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Image# 14960028472

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIVI 3X Fo	r Other Than An Autho	orized Committee	Office U	Jse Only
1. NAME OF TY COMMITTEE (in full)	/PE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Health Alliance Plan PA				1
ADDRESS (number and street)	2850 West Grand Boulevard			
Check if different than previously reported. (ACC)	Detroit		MI 4820	02
2. FEC IDENTIFICATION NUM	IBER ▼ CITY	A	STATE A	ZIP CODE ▲
C C00410670	3. IS REI	THIS 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) X January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	Report Due On: Mar 20 Apr 20 (c) 12-Day PRE-Election Report for the:	Primary (12P) Convention (12C) on General (30G)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10 General (12G) Special (12S) Runoff (30R)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) in the State of Special (30S) in the State of
5. Covering Period 07	01 / 2013	through 12		013
I certify that I have examined this Type or Print Name of Treasurer	Report and to the best of m Rory Lafferty	ny knowledge and belief it is to	rue, correct and comple	ete.
Signature of Treasurer Rory La	fferty		Date 01 2	
NOTE: Submission of false, erroneou	us, or incomplete information r	may subject the person signing		
Office Use				C FORM 3X Rev. 12/2004

OF FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		
Health Alliance Plan PAC		
Report Covering the Period: From: 07	01 2013 To:	12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2013		75863.48
(b) Cash on Hand at Beginning of Reporting Period	65938.27	
(c) Total Receipts (from Line 19)	13523.93	35364.86
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	79462.20	111228.34
7. Total Disbursements (from Line 31)	34932.00	66698.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	44530.20	44530.20
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
X This committee has qualified as a multicand	didate committee. (see FEC FORM 1M)	
Fo	or further information contact:	
	Federal Election Commission	

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	ance Plan PAC	Health Allia
--------------------------	---------------	--------------

I. Receipts ontributions (other than loans) From:) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
ontributions (other than loans) From:) Individuals/Persons Other Than Political Committees		Calendar Year-to-Date
) Individuals/Persons Other Than Political Committees	12020.02	
Than Political Committees	42020 02	
	12020.02	
	13028.93	33035.90
`,		
(ii) Unitemized	495.00	2328.96
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	13523.93	35364.86
) Political Party Committees	0.00	0.00
•		
•	0.00	0.00
) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	13523.93	35364.86
ansfers From Affiliated/Other		
arty Committees	0.00	0.00
I Loans Received	0.00	0.00
	0.00	
1 1	0.00	0.0
·	0.00	0.00
	7 7	5.00
plitical Committees	0.00	0.00
ther Federal Receipts		
Dividends, Interest, etc.)	0.00	0.00
ansfers from Non-Federal and Levin Funds	7 7	
) Non-Federal Account		
(from Schedule H3)	0.00	0.00
Ī		
) Levin Funds (from Schedule H5)	0.00	0.00
) Total Transfers (add 18(a) and 18(b))	0.00	0.00
of R	(iii) TOTAL (add Lines 11(a)(i) and (ii)	(iii) TOTAL (add Lines 11(a)(i) and (ii)

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
Operating Expenditures: (a) Allocated Federal/Non-Federal	10.001 11110 1 01100	Calelidal Teal-IO-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
#N N = 1 1 0	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
(b) Other Federal Operating Expenditures	332.00	773.14
(c) Total Operating Expenditures	7	
(add 21(a)(i), (a)(ii), and (b))▶	332.00	773.14
Transfers to Affiliated/Other Party		
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	1000.00	1500.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	7	5.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(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	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
ī		
Other Disbursements	33600.00	64425.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(*) III II O	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	7
(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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	34932.00	66698.14
Total Fadaral Bisharana (1)		7
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	34932.00	66698.14

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	· · · · · · · · · · · · · · · · · · ·		
3. Total Contributions (other than loans) (from Line 11(d), page 3)	13523.93	35364.86	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13523.93	35364.86	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	332.00	773.14	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
3. Net Operating Expenditures (subtract Line 37 from Line 36)	332.00	773.14	

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

FOR LINE NUMBER: PAGE 6 OF (check only one)

X 11a 11b 11c 12

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	EWIZED RECEIPTS		Detailed Summary Page		11a 13		11b	·	11c	12	г	17
	y information copied from such Reports and State for commercial purposes, other than using the na				for the		pose		oliciting	contri	ibutio	ons
\rangle	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		_									
۹.	Full Name (Last, First, Middle Initial) Deborah Spencer				Date of	Re	eceip	t				
	Mailing Address 6516 Park Valley		M = M	/		04	/ Y	2013				
	City	State	Zip Code		Trans	acti	ion I	D : 77	794512			
	Clarkston FEC ID number of contributing federal political committee.	С	48348		Amount	of	Eac	h Red	ceipt th	-	iod 500.0	0
	' '	Occupation							ŕ			
	Descint For:		Year-to-Date ▼ 500.00									
- -	Full Name (Last, First, Middle Initial) Naim Munir				Date of	Re	eceip	ıt				
	Mailing Address 16090 Brook Trout Lane				M = M	/		13	/ Y	2013		
	City Northville								383130 ceipt th		iod	
	FEC ID number of contributing federal political committee.	С				_	7	_	7	15	500.0	0
	Health Alliance Plan	Occupation Cheif Medic	al Officer & SVP									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00									
	Full Name (Last, First, Middle Initial) Roger Combs				Date of	Re	eceip	t				
	Mailing Address 17160 Merryweather St				12	/	D	31	/ Y	2013		
	City Clinton Township	State MI	Zip Code 48038-2839		Trans Amount				940887 ceipt th		iod	
	FEC ID number of contributing federal political committee.	С				_	7	_	7	2	275.0	00
	Name of Employer	Occupation										
		Manager M	BI-MCT									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00	'	.ump Su	ım						
s	UBTOTAL of Receipts This Page (optional)						- T			22	275.00	0
	OTAL This Period (last page this line number onl		· · · · · · · · · · · · · · · · · · ·	-			1					

FOR LINE NUMBER: **PAGE** 7 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) Gerald C Bradford Date of Receipt Mailing Address 7844 Autumn Woods Dr Se 2013 12 31 City Zip Code State Transaction ID: PR10055448440 Ada MI 49301 Amount of Each Receipt this Period FEC ID number of contributing C 320.00 federal political committee. Name of Employer Occupation VP- Network Management Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$40.00 Bi-Weekly) 840.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Giroux Date of Receipt Mailing Address 2127 Woodland Avenue 12 31 2013 City State Zip Code Transaction ID: PR10055458440 Royal Oak MI 48073-3876 Amount of Each Receipt this Period FEC ID number of contributing 286.00 federal political committee. Name of Employer Occupation Health Alliance Plan AVP- Provider Contracting Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$22.00 Bi-Weekly) 572.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gary Heicklen Date of Receipt Mailing Address 25507 Hereford Dr M = M 12 31 2013 City State Zip Code Transaction ID: PR10055468440 MI **Huntington Woods** 48237 Amount of Each Receipt this Period FEC ID number of contributing 260.00 С federal political committee. Name of Employer Occupation Health Alliance Plan Mgr-Product Development & Mgmt Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 520.00 Other (specify) 866.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -9

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

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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) Lori Rund Date of Receipt Mailing Address 50495 Waterstone Court 2013 12 31 City Zip Code State Transaction ID: PR10055478440 Plymouth MI 48170 Amount of Each Receipt this Period FEC ID number of contributing C 455.00 federal political committee. Name of Employer Occupation VP - Prod Mgmt & Mrkt Intlgnce Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$35.00 Bi-Weekly) 910.00 Other (specify) Full Name (Last, First, Middle Initial) B. Timothy Sullivan Date of Receipt Mailing Address 18331 Laraugh Drive 12 31 2013 City State Zip Code Transaction ID: PR10055488440 Northville MI 48168 Amount of Each Receipt this Period FEC ID number of contributing 199.94 federal political committee. Name of Employer Occupation Health Alliance Plan VP- Healthcare Affrd & Prf Imp Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$23.08 Bi-Weekly) 399.88 Other (specify) Full Name (Last, First, Middle Initial) c. Larry Watson Date of Receipt Mailing Address 2462 Coe Ct. M = M 12 31 2013 City Zip Code State Transaction ID: PR10055498440 OH Perrysburg 43551 Amount of Each Receipt this Period FEC ID number of contributing 260.00 С federal political committee. Name of Employer Occupation Health Alliance Plan Dir- Customer Reporting Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 520.00 Other (specify) 914.94 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: **PAGE** 9 OF 32 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) Karen Wintringham Date of Receipt Mailing Address 2946 Pheasant Ring Drive 2013 12 31 City Zip Code State Transaction ID: PR10055508440 Rochester Hills MI 48309 Amount of Each Receipt this Period FEC ID number of contributing C 260.00 federal political committee. Name of Employer Occupation VP- Medicare & Government Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 520.00 Other (specify) Full Name (Last, First, Middle Initial) B. Stewart Barry Smith Date of Receipt Mailing Address 10844 Pardee Road 12 31 2013 City State Zip Code Transaction ID: PR11004338440 MI Taylor 48180 Amount of Each Receipt this Period FEC ID number of contributing 260.00 federal political committee. Name of Employer Occupation Health Alliance Plan Mgr - Sales Operations Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 480.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jennifer Brooks Zbytowski Date of Receipt Mailing Address 49206 St. Nicholas M = M 12 31 2013 City Zip Code State Transaction ID: PR7532668440 MI Shelby Township 48317 Amount of Each Receipt this Period FEC ID number of contributing 260.00 С federal political committee. Name of Employer Occupation Health Alliance Plan **AVP- Case Management** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 480.00 Other (specify) 780.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 10 OF 32 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) Kevin W Coughlin Date of Receipt Mailing Address 43119 Hanford Rd. 2013 12 31 City Zip Code State Transaction ID: PR7532688440 Canton MI 48187 Amount of Each Receipt this Period FEC ID number of contributing C 234.00 federal political committee. Name of Employer Occupation Health Alliance Plan Dir- Bus Intelligence&App Sprt Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$17.00 Bi-Weekly) 468.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Anthony Elinski Date of Receipt Mailing Address 3434 Essex 12 31 2013 City State Zip Code Transaction ID: PR7532698440 MI Troy 48084 Amount of Each Receipt this Period FEC ID number of contributing C 299.00 federal political committee. Name of Employer Occupation Health Alliance Plan AVP-Technology & eBusiness Dev Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$23.00 Bi-Weekly) 598.00 Other (specify) Full Name (Last, First, Middle Initial) c. Peter Anderson Stewart Date of Receipt Mailing Address 7961 Little Farm Lane 12 31 2013 City Zip Code State Transaction ID: PR7532808440 MI West Bloomfield 48322 Amount of Each Receipt this Period FEC ID number of contributing 182.00 С federal political committee. Name of Employer Occupation Health Alliance Plan Dir- Auditing Srvc & MAR Compl Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$14.00 Bi-Weekly) 364.00 Other (specify) 715.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 11 OF 32 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) Chrystal M. Roberts Date of Receipt Mailing Address 24601 Pinehurst Ave. 2013 12 31 City Zip Code State Transaction ID: PR7532888440 Oak Park MI 48237 Amount of Each Receipt this Period FEC ID number of contributing C 224.90 federal political committee. Name of Employer Occupation Health Alliance Plan **Dir-Community Relations** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$17.30 Bi-Weekly) 449.80 Other (specify) Full Name (Last, First, Middle Initial) B. Donald Edward Kiefiuk Date of Receipt Mailing Address 39810 Karola 12 31 2013 City State Zip Code Transaction ID: PR7532948440 MI Sterling Heights 48313 Amount of Each Receipt this Period FEC ID number of contributing 520.00 federal political committee. Name of Employer Occupation Health Alliance Plan VP - Enrollment & Claims Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$40.00 Bi-Weekly) 1040.00 Other (specify) Full Name (Last, First, Middle Initial) c. Anthony V Caporale Date of Receipt Mailing Address 1320 Shenandoah M = M 12 31 2013 City State Zip Code Transaction ID: PR7533078440 MI Rochester Hills 48306 Amount of Each Receipt this Period FEC ID number of contributing 104.00 С federal political committee. Name of Employer Occupation Health Alliance Plan Mgr- General Acctg Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$8.00 Bi-Weekly) 208.00 Other (specify) 848.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 12 OF 32 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) Joyce Melissa James Date of Receipt Mailing Address 20810 Gardner St. 2013 12 31 City State Zip Code Transaction ID: PR7533198440 Oak Park MI 48237 Amount of Each Receipt this Period FEC ID number of contributing C 156.00 federal political committee. Name of Employer Occupation Health Alliance Plan Mgr- Provider Fin Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$12.00 Bi-Weekly) 312.00 Other (specify) Full Name (Last, First, Middle Initial) B. Glen P Koslakiewicz Date of Receipt Mailing Address 30431 John Hauk 12 31 2013 City State Zip Code Transaction ID: PR7533258440 Garden City MI 48135 Amount of Each Receipt this Period FEC ID number of contributing C 234.00 federal political committee. Name of Employer Occupation Health Alliance Plan **Dir- Fin Operations** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$18.00 Bi-Weekly) 468.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dianna Lynn Ronan Date of Receipt Mailing Address 2156 Cumberland M = M 12 31 2013 City State Zip Code Transaction ID: PR7533408440 MI **Brighton** 48114 Amount of Each Receipt this Period FEC ID number of contributing 1001.00 С federal political committee. Name of Employer Occupation VP - Financial Services Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$77.00 Bi-Weekly) 2002.00 Other (specify) 1391.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 13 OF 32 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) Mark W Hall Date of Receipt Mailing Address 925 E Lincoln Avenue 2013 12 31 City Zip Code State Transaction ID: PR7533558440 Royal Oak MI 48067 Amount of Each Receipt this Period FEC ID number of contributing C 1000.09 federal political committee. Name of Employer Occupation VP- Sales Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 2000.18 Other (specify) Full Name (Last, First, Middle Initial) B. Rachel A Powell Date of Receipt Mailing Address 543 Thurber 12 31 2013 City State Zip Code Transaction ID: PR7533628440 MI Troy 48085 Amount of Each Receipt this Period FEC ID number of contributing C 234.00 federal political committee. Name of Employer Occupation Health Alliance Plan Dir - MA Revenue Management Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$18.00 Bi-Weekly) 468.00 Other (specify) Full Name (Last, First, Middle Initial) c. Sandra Lee Ledesma Date of Receipt Mailing Address 22429 Provincial M = M 12 31 2013 City State Zip Code Transaction ID: PR7533698440 MI Woodhaven 48183 Amount of Each Receipt this Period FEC ID number of contributing 260.00 С federal political committee. Name of Employer Occupation Health Alliance Plan **Dir- Application Development** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$16.00 Bi-Weekly) 520.00 Other (specify) 1494.09 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR	LINE	NU	MBER	:	PAGE	· '	14 OF	32
(che	ck only	or	ne)					
X	11a		11b		11c		12	
	13		14		15		16	17

	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
Full Name (Last, First, Middle Initial) Cynthia L Hoffman Mailing Address 5768 Whitehaven Dr		Date of Receipt
City Troy	State Zip Code MI 48085	Transaction ID : PR7533748440 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	260.00
Name of Employer Health Alliance Plan Receipt For: Primary General Other (specify) ▼	Occupation Dir- eCommerce & Tech Planning Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) 3. Michael J Jakubic Mailing Address 7308 Silver Cove		Date of Receipt 12 31 2013
City Linden	State Zip Code MI 48451	Transaction ID : PR7533778440 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	130.00
Name of Employer Health Alliance Plan Receipt For: Primary General Other (specify) ▼	Occupation Dir- MCare Operations & Sales Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Daniel A. Trim Mailing Address 921 Juneau Rd.		Date of Receipt
City Ypsilanti FEC ID number of contributing federal political committee.	State Zip Code MI 48198	12 31 2013 Transaction ID: PR7533788440 Amount of Each Receipt this Period 260.00
Name of Employer Health Alliance Plan Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Dir- Technical Support Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional).		650.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 15 OF 32 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) Gregory Paul English Date of Receipt Mailing Address 17661 Bell Creek Ln. 2013 12 31 City Zip Code State Transaction ID: PR7533888440 Livonia MI 48152 Amount of Each Receipt this Period FEC ID number of contributing C 150.02 federal political committee. Name of Employer Occupation Mgr Appl Dev/Bus Supp/Proj Mgt Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$11.54 Bi-Weekly) 300.04 Other (specify) Full Name (Last, First, Middle Initial) B. Scott T Allen Date of Receipt Mailing Address 3066 Richmond Dr. 12 31 2013 City State Zip Code Transaction ID: PR7533948440 MI Clarkston 48348 Amount of Each Receipt this Period FEC ID number of contributing C 325.00 federal political committee. Name of Employer Occupation Health Alliance Plan Dir- Labor Affairs & VEBA Adm Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Bi-Weekly) 600.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kevin Michael Hurley Date of Receipt Mailing Address 45504 Morningside Rd. M = M 12 31 2013 City Zip Code State Transaction ID: PR7533998440 MI Canton 48187 Amount of Each Receipt this Period FEC ID number of contributing 208.00 С federal political committee. Name of Employer Occupation Health Alliance Plan Mgr- Revenue Cycle & Recv Mgmt Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$16.00 Bi-Weekly) 288.00 Other (specify) 683.02 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 16 OF 32 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) Donna M Siegmund Date of Receipt Mailing Address 9 Sylvan 2013 12 31 City Zip Code State Transaction ID: PR7534068440 Pleasant Ridge MI 48069 Amount of Each Receipt this Period FEC ID number of contributing C 156.00 federal political committee. Name of Employer Occupation Health Alliance Plan Sr Project Manager Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$12.00 Bi-Weekly) 312.00 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher Andrew Johnston Date of Receipt Mailing Address 4300 Westover Dr. 12 31 2013 City State Zip Code Transaction ID: PR7534078440 West Bloomfield MI 48323 Amount of Each Receipt this Period FEC ID number of contributing C 208.00 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) 416.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Marc Vanderburg Date of Receipt Mailing Address 25750 Ivanhoe M = M 12 31 2013 City State Zip Code Transaction ID: PR7534108440 MI **Huntington Woods** 48070 Amount of Each Receipt this Period FEC ID number of contributing 130.00 С federal political committee. Name of Employer Occupation **Dir- Producer Business** Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$10.00 Bi-Weekly) 240.00 Other (specify) 494.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

	FOR LINE NUMB	BER: PAGE	∃ 17 OF	3					
Use separate schedule(s)	(check only one)								
for each category of the Detailed Summary Page	X 11a 111	b 11c	12						
	13 14	15	16						

	Statements may not be sold or used by any pers e name and address of any political committee to	
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		12 31 2013
City Canton	State Zip Code MI 48188	Transaction ID : PR7534178440 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	260.00
Name of Employer Health Alliance Plan Receipt For: Primary General Other (specify) ▼	Occupation Dir- Government&Lgsltv Affairs Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Christopher B. Pike Mailing Address 1657 Wilmington Ct		Date of Receipt
City	State Zip Code	12 31 2013 Transaction ID : PR7534198440
Rochester Hills	MI 48309	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1001.00
Name of Employer Health Alliance Plan	Occupation SVP- Chief Operating Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2002.00	P/R Deduction (\$77.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Darryl P Bostick		Date of Receipt
Mailing Address 6431 Eastbrooke		12 31 2013
City West Bloomfield	State Zip Code MI 48322	Transaction ID : PR8708178440 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	156.00
Name of Employer	Occupation	
Health Alliance Plan Receipt For: Primary General Other (specify) ▼	Mgr- Provider Reimbursement Aggregate Year-to-Date ▼ 312.00	P/R Deduction (\$12.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)	>	1417.00
TOTAL This Period (last page this line numbe	r only)	

FOR LINE NUMBER: PAGE 18 OF 32 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) Deandre Antwan Lipscomb Date of Receipt Mailing Address 29064 Raleigh Rd 2013 12 31 City Zip Code State Transaction ID: PR8708238440 Farmington Hills MI 48336 Amount of Each Receipt this Period FEC ID number of contributing C 499.98 federal political committee. Name of Employer Occupation VP- Community Outreach Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.46 Bi-Weekly) 999.96 Other (specify) Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 499.98 SUBTOTAL of Receipts This Page (optional)..... 13028.93 TOTAL This Period (last page this line number only).....

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IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	eck only one)						
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	NAME OF COMMITTEE (In Full)										
	Health Alliance Plan PAC										
_	Full Name (Last, First, Middle Initial)				5.	. Б					
Α.	Comerica Bank				Date of	f Disburs		Y	Y		
	Mailing Address P.O. Box 75000				07			2013			
	City	State	Zip Code		Trans	action IF) : 7519094				
	Detroit	MI	48275		ITAIIS	action it	7. 73 19094				
	Purpose of Disbursement Credit Card Transaction Fees			001	Amoun	t of Each	Disburseme	nt this	Period		
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B.	Comerica Bank				Date of	f Disburs					
	Mailing Address P.O. Box 75000					08 02 2013					
	City S Detroit	State MI	Zip Code 48275		Trans	action II	D : 7565116				
	Purpose of Disbursement	IVII	46273								
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	Candidate Name			Category/		5!	5.25				
	Office Sought: House Disbursen	ant For:		Туре		7			3.20		
		Primary				Credit Card Transaction Fees					
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	State: District:		•								
_	Full Name (Last, First, Middle Initial)				_						
C.	Comerica Bank					f Disburs					
	Mailing Address P.O. Box 75000				09			2013	Y		
	,	State	Zip Code		Trans	action II	D : 7630789				
	Detroit Purpose of Disbursement	MI	48275								
	Credit Card Transaction Fees			001	Amoun	t of Fach	Disburseme	nt this	Period		
	Candidate Name			Category/			2.2.2.301110				
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		Primary Other (spe	General		Credit C	ard Tran	saction Fees				
	State: District:	outer (ape	y/ ▼								
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SCHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 20 C					OF	32				
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\setminus	NAME OF COMMITTEE (In Full)													
	Health Alliance Plan PAC													
_	Full Name (Last, First, Middle Initial)													
Α.	Comerica Bank						Date of		sburse			Y	Y	
	Mailing Address P.O. Box 75000						10 02 2013						_	
	City	State	Zip Code				Tran	sact	ion ID	. 77	705585			
	Detroit	MI	48275				IIaii	Saci	טו ווטו.		03303			
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	Office Sought: House Disbursen	nent For:			туре				,		7			
	Senate	Primary	General				Credit	Card	l Trans	sacti	on Fees	i		
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_	Full Name (Last, First, Middle Initial)													
В.	,						Date of	of Di	sburse	emei	nt			
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	Mailing Address P.O. Box 75000						11)4	L	2013	Ĺ	
	,	State MI	Zip Code				Tran	sact	ion ID	: 77	795364			
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	Candidate Name			C	ategor Type	y/						5	5.25	
	Office Sought: House Disbursen	nent For:			71									
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	Mailing Address P.O. Box 75000						12			3	Ĺ	2013		
	City	State	Zip Code				Tran	eact	ion ID	. 79	363330			
	Detroit Purpose of Dishurament	MI	48275	1			iiali	Jack	טו ווט					
	Purpose of Disbursement Credit Card Transaction Fees				001									
	Candidate Name			<u> </u>		-	Amour	nt of	Each	Dis	burseme	ent this	Perio	od
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	Office Sought: House Disbursen	nent For:							7		7			
		Primary	General				Credit	Card	Trans	acti	on Fees	i		
		President												
_	State: District:													
8	UBTOTAL of Disbursements This Page (optional)					•		I	,			16	6.25	
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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	nents may not be sold or used the and address of any political	by any perso committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Peters For Michigan Mailing Address PO Box 226			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Bloomfield Hills	State Zip Code MI 48303		Transaction ID : 7696281
Senate X	nent For: 2014 Primary General Other (specify)	011 Category/ Type	Amount of Each Disbursement this Period 1000.00 Direct Contribution
B. Full Name (Last, First, Middle Initial) Mailing Address			Date of Disbursement
Purpose of Disbursement Candidate Name Office Sought: House Disbursem Senate		Category/ Type	Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial) C. Mailing Address			Date of Disbursement
City S Purpose of Disbursement Candidate Name	State Zip Code	Category/	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)	Туре	
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).			1000.00

SCHEDULE B (FEC Form 3X)				FOR LINE	E NUMBER: PAGE 22 OF 32						
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	nly one)						
			Summary Page	21b	22 28a						
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	y information copied from such Reports and Statem for commercial purposes, other than using the nam										
	NAME OF COMMITTEE (In Full)										
	Health Alliance Plan PAC										
_	Full Name (Last, First, Middle Initial)										
Α.	Michigan House Democratic Fund				Date of D	isbursement					
	Mailing Address PO Box 16193				07	01 2013					
	City	State	Zip Code		Transaction ID: 7497935						
	Lansing	MI	48901-6193		Transac	101110 . 1491933					
	Purpose of Disbursement Direct Contribution			011	Amount o	f Each Disbursement this Period					
	Candidate Name			Category/		5000.00					
	Office Courbby House			Туре		3000.00					
		nent For: Primary Other (spe	General General		Direct Con	tribution					
	State: District:										
_	Full Name (Last, First, Middle Initial)										
В.	CTE Anthony G. Forlini for State R	ep.			Date of D	isbursement					
	Mailing Address 39273 Chart				07	24 2013					
	City	State	Zip Code		Transas	tion ID . 7542255					
	Harrison Twp	MI	48045		Transac	tion ID : 7543255					
	Purpose of Disbursement Direct Contribution			011	Amount o	f Each Disbursement this Period					
	Candidate Name			Category/		500.00					
	MI Rep. Anthony Forlini			Type		300.00					
		nent For:									
		Primary Other (spe	General		Direct Cor	ntribution					
	State: MI District: 24	Other (spe	(City)								
_	Full Name (Last, First, Middle Initial)										
C.	Committee to Elect Joel Johnson					isbursement					
	Mailing Address PO Box 280				08	14 2013					
	City	State	Zip Code								
	Clare	MI	48617		Transac	tion ID : 7583553					
	Purpose of Disbursement Direct Contribution										
				011	Amount o	f Each Disbursement this Period					
	Candidate Name			Category/		250.00					
	MI Rep. Joel Johnson Office Sought:	nent For:	2011	Туре							
	Senate	Primary Other (spe	X General		Direct Con	tribution					
	State: MI District: 97										
s	UBTOTAL of Disbursements This Page (optional)			······		5750.00					
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TEMIZED DISBURSEMENTS	110	FOR LINE NUMBER: PAGE 23 OF 3				
_		category of the	(check only	v one) 22 23 24 25		
		Summary Page	21b 27	22 23 28a 28b	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
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or for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)	me and add	ness of any polition	ai committee to	SOUCH CONTIDUTIONS	nom Such committee.	
Health Alliance Plan PAC						
Full Name (Last, First, Middle Initial)						
Tom Leonard for State Representa	ative			Date of Disbursen) / Y Y Y Y	
Mailing Address 14840 Robinwood Dr				08 14	2013	
City Lansing	State MI	Zip Code 48906		Transaction ID :	7583554	
Purpose of Disbursement	1411	40900				
Direct Contribution			011	Amount of Each D	Disbursement this Period	
Candidate Name MI Rep. Tom Leonard			Category/ Type		500.00	
	ement For:	2014 General	Type	Direct Contribution	7	
President	Other (spe			Pileot Continuation		
State: MI District: 93 Full Name (Last, First, Middle Initial)						
Jim Marleau for State Senate				Date of Disbursen		
Mailing Address 3181 Sandoval				08 26		
City Lake Orion	State MI	Zip Code 48360		Transaction ID :	7599300	
Purpose of Disbursement Direct Contribution			011	Amount of Each D	Disbursement this Period	
Candidate Name			Category/		3000.00	
MI Sen. James Marleau Office Sought: House Disburse	mont For:	2011	Туре	7	0000.00	
Office Sought: House Senate President State: MI District:	ement For: Primary Other (spe	X General		Direct Contribution		
Full Name (Last, First, Middle Initial)						
- Mike Duggan for Mayor Cmte				Date of Disbursen		
Mailing Address 3011 W Grand Blvd, Ste 2500	Mailing Address 3011 W Grand Blvd, Ste 2500					
City Detroit	State MI	Zip Code 48202		Transaction ID :	7631819	
Purpose of Disbursement Direct Contribution			011	Amount of Each D	Disbursement this Period	
Candidate Name Mike Duggan			Category/ Type		2000.00	
	ement For: Primary Other (spe	X General	Туре	Direct Contribution	7	
President		J/ ▼				
President State: District:	, ,					

SCHEDULE B (FEC Form 3X)		laa -	and a street to the		E NUMBER: PAGE 24 OF 32						
ITEMIZED DISBURSEM			arate schedule(s) category of the	(check only)E			
			Summary Page	21b	22 28a	23 28b		25 26 29 30b			
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or for commercial purposes, other th											
NAME OF COMMITTEE (In Full)											
$ \; angle$ Health Alliance Plan P	AC										
Full Name (Last, First, Middle Ini	tial)										
A. Michigan Jobs Fund					Date of	Disburser	ment				
Mailing Address 1731 Blue Grass	Pood				09	/ D 05					
Mailing Address 1731 Blue Grass	Rodu				09	Ū.	201	3			
City	Stat		Zip Code		Trans	action ID	· 7631820				
Lansing	M	l	48906		ITalis	action ib	. 7031020				
Purpose of Disbursement Direct Contribution				011	Amount	of Each I	Disbursement tl	his Period			
Candidate Name				Category/				1000.00			
				Type		-		1000.00			
Office Sought: House Senate	Disbursemen		Conoral								
President		mary her (spe	General cifv) ▼		Direct C	ontribution	1				
State: District:		(opo	- 77 ▼								
Full Name (Last, First, Middle Ini	tial)										
B. Gail Haines Leadershi	p Fund				Date of	Disburser	ment				
Mailing Address 2004 LAKE ANG	OFILIO LANE				M = M 09	05					
Mailing Address 2384 LAKE ANG	JELUS LANE				09	Ut	201	3			
City	Stat		Zip Code		Trans	action ID	: 7631821				
LAKE ANGELUS Purpose of Disbursement	MI	l	48326								
Direct Contribution				011	Amount	of Each I	Disbursement tl	his Period			
Candidate Name				Category/			500.00				
0.00				Type			500.00				
Office Sought: House Senate	Disbursemen		General								
President		mary her (spe			Direct C	1					
State: District:		(-	····//								
Full Name (Last, First, Middle Ini	tial)										
C. Mike Duggan for Mayo	or Cmte				Date of	Disburser	ment				
Mailing Address 3011 W Grand E	Blvd. Sta 2500				09	/ D 11					
							201				
City	Stat		Zip Code		Trans	action ID	: 7647878				
Detroit Purpose of Disbursement	MI	<u> </u>	48202								
Direct Contribution				011	Amount	of Each I	Disbursement tl	his Parind			
Candidate Name				Category/	Amount	OI Lacii i					
Mike Duggan				Type			1	1000.00			
Office Sought: House	Disbursemen										
Senate President		mary her (spe	General		Direct C	ontribution					
State: District:		nei (spe	City) \blacktriangledown								
District.											
SUBTOTAL of Disbursements This	Page (optional)						2	500.00			
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TOTAL This Period (last page this	line number only)										

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 25				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	ally one)			
	Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30			
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or for commercial purposes, other than using the nar						
NAME OF COMMITTEE (In Full)						
Health Alliance Plan PAC						
Full Name (Last, First, Middle Initial)						
A. Benny Napoleon for Mayor			Date of Disbursement			
Mailing Address PO Box 32763			09 11 2013			
City	State Zip Code		T (1 ID TO 17000			
Detroit	MI 48232		Transaction ID: 7647880			
Purpose of Disbursement Direct Contribution		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	750.00			
Benny Napoleon Office Sought: House Disburser	mont For 2042	Туре	750.00			
Office Sought: House Disburser Senate President State: District:	ment For: 2013 Primary		Direct Contribution			
Full Name (Last, First, Middle Initial)						
B. CTE Dan Lauwers			Date of Disbursement			
Mailing Address 12401 Speaker Road			09 16 2013			
Brockway	State Zip Code MI 48097		Transaction ID : 7658447			
Purpose of Disbursement Direct Contribution		011	Amount of Each Disbursement this Period			
Candidate Name		Category/				
MI Rep. Dan Lauwers		Type	500.00			
	ment For: 2014 Primary ☐ General Other (specify) ▼		Direct Contribution			
Full Name (Last, First, Middle Initial)	. DAG		Date of Disbursement			
C. Rebekah Warren Envision Michiga	in PAC					
Mailing Address 234 8th Street			09 26 2013			
City Ann Arbor	State Zip Code MI 48933		Transaction ID : 7691153			
Purpose of Disbursement Direct Contribution						
Candidate Name		O11 Category/	Amount of Each Disbursement this Period 1000.00			
Office Sought: House Disburser	ment For:	Туре				
Senate President	Primary General Other (specify)		Direct Contribution			
State: District:	C (cpc cy) ▼					
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)			2250.00			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 26 OF 32						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)						
	Detailed Summary Page	21b	22 23 24 25 26						
[27	28a 28b 28c X 29 30b						
Any information copied from such Reports and Sta or for commercial purposes, other than using the n									
NAME OF COMMITTEE (In Full)									
Health Alliance Plan PAC									
Full Name (Last, First, Middle Initial)									
A. Committee to Elect Steven Bieda	Senator		Date of Disbursement						
Mailing Address 32721 Valley Dr		10 03							
City	State Zip Code		Transaction ID : 7701978						
Warren Purpose of Disbursement	MI 48093								
Direct Contribution		011	Amount of Each Disbursement this Period						
Candidate Name		Category/	200.00						
MI Sen. Steven Bieda Office Sought: House Disburs		Туре							
Office Sought: House Senate President Disburs	sement For: 2014 Primary		Direct Contribution						
State: MI District:									
Full Name (Last, First, Middle Initial) B. CTE Anthony G. Forlini for State	Rep.		Date of Disbursement						
	- I ⁻		M M / D D / Y Y Y Y						
Mailing Address 39273 Chart			10 03 2013						
City Harrison Twp	State Zip Code MI 48045		Transaction ID: 7701982						
Purpose of Disbursement Direct Contribution		011	Amount of Each Disbursement this Period						
Candidate Name		Category/							
MI Rep. Anthony Forlini		Type	500.00						
	sement For: 2014								
	Primary General		Direct Contribution						
President State: MI District: 24	Other (specify)								
State: MI District: 24 Full Name (Last, First, Middle Initial)									
C. Tom Leonard for State Representation	tative		Date of Disbursement						
Mailing Address 14840 Robinwood Dr			10 03 / Y Y Y Y Y Y Y Y						
City	State 7's Code								
City Lansing	State Zip Code MI 48906		Transaction ID: 7701984						
Purpose of Disbursement Direct Contribution		011							
Candidate Name		011	Amount of Each Disbursement this Period						
MI Rep. Tom Leonard		Category/ Type	500.00						
•	sement For: 2014	1,700	7						
Senate President	Primary		Direct Contribution						
State: MI District: 93									
SUBTOTAL of Disbursements This Page (optional)	······	1200.00						
TOTAL This Period (last page this line number or	ly)	·····							

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 27 OF 32					
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the) (check only	one)					
	Detailed Summary Page	21b	22 23 24 25 26 28a 28b 28c x 29 30b					
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Any information copied from such Reports and St or for commercial purposes, other than using the								
NAME OF COMMITTEE (In Full)								
Health Alliance Plan PAC								
Full Name (Last, First, Middle Initial) A. Al Pscholka for State Represent	otivo		Date of Disbursement					
Ai Pschoika for State Represent	auve		M M / D D / Y Y Y					
Mailing Address 5810 Longhorn Trail			10 03 2013					
City	State Zip Code MI 49127	Transaction ID · 77019						
Stevensville Purpose of Disbursement	MI 49127							
Direct Contribution		011	Amount of Each Disbursement this Period					
Candidate Name		Category/						
MI Rep. Al Pscholka		Type	1000.00					
	rsement For: 2014							
Senate President	Primary General		Direct Contribution					
State: MI District: 79	Other (specify) ▼							
Full Name (Last, First, Middle Initial)								
B. Phil Paylov for State Senate			Date of Disbursement					
			M = M / D = D / Y = Y = Y					
Mailing Address 4126 Yankee Road			10 09 2013					
City	State Zip Code							
St. Clair	MI 48079		Transaction ID: 7713587					
Purpose of Disbursement								
Direct Contribution		011	Amount of Each Disbursement this Period					
Candidate Name		Category/	1000.00					
MI Sen. Phil Pavlov Office Sought: House Disbu	rsement For: 2014	Туре	7					
✓ Senate	Primary General		Direct Contribution					
President	Other (specify)		Direct Contribution					
State: MI District:								
Full Name (Last, First, Middle Initial)								
C. Mike Duggan for Mayor Cmte			Date of Disbursement					
Mailian Adduses COLLING LDL LOCATOR			M M / D D / Y Y Y Y					
Mailing Address 3011 W Grand Blvd, Ste 2500			10 11 2013					
City	State Zip Code		Tanana (ian ID 770007					
Detroit	MI 48202		Transaction ID: 7723667					
Purpose of Disbursement Direct Contribution		244						
Candidate Name		011	Amount of Each Disbursement this Period					
Mike Duggan		Category/ Type	1000.00					
	rsement For: 2013	1,700						
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A. Geo	orge T. Darany for State Repres	sentativ	e 		Date of Disbursement					
Mailing	g Address 17835 Oakwood Blvd.				15 2013					
City		State	Zip Code		Transac	ction ID : 7724032				
Dearbo	orn se of Disbursement	MI	48124		manaa					
	t Contribution			011	Amount o	of Each Disbursement this	s Period			
	date Name			Category/		5	00.00			
	Rep. George Darany			Туре			00.00			
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	ame (Last, First, Middle Initial)				D :	N'alama ana				
B. Frie	nds to Elect David Knezek				Date of D	Disbursement				
Mailing	g Address 6641 Evangeline				10	15 2013				
City Dearbo	orn Heights	State MI	Zip Code 48127		Transac	ction ID : 7724033				
Purpos	se of Disbursement t Contribution			044	A res =	f Foob Dishuman and W.	o Dominia			
	date Name			011	Amount of Each Disbursement this Period					
	Rep. David Knezek			Category/ Type	1000.00					
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Chata		Other (spe								
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	npete Michigan PAC				Date of D	Disbursement				
					M = M	/ D D / Y Y Y	Υ			
Mailing	g Address 113 W Michigan Avenue				10	15 2013				
City		State	Zip Code		Transac	ction ID : 7724035				
	se of Disbursement	MI	49201							
	t Contribution			011	Amount o	of Each Disbursement this	s Period			
Candio	date Name			Category/ Type		10	00.00			
Office	Sought: House Disburser	nent For:		- 7						
	Senate	Primary	General		Direct Cor	ntribution				
	President	Other (spe	ecify) 🔻							
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NAME OF COMMITTEE (In Full)	and address of any por		country community from Such Committee.						
Health Alliance Plan PAC									
Full Name (Last, First, Middle Initial)									
A. Benny Napoleon for Mayor			Date of Disbursement 10 21 2013						
Mailing Address PO Box 32763									
City	State Zip Code		Transaction ID : 7732283						
Detroit Purpose of Disbursement	MI 48232								
Direct Contribution		011	Amount of Each Disbursement this Period						
Candidate Name		Category/	3000.00						
Benny Napoleon		Type	3000.00						
Senate President	ement For: 2013 Primary	l	Direct Contribution						
State: District:									
Full Name (Last, First, Middle Initial) Friends to Elect Adam Hollier			Date of Disbursement						
- Thenus to Elect Auditi Holliel			M M / D D / Y Y Y Y						
Mailing Address 31 Arden Park			10 24 2013						
City Detroit	State Zip Code MI 48202		Transaction ID : 7772261						
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Candidate Name		011	Amount of Each Disbursement this Period						
Adam Hollier		Category/ Type	250.00						
	ement For: 2013 Primary		Direct Contribution						
Full Name (Last, First, Middle Initial)									
C. Committee to Elect Stacy Erwin O	akes		Date of Disbursement						
Mailing Address PO Box 1584			10 24 / 2013						
City	State Zip Code		Transaction ID : 7774163						
Saginaw Purpose of Disbursement	MI 48605								
Direct Contribution		011	Amount of Each Disbursement this Period						
Candidate Name		Category/	1000.00						
MI Rep. Stacy Oakes Office Sought: House Disburse	ement For: 2014	Туре	7 7						
Senate President State: MI District: 95	Primary ☐ General Other (specify) ▼		Direct Contribution						
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	Health Alliance Plan PAC										
_	Full Name (Last, First, Middle Initial)										
Α.	Casperson for State Senate				Date o	of Disburse					
	Mailing Address PO Box 545				0 2013						
	City	State	Zip Code		Transaction ID : 7786155						
	Escanaba Piebura and Diebura a	MI	49829			saction ib	. 7700133				
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В.	Citizens Supporting Tory Rocca				Date o	f Disburse					
	Mailing Address 12481 Starlite Ct.				11		2013				
	Sterling Heights	State MI	Zip Code 48312		Tran	saction ID	: 7802290				
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C.	Citizens for Andrea LaFontaine					f Disburse					
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	Full Name (Last, First, Middle Initial)													
Α.	Senate Republican Campaign Con	nmittee					Date of	of Dis	sburse	ment				
	Contact repulsions Company.						11 08 2013							
	Mailing Address P.O. Box 12023													
	City	State	Zip Code				Transaction ID: 7802293							
	Lansing	MI	48933				IIaii	isacti	טוו ווט	. 1002	293			
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	City	State	Zip Code		Transaction ID: 7858455									
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NAME OF COMMITTEE (In Full)					
Health Alliance Plan PAC					
Full Name (Last, First, Middle Initial) A. Friends of Phil Phelps			Date of Disbursement		
Mailing Address 1021 Kensington Avenue			12 19	2013	
City	State Zip Code				
Flint	MI 48503		Transaction ID :	7882219	
Purpose of Disbursement Direct Contribution		011	Amount of Each D	disbursement this Period	
Candidate Name Phil Phelps		Category/ Type		500.00	
Office Sought: House Disburser	nent For: 2014 Primary General Other (specify)	.,,,,	Direct Contribution		
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