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Image# 201507189000275223

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Other Than An A	Authorized Comm	ttee		Office Use Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If ty over the lines		12FE4M5	
Health Alliance Plan P	AC		1 1 1 1 1		
ADDRESS (number and street)	2850 West Grand Boulev	vard			
Check if different than previously reported. (ACC)	Detroit			MI	48202
2. FEC IDENTIFICATION NU	JMBER ▼	CITY		STATE A	ZIP CODE ▲
C C00410670	3.	IS THIS REPORT	NEW (N) <b>OR</b>	AME (A)	ENDED
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Compared of the content of t	Report Due On:  (c) 12-Day PRE-Election Report for the  (d) 30-Day POST-Election Report for the	ection on General (	n (12C)	Sep 2	in the State of
5. Covering Period 01	1 01 201			30 /	2015
I certify that I have examined th Type or Print Name of Treasure	·	t of my knowledge an	d belief it is tru	ie, correct and	complete.
Signature of Treasurer Rory	Lafferty	[Electronic		Date 07	/ 18 / 2015
NOTE: Submission of false, erron	eous, or incomplete informa	alion may subject the p	erson signing th	is Report to the	FEC FORM 3X
Use Only					Rev. 12/2004

### SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Health Alliance Plan PAC 2015 06 30 2015 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 21511.71 January 1, 2015 (b) Cash on Hand at 21511.71 Beginning of Reporting Period..... 15062.84 15062.84 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 36574.55 36574.55 6(a) and 6(c) for Column B)..... 20638.50 20638.50 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 15936.05 15936.05 (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 All	iance P	lan PAC
------------	---------	---------

	00111111111	COLUMN B	
I. Receipts	I. Receipts COLUMN A Total This Period		
Contributions (other than loans) From:			
(a) Individuals/Persons Other			
Than Political Committees	40407.00	12427.20	
(i) Itemized (use Schedule A)	12427.20	12427.20	
(*) 11.7	2025.04	2635.64	
(ii) Unitemized	2635.64	2033.04	
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	15062.84	15062.84	
Lines Tr(a)(i) and (ii)	10002.04	7 7 7	
(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	
. Transfers From Affiliated/Other			
Party Committees	0.00	0.00	
All Leans Descived	0.00	0.00	
. All Loans Received	7	0.00	
. Loan Repayments Received	0.00	0.00	
Offsets To Operating Expenditures	7	7	
(Refunds, Rebates, etc.)			
(Carry Totals to Line 37, page 5)	0.00	0.00	
. Refunds of Contributions Made	7	7	
to Federal Candidates and Other			
Political Committees	0.00	0.00	
. Other Federal Receipts			
(Dividends, Interest, etc.)	0.00	0.00	
. 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	
. Total Receipts (add Lines 11(d),			
12, 13, 14, 15, 16, 17, and 18(c))▶	15062.84	15062.84	
. 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
1.	Operating Expenditures:  (a) Allocated Federal/Non-Federal  Activity (from Schedule H4)		Calcinda Teal-to-Date
	(i) Federal Share	0.00	0.00
	(1)		
	(ii) Non-Federal Share	0.00	0.00
(	(b) Other Federal Operating	338.50	338.50
	Expenditures (c) Total Operating Expenditures	338.30	330.30
,	(add 21(a)(i), (a)(ii), and (b))▶	338.50	338.50
	Transfers to Affiliated/Other Party		
	Committees	0.00	0.00
- 1	Contributions to Federal Candidates/Committees and Other Political Committees	500.00	500.00
	Independent Expenditures		
. (	(use Schedule E)	0.00	0.00
Ì	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(	(use Schedule F)	7	0.00
ı	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
-	Refunds of Contributions To:	7 7	
(	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(	(b) Political Party Committees	0.00	0.00
(	(c) Other Political Committees		0.00
	(such as PACs)	0.00	0.00
(	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
	· · · · · · · · · · · · · · · · · · ·		
(	Other Disbursements	19800.00	19800.00
	=		
	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	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	20638.50	20638.50
			7
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	atanian
1	from Line 31)▶	20638.50	20638.50

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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1 LO 1 01111 3X (11ev. 02/2003)	ı age <b>3</b>	
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)	15062.84	15062.84
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15062.84	15062.84
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	338.50	338.50
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	338.50	338.50

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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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) Nancy M. Schlichting Date of Receipt Mailing Address 1710 Orchard Lane 05 2015 01 City Zip Code State Transaction ID: 8930219 Bloomfield Hills MI 48301 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Chief Executive Officer, HFHS Henry Ford Health System Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Deborah Dianne Spencer Date of Receipt Mailing Address 6516 Park Valley Drive 06 30 2015 City State Zip Code Transaction ID: PR100431218061 MI Clarkston 48348 Amount of Each Receipt this Period FEC ID number of contributing 228.00 federal political committee. Name of Employer Occupation Health Alliance Plan AVP- Plan Management Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$19.00 Bi-Weekly) 228.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mark Giroux Date of Receipt Mailing Address 2127 Woodland Avenue 30 06 2015 City Zip Code State Transaction ID: PR100554518061 MI Royal Oak 48073-3876 Amount of Each Receipt this Period FEC ID number of contributing 208.00 С federal political committee. Name of Employer Occupation **AVP- Provider Contracting** Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$16.00 Bi-Weekly) 208.00 Other (specify) 1436.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: **PAGE** 7 OF 31 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) Timothy Sullivan Date of Receipt Mailing Address 18331 Laraugh Drive 30 2015 City State Zip Code Transaction ID: PR100554818061 Northville MI 48168 Amount of Each Receipt this Period FEC ID number of contributing C 400.01 federal political committee. Name of Employer Occupation VP- Healthcare Affrd & Prf Imp Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$30.77 Bi-Weekly) 400.01 Other (specify) Full Name (Last, First, Middle Initial) B. Larry Watson Date of Receipt Mailing Address 2462 Coe Ct. 30 06 2015 City State Zip Code Transaction ID: PR100554918061 OH Perrysburg 43551 Amount of Each Receipt this Period FEC ID number of contributing 221.00 federal political committee. Name of Employer Occupation Health Alliance Plan **Dir-Customer Reporting** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$17.00 Bi-Weekly) 221.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dawn J Geisert Date of Receipt Mailing Address 5716 Whitehaven 30 06 2015 City State Zip Code Transaction ID: PR122949618061 MI Troy 48085 Amount of Each Receipt this Period FEC ID number of contributing 455.00 С federal political committee. Name of Employer Occupation Chief Compliance Officer Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$35.00 Bi-Weekly) 455.00 Other (specify) 1076.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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

FOI	R LINE	NU	IMBER	:	PAGE	8	OF	31
(che	eck only	or	ne)					
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	13		14		15	16	;	17

		atements may not be sold or used by any personame and address of any political committee to	
	NAME OF COMMITTEE (In Full)	• • • • • • • • • • • • • • • • • • • •	
$\rangle$	Health Alliance Plan PAC		
٦.	Full Name (Last, First, Middle Initial) Robin D Kelmenson		Date of Receipt
	Mailing Address 5412 Tequesta Drive		06 30 2015
	City	State Zip Code	Transaction ID : PR122949718061
	West Bloomfield	MI 48323	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	208.00
	Name of Employer	Occupation	
	Health Alliance Plan	Sr Medical Director	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  208.00	P/R Deduction (\$16.00 Bi-Weekly)
В.	Full Name (Last, First, Middle Initial)  Mark J. Zickel		Date of Receipt
	Mailing Address 5580 Oak Tree Lane		M = M / D = D / Y = Y = Y
	City	State Zip Code	06 30 2015
	Whitehall	State Zip Code MI 49461	Transaction ID: PR122949818061  Amount of Each Receipt this Period
		10.10.1	Amount of Each Necelpt this Period
	FEC ID number of contributing federal political committee.	C	325.00
	Name of Employer	Occupation	
	Health Alliance Plan	VP- Network Management	
_	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  325.00	P/R Deduction (\$25.00 Bi-Weekly)
— Э.	Full Name (Last, First, Middle Initial) Todd Eric Hutchison		Date of Receipt
	Mailing Address 773 Whittier		06 30 2015
	City	State Zip Code	Transaction ID : PR124815118061
	Grosse Pointe Park	MI 48230	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	753.09
	Name of Employer	Occupation	
	Health Alliance Plan	SVP- Chief Finance Officer	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	753.09	P/R Deduction (\$57.93 Bi-Weekly)
S	UBTOTAL of Receipts This Page (optional)		1286.09
	OTAL This Period (last page this line number o	<u>r_</u>	
• •	, p	• ·	7

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: **PAGE** 9 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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ITEMIZED RECEIPTS 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) Gregory Buran Date of Receipt Mailing Address 48555 Wicker Creel Drive 30 2015 City Zip Code State Transaction ID: PR130556418061 Northville MI 48168 Amount of Each Receipt this Period FEC ID number of contributing C 800.00 federal political committee. Name of Employer Occupation VP Utilization Management Phys Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$800.00 Bi-Weekly) 800.00 Other (specify) Full Name (Last, First, Middle Initial) B. Cristina M Zatek Date of Receipt Mailing Address 1205 Mohawk Avenue 30 06 2015 City State Zip Code Transaction ID: PR130557118061 Royal Oak MI 48067 Amount of Each Receipt this Period FEC ID number of contributing 221.00 federal political committee. Name of Employer Occupation Health Alliance Plan Dir- Commercial Group Srvcs Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$17.00 Bi-Weekly) 221.00 Other (specify) Full Name (Last, First, Middle Initial) c. Irita Matthews Date of Receipt Mailing Address 861 Whittier 30 06 2015 City Zip Code State Transaction ID: PR75326418061 MI Grosse Pointe Park 48230 Amount of Each Receipt this Period FEC ID number of contributing 500.50 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) 500.50 Other (specify) 1521.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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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 30 2015 06 City Zip Code State Transaction ID: PR75326618061 Shelby Township MI 48317 Amount of Each Receipt this Period FEC ID number of contributing C 260.00 federal political committee. Name of Employer Occupation VP- Utilization Mgt & Case Mgt Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 260.00 Other (specify) Full Name (Last, First, Middle Initial) B. Donald Edward Kiefiuk Date of Receipt Mailing Address 39810 Karola 06 30 2015 City State Zip Code Transaction ID: PR75329418061 MI Sterling Heights 48313 Amount of Each Receipt this Period FEC ID number of contributing 500.50 federal political committee. Name of Employer Occupation Health Alliance Plan VP - Enrollment & Claims Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.50 Bi-Weekly) 500.50 Other (specify) Full Name (Last, First, Middle Initial) c. John David Calabria Date of Receipt Mailing Address 2030 Brinston 30 06 2015 City Zip Code State Transaction ID: PR75330618061 MI Troy 48083 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Sr Medical Director Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$500.00 Bi-Weekly) 500.00 Other (specify) 1260.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

	FOR LINE NUMBER:	PAGE	E 11 OF	- 3
Use separate schedule(s)	(check only one)			
for each category of the Detailed Summary Page	X 11a 11b	11c	12	
zotanou cummun, rugo	13 14	15	16	

	I Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
Full Name (Last, First, Middle Initial)  Glen P Koslakiewicz		Date of Receipt
Mailing Address 30431 John Hauk  City	State Zip Code	06 30 2015 Transaction ID : PR75332518061
Garden City	MI 48135	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.00
Name of Employer  Health Alliance Plan  Receipt For:	Occupation  Dir- Fin Operations	
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  208.00	P/R Deduction (\$16.00 Bi-Weekly)
Full Name (Last, First, Middle Initial)  Dianna Lynn Ronan		Date of Receipt
Mailing Address 2156 Cumberland		06 30 2015
City Brighton	State Zip Code MI 48114	Transaction ID : PR75334018061  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	390.00
Name of Employer Health Alliance Plan	Occupation VP - Financial Services	-
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$30.00 Bi-Weekly)
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 889 Langley Court		06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Rochester Hills	State Zip Code MI 48309	Transaction ID : PR75334718061  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	780.00
Name of Employer	Occupation	1
Health Alliance Plan Receipt For:	SVP- Chief Operating Officer	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  780.00	P/R Deduction (\$60.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional).		1378.00
TOTAL This Period (last page this line number		

	FOF	LINE	NU	MBER	:	PAGE	·	12 OF	:	31
Use separate schedule(s) for each category of the	(che	ck only	or	ne)						
Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		17

	nd Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
Full Name (Last, First, Middle Initial)  A. Rachel A Powell		Date of Receipt
Mailing Address 543 Thurber		06 30 2015
City	State Zip Code	Transaction ID : PR75336218061
Troy	MI 48085	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	234.00
Name of Employer	Occupation	
Health Alliance Plan	Dir - MA Revenue Management	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  234.00	P/R Deduction (\$18.00 Bi-Weekly)
Full Name (Last, First, Middle Initial)  3. Sandra Lee Ledesma		Date of Receipt
Mailing Address 22429 Provincial		06 30 2015
City	State Zip Code	Transaction ID : PR75336918061
Woodhaven	MI 48183	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.00
Name of Employer	Occupation	
Health Alliance Plan	Dir- Application Development	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	208.00	P/R Deduction (\$16.00 Bi-Weekly)
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 3066 Richmond Dr.		06 30 2015
City	State Zip Code	Transaction ID : PR75339418061
Clarkston	MI 48348	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	325.00
Name of Employer	Occupation	
Health Alliance Plan	AVP - Labor Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	325.00	P/R Deduction (\$25.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional	)	767.00
TOTAL This Period (last page this line numl	ber only)	

FOR LINE NUMBER: PAGE 13 OF 31 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) Richard D Chaney Date of Receipt Mailing Address 13120 Van Pamel 30 2015 06 City Zip Code State Transaction ID: PR75339718061 Shelby Township MI 48315 Amount of Each Receipt this Period FEC ID number of contributing C 260.00 federal political committee. Name of Employer Occupation VP - Customer Services Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 260.00 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher Andrew Johnston Date of Receipt Mailing Address 4300 Westover Dr. 06 30 2015 City State Zip Code Transaction ID: PR75340718061 West Bloomfield MI 48323 Amount of Each Receipt this Period FEC ID number of contributing C 247.00 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) 247.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Marc Vanderburg Date of Receipt Mailing Address 25750 Ivanhoe 30 06 2015 City State Zip Code Transaction ID: PR75341018061 MI **Huntington Woods** 48070 Amount of Each Receipt this Period FEC ID number of contributing 240.00 С federal political committee. Name of Employer Occupation AVP- Group Cust Service Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 240.00 Other (specify) 747.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -

FOR LINE NUMBER: PAGE 14 OF 31 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) Rory P. Lafferty Date of Receipt Mailing Address 759 Cherry Stone Drive #2D 30 2015 06 City State Zip Code Transaction ID: PR75341718061 Canton MI 48188 Amount of Each Receipt this Period FEC ID number of contributing C 260.00 federal political committee. Name of Employer Occupation Health Alliance Plan Dir- Government&LasItv Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 260.00 Other (specify) Full Name (Last, First, Middle Initial) B. Annette M Marcath Date of Receipt Mailing Address 14691 24 Mile Road 06 30 2015 City State Zip Code Transaction ID: PR77555718061 MI Shelby Township 48315 Amount of Each Receipt this Period FEC ID number of contributing 1500.00 federal political committee. Name of Employer Occupation Health Alliance Plan **VP-Chief Information Officer** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$1500.00 Bi-Weekly) 1500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Joel T Keiper Date of Receipt Mailing Address 3812 Miller Way South 30 06 2015 City Zip Code State Transaction ID: PR87082118061 MI Bloomfield 48301 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation VP- Corp Strategic Planning Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$250.00 Bi-Weekly) 250.00 Other (specify) 2010.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -

FOR LINE NUMBER: PAGE 15 OF 31 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 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) Deandre Antwan Lipscomb Date of Receipt Mailing Address 29545 Greening St. 30 2015 06 City Zip Code State Transaction ID: PR87082318061 Farmington Hills MI 48334 Amount of Each Receipt this Period FEC ID number of contributing C 425.10 federal political committee. Name of Employer Occupation Health Alliance Plan VP- Community Outreach Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$32.70 Bi-Weekly) 425.10 Other (specify) Full Name (Last, First, Middle Initial) B. Dan Ellis Champney Date of Receipt Mailing Address 9186 Hidden Oaks Dr 06 30 2015 City State Zip Code Transaction ID: PR99462018061 Grand Blanc MI 48439 Amount of Each Receipt this Period FEC ID number of contributing 520.00 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) 520.00 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) 945.10 SUBTOTAL of Receipts This Page (optional)..... 12427.20 TOTAL This Period (last page this line number only).....

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TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only X 21b 27	one) 22 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC	, , , , , , , , , , , , , , , , , ,		
Full Name (Last, First, Middle Initial)			
Comerica Bank			Date of Disbursement
Mailing Address P.O. Box 75000			01 05 2015
City Detroit	State Zip Code MI 48275		Transaction ID: 8968809
Purpose of Disbursement Global Credit Card Transaction Fees		001	Amount of Each Disbursement this Period
Candidate Name		Category/	119.90
Senate President	ment For:  Primary General  Other (specify)	Туре	Global Credit Card Transaction Fees
State: District:			
Full Name (Last, First, Middle Initial)  3- Comerica Bank			Date of Disbursement
Mailing Address P.O. Box 75000			01 05 2015
City Detroit Purpose of Disbursement	State Zip Code MI 48275		Transaction ID: 8968810
Vantiv Credit Card Transaction Fees		001	Amount of Each Disbursement this Period
Candidate Name	'	Category/ Type	48.35
Office Sought:  House  Senate  President  State:  Disburse	ment For:  Primary General  Other (specify) ▼		Vantiv Credit Card Transaction Fees
Full Name (Last, First, Middle Initial)  Comerica Bank			Date of Disbursement
Mailing Address P.O. Box 75000			02 03 2015
City Detroit	State Zip Code MI 48275		Transaction ID: 8979330
Purpose of Disbursement Credit Card Transaction Fees Candidate Name		001 Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼	71.	Credit Card Transaction Fees

	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS	for each c	ate schedule(s) ategory of the summary Page	FOR LINE (check only 21b	
	ny information copied from such Reports and Staten for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) Health Alliance Plan PAC			ed by any perso	on for the purpose of soliciting contributions
Α.	Full Name (Last, First, Middle Initial)  Comerica Bank				Date of Disbursement
	Mailing Address P.O. Box 75000  City	State	Zip Code		02 06 2015
	Detroit Purpose of Disbursement Reimbursement of 01/05/15 Global Merchant Fee	MI	48275	001	Transaction ID : 8986838  Amount of Each Disbursement this Period
	Candidate Name			Category/ Type	-119.90
		nent For: Primary Other (speci	General fy) ▼		Reimbursement of 01/05/15 Global Merchant Fe
В.	Full Name (Last, First, Middle Initial)  Comerica Bank  Mailing Address P.O. Box 75000				Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Detroit	State MI	Zip Code 48275		Transaction ID : 9005573
	Purpose of Disbursement Credit Card Transaction Fees Candidate Name			001 Category/ Type	Amount of Each Disbursement this Period 28.03
		nent For: Primary Other (speci	General <b>▼</b>	71-	Credit Card Transaction Fees
<u>С</u> .	Full Name (Last, First, Middle Initial)  Comerica Bank				Date of Disbursement
	Mailing Address P.O. Box 75000				03 03 2015
	City S Detroit Purpose of Disbursement	State MI	Zip Code 48275		Transaction ID: 9040012
	Credit Card Transaction Fees Candidate Name			001 Category/ Type	Amount of Each Disbursement this Period 30.00
		nent For: Primary Other (speci	☐ General	,,	Credit Card Transaction Fees

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 OF 31		
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c 29 30	
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC				
Full Name (Last, First, Middle Initial)			Data of Birkon was	
A. Comerica Bank			Date of Disbursement	
Mailing Address P.O. Box 75000			03 10 2015	
City Detroit	State Zip Code MI 48275		Transaction ID : 9065015	
Purpose of Disbursement Credit Card Transaction Fees		001	Amount of Each Disbursement this Period	
Candidate Name		Category/ Type	28.03	
Senate President	ement For:  Primary General  Other (specify)	туре	Credit Card Transaction Fees	
State: District:				
Full Name (Last, First, Middle Initial)  3. Comerica Bank			Date of Disbursement	
Mailing Address P.O. Box 75000			04 02 2015	
City Detroit	State Zip Code MI 48275		Transaction ID : 9127148	
Purpose of Disbursement Credit Card Transaction Fees		001	Amount of Each Disbursement this Period	
Candidate Name		Category/ Type	30.00	
Office Sought:  House Senate President State:  Disburse	ement For:    Primary		Credit Card Transaction Fees	
Full Name (Last, First, Middle Initial) C. Comerica Bank			Date of Disbursement	
Mailing Address P.O. Box 75000			04 09 2015	
City Detroit	State Zip Code MI 48275		Transaction ID : 9138514	
Purpose of Disbursement Credit Card Transaction Fees Candidate Name		001 Category/ Type	Amount of Each Disbursement this Period 28.03	
Office Sought: House Disburse Senate President	ement For:    Primary	.,,,,,	Credit Card Transaction Fees	

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	-	FOR LINE NUMBER: PAGE 19 OF 31		
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	7 one) 22 23 24 25 26 28a 28b 28c 29 30		
Any information copied from such Reports and State or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC	,				
Full Name (Last, First, Middle Initial)					
Comerica Bank			Date of Disbursement		
Mailing Address P.O. Box 75000			05 04 2015		
City	State Zip Code MI 48275		Transaction ID: 9194052		
Detroit Purpose of Disbursement	1011 46275				
Credit Card Transaction Fees		001	Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	30.00		
Office Sought:  House Senate President  Disburse	ement For:    Primary	Турс	Credit Card Transaction Fees		
State: District:					
Full Name (Last, First, Middle Initial)  - Comerica Bank			Date of Disbursement		
Mailing Address P.O. Box 75000			05 11 2015		
City Detroit	State Zip Code MI 48275		Transaction ID : 9194053		
Purpose of Disbursement Credit Card Transaction Fees		001	Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	28.03		
Office Sought:    House   Disburse	ment For: Primary General Other (specify) ▼		Credit Card Transaction Fees		
Full Name (Last, First, Middle Initial)  Comerica Bank			Date of Disbursement		
Mailing Address P.O. Box 75000			06 02 2015		
City Detroit	State Zip Code MI 48275		Transaction ID : 9229480		
Purpose of Disbursement Credit Card Transaction Fees Candidate Name		001 Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disburse Senate	ment For:    Primary	Nr.	Credit Card Transaction Fees		

## 17

SCHEDULE B (FEC Form 3X)	11	FOR LINE	NUMBER:	PAGE 20 OF 31	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)			
	Detailed Summary Page	X 21b 27	22 23 28b 28b	24 25 26 28c 29 30b	
Any information copied from such Reports and State					
or for commercial purposes, other than using the nat	me and address of any polition	cal committee to	solicit contributions fr	rom such committee.	
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC					
Full Name (Last, First, Middle Initial)			Data of Diskarasan		
A. Comerica Bank			Date of Disbursem	ent / Y Y Y Y Y	
Mailing Address P.O. Box 75000	06 09	2015			
City	State Zip Code		Transaction ID :	9239642	
Detroit Purpose of Disbursement	MI 48275				
Credit Card Transactions Fees		001	Amount of Each Di	isbursement this Period	
Candidate Name		Category/		28.03	
Office Sought: House Disburse	ment For:	Туре		20.03	
Senate President	Primary General  Other (specify)		Credit Card Transac	ctions Fees	
State: District:					
Full Name (Last, First, Middle Initial) <b>B.</b>	Full Name (Last, First, Middle Initial)				
<b>5.</b>	Date of Disbursement				
Mailing Address					
City	City State Zip Code				
Purpose of Disbursement		Amount of Foob Di	isbursement this Period		
Candidate Name			Amount of Each Di	isbursement this Penou	
		Category/ Type			
	ment For:				
Senate President	Primary General Other (specify) ▼				
State: District:	Other (speediy)				
Full Name (Last, First, Middle Initial)					
C.			Date of Disbursem	ent	
Mailing Address	Mailing Address			/	
	State Zip Code				
Ony .	State Zip Oode				
Purpose of Disbursement	Purpose of Disbursement				
Candidate Name	Candidate Name			isbursement this Period	
Office Sought: House Disburse	ment For:	Туре			
Senate President	Primary General				
State: District:	Other (specify) ▼				
SUBTOTAL of Disbursements This Page (optional).		·····		28.03	
TOTAL This Period (last page this line number only	١			338.50	
	<i>,</i>				

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)  Health Alliance Plan PAC	ents may not be sold or used e and address of any political	by any person committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  A. Mike Bishop For Congress  Mailing Address PO Box 1148			Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Brighton	State Zip Code MI 48116		Transaction ID : 9265820
Senate X	nent For: 2016 Primary General Other (specify)	011 Category/ Type	Amount of Each Disbursement this Period 500.00  Direct Contributions
Full Name (Last, First, Middle Initial)  B.  Mailing Address			Date of Disbursement
Purpose of Disbursement  Candidate Name  Office Sought: House Disbursem Senate	nent For: Primary General Other (specify)	Category/ Type	Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial)  Mailing Address			Date of Disbursement
City S Purpose of Disbursement Candidate Name	State Zip Code	Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)	Турс	
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only).			500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s)			
II LIVIIZED DISDUNSEIVIEN IS	for each category of the Detailed Summary Page	21b	22 23 24 25 26 28a 28b 28c × 29 30b	
Any information copied from such Reports and Staten or for commercial purposes, other than using the name		l by any perso	n for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC	, , , , , , , , , , , , , , , , , , ,			
Full Name (Last, First, Middle Initial)  A. David Knezek for Senate			Date of Disbursement	
Mailing Address PO Box 867			01 14 2015	
City  Dearborn Heights  Purpose of Disbursement	State Zip Code MI 48127		Transaction ID: 8945765	
Direct Contribution		011	Amount of Each Disbursement this Period	
Candidate Name David Knezek		Category/ Type	500.00	
Office Sought: House Disburser  Senate President  State: District:	nent For:  Primary General  Other (specify)		Direct Contribution	
Full Name (Last, First, Middle Initial)  B. Marleau for Michigan  Mailing Address 3232 Pickwick PL			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Lansing	State Zip Code MI 48917		Transaction ID: 8945766	
Purpose of Disbursement Stop Pymt - Marleau for Michigan  Candidate Name  Marleau for Michigan  Office Sought: House Disbursen		011 Category/ Type	Amount of Each Disbursement this Period -1000.00	
Senate	Primary General Other (specify) ▼		Stop Pymt - Marleau for Michigan	
Full Name (Last, First, Middle Initial)  C. Marleau for Michigan			Date of Disbursement	
Mailing Address 3232 Pickwick PL			01 15 2015	
City Lansing Purpose of Disbursement	State Zip Code MI 48917		Transaction ID: 8945767	
Direct Contribution  Candidate Name		011 Category/	Amount of Each Disbursement this Period	
Office Sought:    House   Disburser	nent For: Primary General Other (specify)	Туре	Direct Contribution	
SUBTOTAL of Disbursements This Page (optional)			500.00	
TOTAL This Period (last page this line number only)				

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 OF 31 (check only one)		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one)  22	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC				
Full Name (Last, First, Middle Initial)			Date of Distance and	
A. Ananich Future Fund			Date of Disbursement	
Mailing Address 932 Maxine Street			02 23 2015	
,	tate Zip Code		Transaction ID : 9020492	
Flint Purpose of Disbursement	MI 48503			
Direct Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	500.00	
	nent For:  Primary General  Other (specify)	Туре	Direct Contribution	
State: District:				
Full Name (Last, First, Middle Initial)  B. Mike Callton for State Representati	ve		Date of Disbursement	
Mailing Address PO Box 676		02 23 2015		
City S Nashville Purpose of Disbursement	tate Zip Code MI 49073		Transaction ID : 9020493	
Direct Contribution		011	Amount of Each Disbursement this Period	
Candidate Name MI Rep. Mike Callton		Category/	500.00	
Office Sought: House Disbursem	lent For:	Туре		
Senate	Primary General Other (specify) ▼		Direct Contribution	
Full Name (Last, First, Middle Initial)			Date of Disbursement	
<sup>C.</sup> George T. Darany for State Repres	George T. Darany for State Representative			
Mailing Address 17835 Oakwood Blvd.			03 05 2015	
Dearborn	tate Zip Code MI 48124		Transaction ID : 9041107	
Purpose of Disbursement Direct Contribution		011		
Candidate Name MI Rep. George Darany	- I	Category/	Amount of Each Disbursement this Period 500.00	
Office Sought: House Disbursem	nent For:	Туре		
Senate President	Primary General  Other (specify) ▼		Direct Contribution	
State: District:				
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only).			1500.00	

SCHEDULE B (FEC Form 3X)	Lico conorato cabadula/a	FOR LINE NUMBER: PAGE 24 OF 31		
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(official official)		24     25     24
	Detailed Summary Page	21b 27	22 23 28b	24 25 26 28c X 29 30
Any information copied from such Reports and State				oliciting contributions
or for commercial purposes, other than using the nat	me and address of any polit	icai committee to	solicit contributions from	n such committee.
NAME OF COMMITTEE (In Full)				
Health Alliance Plan PAC				
Full Name (Last, First, Middle Initial)			B	
A. CTE Klint Kesto			Date of Disbursemer	nt
Mailing Address PO Box 1193	Mailing Address PO Box 1193			
•	State Zip Code		Transaction ID : 90	41108
Walled Lake Purpose of Disbursement	MI 48390		11a113aCtIOII ID . 90	71100
Purpose of Disbursement Direct Contribution		011	Amount of Each Disk	oursement this Period
Candidate Name		Category/		E00.00
MI Rep. Klint Kesto		Туре		500.00
Office Sought: House Disburse Senate	ment For:  Primary General			
President	Primary General Other (specify) ▼		Direct Contribution	
State: District:	onici (apoony) ▼			
Full Name (Last, First, Middle Initial)				
3. Tom Leonard for State Representa	ative		Date of Disbursemer	nt
·			M = M / D = D / Y = Y = Y	
Mailing Address 14840 Robinwood Dr			03 05	2015
City	State Zip Code		Transaction ID: 90	041109
Lansing	MI 48906			
Purpose of Disbursement Direct Contribution		011	Amount of Each Disk	oursement this Period
Candidate Name			3. 2aa Blok	
MI Rep. Tom Leonard		Category/ Type		1000.00
·	ment For:			
Senate	Primary General		Direct Contribution	
President State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. Friends of Kristy Pagan			Date of Disbursemer	nt
			M M / D D	/ Y Y Y Y Y
Mailing Address PO Box 871451			03 05	2015
City	State Zip Code			
Canton	MI 48187		Transaction ID: 90	)41110
Purpose of Disbursement Direct Contribution		011		
Candidate Name			Amount of Each Disk	oursement this Period
MI Rep. Kristy Pagan		Category/		250.00
	ment For:	Туре		7
Senate	Primary General		Direct Contribution	
President	Other (specify) ▼		511000 CONTRIBUTION	
State: District:	· · · · · · · · · · · · · · · · · · ·			
·				1750.00
SUBTOTAL of Disbursements This Page (optional)		·····	7	1750.00
TOTAL This David //ast same this Processes	Α.			
TOTAL This Period (last page this line number only	J			(0) 1 1 (0) 1

SCHEDULE B (FEC Form 3X)	Llea caparata cabadula/		FOR LINE NUMBER: PAGE 25 OF 31		
TEMIZED DISBURSEMENTS	Use separate schedule(s	Official offing	one)		
	Detailed Summary Page	27	28a 28b 28c X 29 3		
Any information copied from such Reports and Staten					
or for commercial purposes, other than using the name	ne and address of any poli	tical committee to	o solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC					
/ Health Alliance Flan FAC					
Full Name (Last, First, Middle Initial)			5. (5:1		
Committee to Elect Rob VerHeulen		Date of Disbursement			
Mailing Address 4167 Imperial NW		03 05 2015			
City	State Zip Code		Transaction ID : 0044444		
Walker	MI 49534		Transaction ID : 9041111		
Purpose of Disbursement Direct Contribution		011	Amount of Each Disbursement this Period		
Candidate Name		Category/	500.00		
MI Rep. Robert VerHeulen		Type	500.00		
	nent For:  Primary General  Other (specify)		Direct Contribution		
State: District:					
Full Name (Last, First, Middle Initial)					
Rebekah Warren for State Senate		Date of Disbursement			
Mailing Address 234 Eighth Street		03 05 2015			
ivialing Address 234 Eighth Street		03 03 2013			
City	State Zip Code		Transaction ID : 9041112		
Ann Arbor	MI 48103		1141134041011112		
Purpose of Disbursement Direct Contribution		011	Amount of Each Disbursement this Period		
Candidate Name					
MI Sen. Rebekah Warren		Category/ Type	500.00		
Office Sought: House Disbursen	nent For:				
	Primary General		Direct Contribution		
	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial)	Shoriff		Date of Disbursement		
Cliffe to Ne-Liect Bellity Napoleon	Cmte to Re-Elect Benny Napoleon Sheriff				
Mailing Address PO Box 32974			03 09 2015		
City	State Zip Code				
Detroit	MI 48232		Transaction ID: 9050821		
Purpose of Disbursement Direct Contribution					
		011	Amount of Each Disbursement this Period		
Candidate Name		Category/	500.00		
Benny Napoleon  Office Sought: House Disbursen	nent For:	Туре	33330		
	Primary General		Direct Contribution		
	Other (specify)		Direct Contribution		
State: District:	· · · · · · · · · · · · · · · · · · ·				
<u> </u>					
SUBTOTAL of Disbursements This Page (optional)			1500.00		
TOTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3X)	Llee congrete ashedul		FOR LINE NUMBER: PAGE 26 OF 31		
TEMIZED DISBURSEMENTS	Use separate schedule for each category of the Detailed Summary Page	he Collect only	22 23 24 25 2		
		27	28a 28b 28c 🔀 29		
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar	ments may not be sold one and address of any p	r used by any persolitical committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)					
Health Alliance Plan PAC					
Full Name (Last, First, Middle Initial)					
Ken Yonker for State Representati		Date of Disbursement			
Mailing Address 2202 100th Street		03 16 2015			
,	State Zip Code		Transaction ID : 9070184		
Caledonia	MI 49316		Transaction is : 3070104		
Purpose of Disbursement Direct Contribution		011	Amount of Each Disbursement this Period		
Candidate Name		Category/	500.00		
MI Rep. Ken Yonker		Type	500.00		
Senate President	ment For:  Primary Genera  Other (specify) ▼	al	Direct Contribution		
State: District:					
Full Name (Last, First, Middle Initial)  Friends of Robert Wittenberg		Date of Disbursement			
Martin Address		M M / D D / Y Y Y Y Y			
Mailing Address 26131 Harding St		03 16 2015			
	State Zip Code		Transaction ID : 9070185		
Oak Park Purpose of Disbursement	MI 48237				
Direct Contribution		011	Amount of Each Disbursement this Period		
Candidate Name		Category/	200.00		
MI Rep. Robert Wittenberg		Type	200.00		
Office Sought: House Disburser Senate President	ment For:  Primary Genera  Other (specify) ▼	al	Direct Contribution		
State: District:					
Full Name (Last, First, Middle Initial)  - MAHP PAC			Date of Disbursement		
Mailing Address 327 Seymour Avenue			03 16 7 2015		
City	State Zip Code				
Lansing	MI 48901		Transaction ID : 9070186		
		011			
Purpose of Disbursement Direct Contribution		1 011			
Purpose of Disbursement		011 Category/	Amount of Each Disbursement this Period  10000.00		
Purpose of Disbursement Direct Contribution  Candidate Name			Amount of Each Disbursement this Period		
Purpose of Disbursement Direct Contribution  Candidate Name  Office Sought: House Disburser Senate President	ment For: Primary General Other (specify)	Category/ Type			
Purpose of Disbursement Direct Contribution  Candidate Name  Office Sought: House Senate	Primary Genera	Category/ Type	10000.00		
Purpose of Disbursement Direct Contribution  Candidate Name  Office Sought: House Disburser Senate President	Primary General Other (specify) ▼	Category/ Type	10000.00		

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 27 OF 31		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b	one) 22 23 24 25 26	
	Detailed Sulfilliary Page	27	28a 28b 28c X 29 30l	
Any information copied from such Reports and Si or for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full)				
Health Alliance Plan PAC				
Full Name (Last, First, Middle Initial)			Data of Dishurasmant	
A. Mike Duggan for Detroit			Date of Disbursement	
Mailing Address 400 Monroe St Suite 206A			04 14 2015	
City	State Zip Code		Transaction ID : 9138410	
Detroit Purpose of Disbursement	MI 48226			
Direct Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	600.00	
Mike Duggan		Type	600.00	
Senate President	rsement For:  Primary General  Other (specify)		Direct Contribution	
State: District:				
B. Friends of Daniela Garcia			Date of Disbursement	
Mailing Address 22 E 29th Street	Mailing Address 22 E 29th Street			
City Holland Purpose of Disbursement	State Zip Code MI 49423		Transaction ID: 9138411	
Direct Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	252.62	
Daniela Garcia	_	Туре	250.00	
Office Sought: House Disbu Senate President State: District:	rrsement For: Primary General Other (specify) ▼		Direct Contribution	
Full Name (Last, First, Middle Initial)  C. Friends of Frank Liberati	,			
Mailing Address 9068 Quandt			04 14 2015	
City Allen Park	State Zip Code MI 48101		Transaction ID: 9138412	
Direct Contribution			Amount of Each Disbursement this Period	
Candidate Name MI Rep. Frank Liberati		Category/ Type	250.00	
Office Sought: House Disbu Senate President	rrsement For:  Primary General  Other (specify) ▼	71 -	Direct Contribution	
State: DISTRICT:				
State: District:  SUBTOTAL of Disbursements This Page (option  TOTAL This Period (last page this line number of			1100.00	

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 28 OF 31		
ITEMIZED DISBURSEMENTS	Use separate schedule(s	(check only	NOMBER.	
	for each category of the Detailed Summary Page	21b	22 23 24 25 26	
		27	28a 28b 28c X 29 30	
Any information copied from such Reports and Sta				
or for commercial purposes, other than using the r	name and address of any polit	ical committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
Full Name (Last, First, Middle Initial)				
A. Laura Cox for State Representat	ivo		Date of Disbursement	
Laura Cox for State Representat	IVE		M M / D D / Y Y Y Y	
Mailing Address PO Box 531392			04 28 2015	
City	State Zip Code		Transaction ID : 9161495	
Flint Purpose of Disbursement	MI 48503			
Direct Contribution		011	Amount of Each Disbursement this Period	
Candidate Name			Amount of Each Bisbarcoment this Feriod	
MI Rep. Laura Cox		Category/ Type	250.00	
	sement For:	31	,	
Senate	Primary General		Direct Contribution	
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)				
B. Greater Rochester Leadership F	und PAC		Date of Disbursement	
Moiling Address DO D. Torot		M M / D D / Y Y Y Y		
Mailing Address PO Box 70591			04 28 2015	
City	State Zip Code		T (1 ID 0404407	
Rochester	MI 48307		Transaction ID: 9161497	
Purpose of Disbursement Direct Contribution				
		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	250.00	
Office Sought: House Disbur	sement For:	Туре	7 7	
Senate	Primary General		Direct Contribution	
President	Other (specify)		Direct Contribution	
State: District:				
Full Name (Last, First, Middle Initial)				
C. Friends of Phil Phelps	•			
·			04 28 2015	
Mailing Address 1021 Kensington Avenue	Mailing Address 1021 Kensington Avenue			
City	State Zip Code			
City Flint	State Zip Code MI 48503		Transaction ID: 9161498	
Purpose of Disbursement	1000			
Direct Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	252.00	
Phil Phelps		Type	250.00	
	sement For:			
Senate	Primary General		Direct Contribution	
State: District:	Other (specify) ▼			
State. District.				
CURTOTAL of Dishumananta This Days (1.1)	1)		750.00	
SUBTOTAL of Disbursements This Page (optional	l)	······	7.00.00	
TOTAL This Period (last page this line number or	nlv)			
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SCHEDULE B (FEC Form 3X) $\Box$			llaa aanarata aahadula(a) l		NUMBER: PAG	PAGE 29 OF 31	
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only			
			Summary Page	21b 27	22 23 24 28a 28b 28c	25 26 29 30b	
_		<u> </u>				11	
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam						
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,				
	Health Alliance Plan PAC						
	Ticaliti / illianoc i lan i / ic						
_	Full Name (Last, First, Middle Initial)						
Α.	· Friends of Holly Hughes				Date of Disbursement		
	Mailing Address 8801 Lehman				05 04	2015	
	Mailing Address 6601 Lenman	05 04	2015				
	City	State	Zip Code		T ( ID 040047		
	Montague	MI	49437		Transaction ID: 9169174	,	
	Purpose of Disbursement Direct Contribution			244			
	Candidate Name			011	Amount of Each Disbursen	nent this Period	
	MI Rep. Holly Hughes			Category/		250.00	
	Office Sought: House Disbursen	nent For:		Туре			
		Primary	General		Direct Contribution		
		Other (spec			Direct Contribution		
	State: District:		•				
	Full Name (Last, First, Middle Initial)						
В.	Friends of Warren C. Evans	S			Date of Disbursement		
					M M / D D / Y	Y Y Y Y	
	Mailing Address 1959 E Jefferson Avenue				05 20	2015	
	City State Zip Code						
	Detroit	MI	48207		Transaction ID: 9205344	ļ	
	Purpose of Disbursement Direct Contribution						
		011	Amount of Each Disbursen	nent this Period			
	Candidate Name Warren C. Evans					250.00	
	Office Sought: House Disbursen	nent For		Туре			
		Primary	General		Direct Contribution		
		Other (spec	cify) 🔻		Direct Contribution		
	State: District:		·				
	Full Name (Last, First, Middle Initial)						
С.	Full Name (Last, First, Middle Initial)  Gabe Leland for Council				Date of Disbursement		
С.	Gabe Leland for Council				M = M / D = D / Y	YYYY	
С.						2015	
<u>с</u> .	Gabe Leland for Council  Mailing Address 10025 Ashton Avenue	State	Zip Code		05 20 Y	2015	
С.	Gabe Leland for Council  Mailing Address 10025 Ashton Avenue  City Detroit	State MI	Zip Code 48228		M = M / D = D / Y	2015	
c.	Gabe Leland for Council  Mailing Address 10025 Ashton Avenue  City Substitute Detroit  Purpose of Disbursement		•		05 20 Y	2015	
C.	Gabe Leland for Council  Mailing Address 10025 Ashton Avenue  City Substitution  City Substitution Substituti		•	011	05 20 Y	2015	
C.	Gabe Leland for Council  Mailing Address 10025 Ashton Avenue  City S  Detroit  Purpose of Disbursement Direct Contribution  Candidate Name		•	Category/	05 20 / Y Transaction ID : 9205346	2015	
C.	Gabe Leland for Council  Mailing Address 10025 Ashton Avenue  City Substitution  City Substitution  Candidate Name  Gabe Leland	MI	•		05 20 / Y Transaction ID : 9205346	2015 ment this Period	
C.	Gabe Leland for Council  Mailing Address 10025 Ashton Avenue  City Detroit Purpose of Disbursement Direct Contribution  Candidate Name Gabe Leland  Office Sought: House Disbursement	MI nent For:	48228	Category/	Transaction ID: 9205346  Amount of Each Disbursen	2015 ment this Period	
C.	Gabe Leland for Council  Mailing Address 10025 Ashton Avenue  City Detroit Purpose of Disbursement Direct Contribution  Candidate Name Gabe Leland  Office Sought: House Senate Disbursen	MI	48228 General	Category/	05 20 / Y Transaction ID : 9205346	2015 ment this Period	
C.	Gabe Leland for Council  Mailing Address 10025 Ashton Avenue  City Detroit Purpose of Disbursement Direct Contribution  Candidate Name Gabe Leland  Office Sought: House Senate Disbursen	ment For: Primary	48228 General	Category/	Transaction ID: 9205346  Amount of Each Disbursen	2015 ment this Period	
C.	Gabe Leland for Council  Mailing Address 10025 Ashton Avenue  City Superior Purpose of Disbursement Direct Contribution  Candidate Name Gabe Leland  Office Sought: House Senate President	ment For: Primary	48228 General	Category/	Transaction ID: 9205346  Amount of Each Disbursen	2015 nent this Period 250.00	
C.	Gabe Leland for Council  Mailing Address 10025 Ashton Avenue  City Superior Purpose of Disbursement Direct Contribution  Candidate Name Gabe Leland  Office Sought: House Senate President	ment For: Primary Other (spec	48228  General cify) ▼	Category/ Type	Transaction ID: 9205346  Amount of Each Disbursen	2015 ment this Period	
	Gabe Leland for Council  Mailing Address 10025 Ashton Avenue  City  Detroit  Purpose of Disbursement Direct Contribution  Candidate Name  Gabe Leland  Office Sought: House Senate President  State: District:	ment For: Primary Other (spec	48228  General cify) ▼	Category/ Type	Transaction ID: 9205346  Amount of Each Disbursen	2015 nent this Period 250.00	

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and addre	ess of any politic	al committee to	Date of Disbursement  06 10 2015	
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			06 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
		244	06 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
		244	06 10 2015	
			Transaction ID : 9239717	
<u>.                                    </u>	43023	044		
		011	Amount of Each Disbursement this Period	
			Amount of Lacif Disbursement this Fell	
		Category/ Type	250.00	
nt For: rimary ther (spec	General ify) ▼		Direct Contribution	
Full Name (Last, First, Middle Initial)  Friends of Robert Wittenberg			Date of Disbursement	
Mailing Address 26131 Harding St			06 10 2015	
ite 11	Zip Code 48237		Transaction ID : 9239718	
		011	Amount of Each Disbursement this Period	
Candidate Name				
MI Rep. Robert Wittenberg  Office Sought: House Disbursement For:				
rimary	General ify) ▼		Direct Contribution	
Full Name (Last, First, Middle Initial)  Michigan Values Leadership Fund				
Mailing Address 14840 Robinwood Drive				
City State Zip Code Lansing MI 48906				
Purpose of Disbursement  Direct Contribution				
Candidate Name			Amount of Each Disbursement this Period 500.00	
nt For: rimary ther (spec	General	.,,,,,	Direct Contribution	
1 t	te I Int For: imary her (spec	te Zip Code  te Zip Code  48906   The For:  In the foreign of the second of the secon	te Zip Code I 48237  O11 Category/ Type  te Zip Code I 48906  O11 Category/ Type  te Tripe  Toda  Toda  Type  Type  Type  Type  Type  Type  Type	

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b 27	
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NAME OF COMMITTEE (In Full) Health Alliance Plan PAC			
Full Name (Last, First, Middle Initial)  A. Friends of Kristy Pagan	Date of Disbursement		
Mailing Address PO Box 871451			06 24 2015
Canton	State Zip Code MI 48187		Transaction ID: 9279069
Purpose of Disbursement Direct Contribution  Candidate Name		011	Amount of Each Disbursement this Period
MI Rep. Kristy Pagan  Office Sought: House Disbursem	nent For:	Category/ Type	250.00
	Primary General Other (specify) ▼		Direct Contribution
Full Name (Last, First, Middle Initial)  B.	Date of Disbursement		
Mailing Address	M M / D D / Y Y Y Y		
City			
Purpose of Disbursement  Candidate Name		Category/	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)	Type	
Full Name (Last, First, Middle Initial)	Date of Disbursement		
Mailing Address			
City			
Purpose of Disbursement  Candidate Name	I	Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional)			250.00
TOTAL This Period (last page this line number only).			19800.00