

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 CITY STATE ZIP CODE

C C00410670

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)
[X] 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 / 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 / D D / Y Y Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2015 through 06 / 30 / 2015

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 07 / 18 / 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.

Office Use Only grid with 7 columns and 1 row.

**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="2015"/>		21511.71
(b) Cash on Hand at Beginning of Reporting Period.....	21511.71	
(c) Total Receipts (from Line 19) .....	15062.84	15062.84
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	36574.55	36574.55
7. Total Disbursements (from Line 31).....	20638.50	20638.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	15936.05	15936.05
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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: 01 / 01 / 2015 To: 06 / 30 / 2015

I. Receipts

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

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).....	12427.20	12427.20
(ii) Unitemized .....	2635.64	2635.64
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	15062.84	15062.84
(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) .....	15062.84	15062.84
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))..... ▶	15062.84	15062.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	15062.84	15062.84

**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 .....	338.50	338.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	338.50	338.50
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 .....	19800.00	19800.00
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)) ..	20638.50	20638.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20638.50	20638.50

**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) .....	15062.84	15062.84
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15062.84	15062.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	338.50	338.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	338.50	338.50

**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 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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**

**A. Nancy M. Schlichting**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1710 Orchard Lane  
 City Bloomfield Hills State MI Zip Code 48301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Henry Ford Health System Occupation Chief Executive Officer, HFHS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 05 / 2015  
**Transaction ID : 8930219**  
 Amount of Each Receipt this Period  
 1000.00

**B. Deborah Dianne Spencer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6516 Park Valley Drive  
 City Clarkston State MI Zip Code 48348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Alliance Plan Occupation AVP- Plan Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : PR100431218061**  
 Amount of Each Receipt this Period  
 228.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Mark Giroux**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2127 Woodland Avenue  
 City Royal Oak State MI Zip Code 48073-3876  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Alliance Plan Occupation AVP- Provider Contracting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : PR100554518061**  
 Amount of Each Receipt this Period  
 208.00  
 P/R Deduction (\$16.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1436.00
<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 7 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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 ▼ 400.01

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : PR100554818061**  
 Amount of Each Receipt this Period  
 400.01  
 P/R Deduction (\$30.77 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 ▼ 221.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : PR100554918061**  
 Amount of Each Receipt this Period  
 221.00  
 P/R Deduction (\$17.00 Bi-Weekly)

**C. 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 ▼ 455.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : PR122949618061**  
 Amount of Each Receipt this Period  
 455.00  
 P/R Deduction (\$35.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1076.01
<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 8 OF 31
	(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. 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 ▼ 208.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : PR122949718061**  
 Amount of Each Receipt this Period  
 208.00  
 P/R Deduction (\$16.00 Bi-Weekly)

**B. Mark J. Zickel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5580 Oak Tree Lane  
 City Whitehall State MI Zip Code 49461  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Alliance Plan Occupation VP- Network Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : PR122949818061**  
 Amount of Each Receipt this Period  
 325.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. Todd Eric Hutchison**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 773 Whittier  
 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 SVP- Chief Finance Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 753.09

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : PR124815118061**  
 Amount of Each Receipt this Period  
 753.09  
 P/R Deduction (\$57.93 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1286.09
<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 31
	<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) <b>A. Gregory Buran</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : PR130556418061</b>
Mailing Address 48555 Wicker Creel Drive		Amount of Each Receipt this Period 800.00
City Northville	State MI	Zip Code 48168
FEC ID number of contributing federal political committee.	C	
Name of Employer Health Alliance Plan	Occupation VP Utilization Management Phys	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
		P/R Deduction (\$800.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Cristina M Zatek</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : PR130557118061</b>
Mailing Address 1205 Mohawk Avenue		Amount of Each Receipt this Period 221.00
City Royal Oak	State MI	Zip Code 48067
FEC ID number of contributing federal political committee.	C	
Name of Employer Health Alliance Plan	Occupation Dir- Commercial Group Svcs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.00	
		P/R Deduction (\$17.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Irita Matthews</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : PR75326418061</b>
Mailing Address 861 Whittier		Amount of Each Receipt this Period 500.50
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 VP - Assoc General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.50	
		P/R Deduction (\$38.50 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1521.50
<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 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Jennifer Brooks Zbytowski</b>			Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : PR75326618061</b>
Mailing Address 49206 St. Nicholas			Amount of Each Receipt this Period 260.00
City Shelby Township	State MI	Zip Code 48317	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 260.00	
Name of Employer Health Alliance Plan	Occupation VP- Utilization Mgt & Case Mgt	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Donald Edward Kiefiuk</b>			Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : PR75329418061</b>
Mailing Address 39810 Karola			Amount of Each Receipt this Period 500.50
City Sterling Heights	State MI	Zip Code 48313	P/R Deduction (\$38.50 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.50	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. John David Calabria</b>			Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : PR75330618061</b>
Mailing Address 2030 Brinston			Amount of Each Receipt this Period 500.00
City Troy	State MI	Zip Code 48083	P/R Deduction (\$500.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00	
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) ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1260.50
<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 31
	<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) <b>A. Glen P Koslakiewicz</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : PR75332518061</b>
Mailing Address 30431 John Hauk		Amount of Each Receipt this Period 208.00
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 ▼ 208.00	P/R Deduction (\$16.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Dianna Lynn Ronan</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : PR75334018061</b>
Mailing Address 2156 Cumberland		Amount of Each Receipt this Period 390.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Matthew M Walsh</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : PR75334718061</b>
Mailing Address 889 Langley Court		Amount of Each Receipt this Period 780.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	P/R Deduction (\$60.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1378.00
<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 12 OF 31
	<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. Rachel A Powell</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : PR75336218061</b>
Mailing Address 543 Thurber		Amount of Each Receipt this Period 234.00
City Troy      State MI      Zip Code 48085	FEC ID number of contributing federal political committee. C	P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer Health Alliance Plan      Occupation Dir - MA Revenue Management	Aggregate Year-to-Date ▼ 234.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Sandra Lee Ledesma</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : PR75336918061</b>
Mailing Address 22429 Provincial		Amount of Each Receipt this Period 208.00
City Woodhaven      State MI      Zip Code 48183	FEC ID number of contributing federal political committee. C	P/R Deduction (\$16.00 Bi-Weekly)
Name of Employer Health Alliance Plan      Occupation Dir- Application Development	Aggregate Year-to-Date ▼ 208.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Scott T Allen</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : PR75339418061</b>
Mailing Address 3066 Richmond Dr.		Amount of Each Receipt this Period 325.00
City Clarkston      State MI      Zip Code 48348	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer Health Alliance Plan      Occupation AVP - Labor Affairs	Aggregate Year-to-Date ▼ 325.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	767.00
<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 13 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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. Richard D Chaney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13120 Van Pamel  
 City Shelby Township State MI Zip Code 48315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Alliance Plan Occupation VP - Customer Services  
 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 / 2015  
**Transaction ID : PR75339718061**  
 Amount of Each Receipt this Period 260.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Christopher Andrew Johnston**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4300 Westover Dr.  
 City West Bloomfield State MI Zip Code 48323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Alliance Plan Occupation AVP - Sales New Business  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : PR75340718061**  
 Amount of Each Receipt this Period 247.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. Marc Vanderburg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25750 Ivanhoe  
 City Huntington Woods State MI Zip Code 48070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Alliance Plan Occupation AVP- Group Cust Service  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : PR75341018061**  
 Amount of Each Receipt this Period 240.00  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	747.00
<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 14 OF 31
	<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. Rory P. Lafferty</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : PR75341718061</b>
Mailing Address 759 Cherry Stone Drive #2D		Amount of Each Receipt this Period 260.00
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 ▼ 260.00

Full Name (Last, First, Middle Initial) <b>B. Annette M Marcath</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : PR77555718061</b>
Mailing Address 14691 24 Mile Road		Amount of Each Receipt this Period 1500.00
City Shelby Township State MI Zip Code 48315	FEC ID number of contributing federal political committee. C	P/R Deduction (\$1500.00 Bi-Weekly)
Name of Employer Health Alliance Plan Occupation VP-Chief Information Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00

Full Name (Last, First, Middle Initial) <b>C. Joel T Keiper</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : PR87082118061</b>
Mailing Address 3812 Miller Way South		Amount of Each Receipt this Period 250.00
City Bloomfield State MI Zip Code 48301	FEC ID number of contributing federal political committee. C	P/R Deduction (\$250.00 Bi-Weekly)
Name of Employer Health Alliance Plan Occupation VP- Corp Strategic Planning	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2010.00
<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 15 OF 31
	<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. Deandre Antwan Lipscomb**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29545 Greening St.  
 City Farmington Hills State MI Zip Code 48334  
 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 ▼ 425.10

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : PR87082318061**  
 Amount of Each Receipt this Period  
 425.10  
 P/R Deduction (\$32.70 Bi-Weekly)

**B. Dan Ellis Champney**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : PR99462018061**  
 Amount of Each Receipt this Period  
 520.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**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).....▶	945.10
<b>TOTAL</b> This Period (last page this line number only).....▶	12427.20

**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  
Global 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 : 8968809**

Amount of Each Disbursement this Period

Global Credit Card Transaction Fees

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  
Vantiv 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 : 8968810**

Amount of Each Disbursement this Period

Vantiv Credit Card Transaction Fees

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 : 8979330**

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 State Zip Code  
Detroit MI 48275

Purpose of Disbursement  
Reimbursement of 01/05/15 Global Merchant Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2015

**Transaction ID : 8986838**

Amount of Each Disbursement this Period

-119.90
---------

Reimbursement of 01/05/15 Global Merchant 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  
Credit Card Transaction Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2015

**Transaction ID : 9005573**

Amount of Each Disbursement this Period

28.03
-------

Credit Card Transaction Fees

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

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2015

**Transaction ID : 9040012**

Amount of Each Disbursement this Period

30.00
-------

Credit Card Transaction Fees

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

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

-61.87
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**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 Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 9065015**

Amount of Each Disbursement this Period

Credit Card Transaction Fees

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  
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 : 9127148**

Amount of Each Disbursement this Period

Credit Card Transaction Fees

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 : 9138514**

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

001

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2015

**Transaction ID : 9194052**

Amount of Each Disbursement this Period

30.00

Credit Card Transaction Fees

Full Name (Last, First, Middle Initial)

**B. Comerica Bank**

Mailing Address P.O. Box 75000

City Detroit State MI Zip Code 48275

Purpose of Disbursement  
Credit Card Transaction Fees

001

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : 9194053**

Amount of Each Disbursement this Period

28.03

Credit Card Transaction Fees

Full Name (Last, First, Middle Initial)

**C. Comerica Bank**

Mailing Address P.O. Box 75000

City Detroit State MI Zip Code 48275

Purpose of Disbursement  
Credit Card Transaction Fees

001

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2015

**Transaction ID : 9229480**

Amount of Each Disbursement this Period

30.00

Credit Card Transaction Fees

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

88.03

**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 Transactions Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 9239642**

Amount of Each Disbursement this Period

Credit Card Transactions 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

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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 Contributions

011

Category/  
Type

Candidate Name

**Michael Bishop**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 18 / 2015

**Transaction ID : 9265820**

Amount of Each Disbursement this Period

500.00

Direct Contributions

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

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. David Knezek for Senate**

Mailing Address PO Box 867

City Dearborn Heights State MI Zip Code 48127

Purpose of Disbursement  
Direct Contribution

011

Candidate Name  
**David Knezek**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 14 / 2015

**Transaction ID : 8945765**

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Marleau for Michigan**

Mailing Address 3232 Pickwick PL

City Lansing State MI Zip Code 48917

Purpose of Disbursement  
Stop Pymt - Marleau for Michigan

011

Candidate Name  
**Marleau for Michigan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 14 / 2015

**Transaction ID : 8945766**

Amount of Each Disbursement this Period

-1000.00

Stop Pymt - Marleau for Michigan

Full Name (Last, First, Middle Initial)

**C. Marleau for Michigan**

Mailing Address 3232 Pickwick PL

City Lansing State MI Zip Code 48917

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  
01 / 15 / 2015

**Transaction ID : 8945767**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

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

500.00

**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. Ananich Future Fund**

Mailing Address 932 Maxine Street

City Flint State MI Zip Code 48503

Purpose of Disbursement  
Direct Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : 9020492**

Amount of Each Disbursement this Period

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Mike Callton for State Representative**

Mailing Address PO Box 676

City Nashville State MI Zip Code 49073

Purpose of Disbursement  
Direct Contribution

**011**  
Category/  
Type

Candidate Name

**MI Rep. Mike Callton**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : 9020493**

Amount of Each Disbursement this Period

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. George T. Darany for State Representative**

Mailing Address 17835 Oakwood Blvd.

City Dearborn State MI Zip Code 48124

Purpose of Disbursement  
Direct Contribution

**011**  
Category/  
Type

Candidate Name

**MI Rep. George Darany**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : 9041107**

Amount of Each Disbursement this Period

Direct Contribution

**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 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. 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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2015

**Transaction ID : 9041108**

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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2015

**Transaction ID : 9041109**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Friends of Kristy Pagan**

Mailing Address PO Box 871451

City Canton State MI Zip Code 48187

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**MI Rep. Kristy Pagan**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2015

**Transaction ID : 9041110**

Amount of Each Disbursement this Period

250.00

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. Committee to Elect Rob VerHeulen**

Mailing Address 4167 Imperial NW

City Walker State MI Zip Code 49534

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**MI Rep. Robert VerHeulen**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2015

**Transaction ID : 9041111**

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Rebekah Warren for State Senate**

Mailing Address 234 Eighth Street

City Ann Arbor State MI Zip Code 48103

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**MI Sen. Rebekah Warren**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2015

**Transaction ID : 9041112**

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Cmte to Re-Elect Benny Napoleon Sheriff**

Mailing Address PO Box 32974

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:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2015

**Transaction ID : 9050821**

Amount of Each Disbursement this Period

500.00

Direct Contribution

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

1500.00

**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. Ken Yonker for State Representative**

Mailing Address 2202 100th Street

City Caledonia State MI Zip Code 49316

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**MI Rep. Ken Yonker**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2015

**Transaction ID : 9070184**

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Friends of Robert Wittenberg**

Mailing Address 26131 Harding St

City Oak Park State MI Zip Code 48237

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**MI Rep. Robert Wittenberg**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2015

**Transaction ID : 9070185**

Amount of Each Disbursement this Period

200.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. MAHP PAC**

Mailing Address 327 Seymour Avenue

City Lansing State MI Zip Code 48901

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  
03 / 16 / 2015

**Transaction ID : 9070186**

Amount of Each Disbursement this Period

10000.00

Direct Contribution

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

10700.00

**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. Mike Duggan for Detroit**

Mailing Address 400 Monroe St  
Suite 206A

City Detroit State MI Zip Code 48226

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Mike Duggan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 14 / 2015

**Transaction ID : 9138410**

Amount of Each Disbursement this Period

600.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Friends of Daniela Garcia**

Mailing Address 22 E 29th Street

City Holland State MI Zip Code 49423

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Daniela Garcia**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 14 / 2015

**Transaction ID : 9138411**

Amount of Each Disbursement this Period

250.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Friends of Frank Liberati**

Mailing Address 9068 Quandt

City Allen Park State MI Zip Code 48101

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**MI Rep. Frank Liberati**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 14 / 2015

**Transaction ID : 9138412**

Amount of Each Disbursement this Period

250.00

Direct Contribution

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

1100.00

**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. Laura Cox for State Representative**

Mailing Address PO Box 531392

City State Zip Code  
Flint MI 48503

Purpose of Disbursement  
Direct Contribution

**011**  
Category/  
Type

Candidate Name

**MI Rep. Laura Cox**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 28 / 2015

**Transaction ID : 9161495**

Amount of Each Disbursement this Period

250.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Greater Rochester Leadership Fund PAC**

Mailing Address PO Box 70591

City State Zip Code  
Rochester MI 48307

Purpose of Disbursement  
Direct Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 28 / 2015

**Transaction ID : 9161497**

Amount of Each Disbursement this Period

250.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Friends of Phil Phelps**

Mailing Address 1021 Kensington Avenue

City State Zip Code  
Flint MI 48503

Purpose of Disbursement  
Direct Contribution

**011**  
Category/  
Type

Candidate Name

**Phil Phelps**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 28 / 2015

**Transaction ID : 9161498**

Amount of Each Disbursement this Period

250.00

Direct Contribution

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

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

750.00

**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. Friends of Holly Hughes**

Mailing Address 8801 Lehman

City Montague State MI Zip Code 49437

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**MI Rep. Holly Hughes**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2015

**Transaction ID : 9169174**

Amount of Each Disbursement this Period

250.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Friends of Warren C. Evans**

Mailing Address 1959 E Jefferson Avenue

City Detroit State MI Zip Code 48207

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Warren C. Evans**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 20 / 2015

**Transaction ID : 9205344**

Amount of Each Disbursement this Period

250.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Gabe Leland for Council**

Mailing Address 10025 Ashton Avenue

City Detroit State MI Zip Code 48228

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Gabe Leland**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 20 / 2015

**Transaction ID : 9205346**

Amount of Each Disbursement this Period

250.00

Direct Contribution

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

750.00

**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. Tom Casperson for State Senate**

Mailing Address PO Box 545

City Escanaba State MI Zip Code 49829

Purpose of Disbursement  
Direct Contribution

011

Candidate Name  
**MI Sen. Tom Casperson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2015

Transaction ID : 9239717

Amount of Each Disbursement this Period

250.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Friends of Robert Wittenberg**

Mailing Address 26131 Harding St

City Oak Park State MI Zip Code 48237

Purpose of Disbursement  
Direct Contribution

011

Candidate Name  
**MI Rep. Robert Wittenberg**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2015

Transaction ID : 9239718

Amount of Each Disbursement this Period

250.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Michigan Values Leadership Fund**

Mailing Address 14840 Robinwood Drive

City Lansing State MI Zip Code 48906

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  
06 / 10 / 2015

Transaction ID : 9239719

Amount of Each Disbursement this Period

500.00

Direct Contribution

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

1000.00

**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. Friends of Kristy Pagan**

Mailing Address PO Box 871451

City State Zip Code  
Canton MI 48187

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**MI Rep. Kristy Pagan**

Category/  
Type

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  
06 / 24 / 2015

**Transaction ID : 9279069**

Amount of Each Disbursement this Period

250.00

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)..... ▶

250.00

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

19800.00