/ Type Transaction ID : 8735221 Amount of Each Disbursement this Period Category/ Type Disbursement Type Sould President State: District: District: Full Name (Last, First, Middle Initial) Disbursement For: Senate President Disbursement		B (FEC Form 3X) DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	(orlook only	
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