

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Health Alliance Plan PAC

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|--|
| 6. (a) Cash on Hand January 1, <input type="text" value="2013"/> | <input type="text" value="75863.48"/> | <input type="text" value="75863.48"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="65938.27"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="13523.93"/> | <input type="text" value="35364.86"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="79462.20"/> | <input type="text" value="111228.34"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="34932.00"/> | <input type="text" value="66698.14"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="44530.20"/> | <input type="text" value="44530.20"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Health Alliance Plan PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2013 To: M M / D D / Y Y Y Y 12 / 31 / 2013

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 13028.93 | 33035.90 |
| (ii) Unitemized | 495.00 | 2328.96 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 13523.93 | 35364.86 |
| (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) | 13523.93 | 35364.86 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶ | 13523.93 | 35364.86 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 13523.93 | 35364.86 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 332.00 | 773.14 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 332.00 | 773.14 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 1000.00 | 1500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 33600.00 | 64425.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 34932.00 | 66698.14 |
| 32. 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 | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 13523.93 | 35364.86 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 13523.93 | 35364.86 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 332.00 | 773.14 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 332.00 | 773.14 |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 32 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Deborah Spencer
 Full Name (Last, First, Middle Initial)
 Mailing Address 6516 Park Valley
 City Clarkston State MI Zip Code 48348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HAP Occupation AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : 7794512
 Amount of Each Receipt this Period
 500.00

B. Naim Munir
 Full Name (Last, First, Middle Initial)
 Mailing Address 16090 Brook Trout Lane
 City Northville State MI Zip Code 48168
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation Cheif Medical Officer & SVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2013
Transaction ID : 7883130
 Amount of Each Receipt this Period
 1500.00

C. Roger Combs
 Full Name (Last, First, Middle Initial)
 Mailing Address 17160 Merryweather St
 City Clinton Township State MI Zip Code 48038-2839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation Manager MBI-MCT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : 7940887
 Amount of Each Receipt this Period
 275.00
 Lump Sum

SUBTOTAL of Receipts This Page (optional)..... ▶ 2275.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 32 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Gerald C Bradford
Full Name (Last, First, Middle Initial)

Mailing Address 7844 Autumn Woods Dr Se

| | | |
|------|-------|----------|
| City | State | Zip Code |
| Ada | MI | 49301 |

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

| | |
|----------------------|------------------------|
| Name of Employer | Occupation |
| Health Alliance Plan | VP- Network Management |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **840.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2013 |

Transaction ID : PR10055448440

Amount of Each Receipt this Period

| |
|--------|
| 320.00 |
|--------|

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

B. Mark Giroux
Full Name (Last, First, Middle Initial)

Mailing Address 2127 Woodland Avenue

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Royal Oak | MI | 48073-3876 |

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

| | |
|----------------------|---------------------------|
| Name of Employer | Occupation |
| Health Alliance Plan | AVP- Provider Contracting |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **572.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2013 |

Transaction ID : PR10055458440

Amount of Each Receipt this Period

| |
|--------|
| 286.00 |
|--------|

P/R Deduction (\$22.00 Bi-Weekly)

C. Gary Heicklen
Full Name (Last, First, Middle Initial)

Mailing Address 25507 Hereford Dr

| | | |
|------------------|-------|----------|
| City | State | Zip Code |
| Huntington Woods | MI | 48237 |

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

| | |
|----------------------|--------------------------------|
| Name of Employer | Occupation |
| Health Alliance Plan | Mgr-Product Development & Mgmt |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2013 |

Transaction ID : PR10055468440

Amount of Each Receipt this Period

| |
|--------|
| 260.00 |
|--------|

P/R Deduction (\$20.00 Bi-Weekly)

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 866.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 8 OF 32 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Lori Rund
Full Name (Last, First, Middle Initial)
Mailing Address 50495 Waterstone Court
City Plymouth State MI Zip Code 48170
FEC ID number of contributing federal political committee. **C**
Name of Employer Health Alliance Plan Occupation VP - Prod Mgmt & Mrkt Intlgnce
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 910.00

Date of Receipt 12 / 31 / 2013
Transaction ID : PR10055478440
Amount of Each Receipt this Period 455.00
P/R Deduction (\$35.00 Bi-Weekly)

B. Timothy Sullivan
Full Name (Last, First, Middle Initial)
Mailing Address 18331 Laraugh Drive
City Northville State MI Zip Code 48168
FEC ID number of contributing federal political committee. **C**
Name of Employer Health Alliance Plan Occupation VP- Healthcare Affrd & Prf Imp
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 399.88

Date of Receipt 12 / 31 / 2013
Transaction ID : PR10055488440
Amount of Each Receipt this Period 199.94
P/R Deduction (\$23.08 Bi-Weekly)

C. Larry Watson
Full Name (Last, First, Middle Initial)
Mailing Address 2462 Coe Ct.
City Perrysburg State OH Zip Code 43551
FEC ID number of contributing federal political committee. **C**
Name of Employer Health Alliance Plan Occupation Dir- Customer Reporting
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 31 / 2013
Transaction ID : PR10055498440
Amount of Each Receipt this Period 260.00
P/R Deduction (\$20.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 914.94 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 9 OF 32 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Karen Wintringham
Full Name (Last, First, Middle Initial)

Mailing Address 2946 Pheasant Ring Drive

| | | |
|-------------------------|-------------|-------------------|
| City Rochester Hills | State MI | Zip Code 48309 |
|-------------------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer Health Alliance Plan | Occupation VP- Medicare & Government |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2013 |

Transaction ID : PR10055508440

Amount of Each Receipt this Period

| |
|--------|
| 260.00 |
|--------|

P/R Deduction (\$20.00 Bi-Weekly)

B. Stewart Barry Smith
Full Name (Last, First, Middle Initial)

Mailing Address 10844 Pardee Road

| | | |
|----------------|-------------|-------------------|
| City Taylor | State MI | Zip Code 48180 |
|----------------|-------------|-------------------|

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

| | |
|--|--------------------------------------|
| Name of Employer Health Alliance Plan | Occupation Mgr - Sales Operations |
|--|--------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2013 |

Transaction ID : PR11004338440

Amount of Each Receipt this Period

| |
|--------|
| 260.00 |
|--------|

P/R Deduction (\$20.00 Bi-Weekly)

C. Jennifer Brooks Zbytowski
Full Name (Last, First, Middle Initial)

Mailing Address 49206 St. Nicholas

| | | |
|-------------------------|-------------|-------------------|
| City Shelby Township | State MI | Zip Code 48317 |
|-------------------------|-------------|-------------------|

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

| | |
|--|------------------------------------|
| Name of Employer Health Alliance Plan | Occupation AVP- Case Management |
|--|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2013 |

Transaction ID : PR7532668440

Amount of Each Receipt this Period

| |
|--------|
| 260.00 |
|--------|

P/R Deduction (\$20.00 Bi-Weekly)

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 780.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 10 OF 32 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) A. Kevin W Coughlin | | | Date of Receipt 12 / 31 / 2013 Transaction ID : PR7532688440 |
| Mailing Address 43119 Hanford Rd. | | | Amount of Each Receipt this Period 234.00 |
| City Canton | State MI | Zip Code 48187 | P/R Deduction (\$17.00 Bi-Weekly) |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 234.00 | |
| Name of Employer Health Alliance Plan | Occupation Dir- Bus Intelligence&App Sprt | Aggregate Year-to-Date 468.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) B. Michael Anthony Elinski | | | Date of Receipt 12 / 31 / 2013 Transaction ID : PR7532698440 |
| Mailing Address 3434 Essex | | | Amount of Each Receipt this Period 299.00 |
| City Troy | State MI | Zip Code 48084 | P/R Deduction (\$23.00 Bi-Weekly) |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 299.00 | |
| Name of Employer Health Alliance Plan | Occupation AVP-Technology & eBusiness Dev | Aggregate Year-to-Date 598.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) C. Peter Anderson Stewart | | | Date of Receipt 12 / 31 / 2013 Transaction ID : PR7532808440 |
| Mailing Address 7961 Little Farm Lane | | | Amount of Each Receipt this Period 182.00 |
| City West Bloomfield | State MI | Zip Code 48322 | P/R Deduction (\$14.00 Bi-Weekly) |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 182.00 | |
| Name of Employer Health Alliance Plan | Occupation Dir- Auditing Srvc & MAR Compl | Aggregate Year-to-Date 364.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 715.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 32 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Chrystal M. Roberts
 Full Name (Last, First, Middle Initial)
 Mailing Address 24601 Pinehurst Ave.
 City State Zip Code
 Oak Park MI 48237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Health Alliance Plan Dir- Community Relations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 449.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : PR7532888440
 Amount of Each Receipt this Period
 224.90
 P/R Deduction (\$17.30 Bi-Weekly)

B. Donald Edward Kiefiuk
 Full Name (Last, First, Middle Initial)
 Mailing Address 39810 Karola
 City State Zip Code
 Sterling Heights MI 48313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Health Alliance Plan VP - Enrollment & Claims
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1040.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : PR7532948440
 Amount of Each Receipt this Period
 520.00
 P/R Deduction (\$40.00 Bi-Weekly)

C. Anthony V Caporale
 Full Name (Last, First, Middle Initial)
 Mailing Address 1320 Shenandoah
 City State Zip Code
 Rochester Hills MI 48306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Health Alliance Plan Mgr- General Acctg
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : PR7533078440
 Amount of Each Receipt this Period
 104.00
 P/R Deduction (\$8.00 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 848.90 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 32 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Joyce Melissa James
 Full Name (Last, First, Middle Initial)
 Mailing Address 20810 Gardner St.
 City Oak Park State MI Zip Code 48237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation Mgr- Provider Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt
 12 / 31 / 2013
Transaction ID : PR7533198440
 Amount of Each Receipt this Period 156.00
 P/R Deduction (\$12.00 Bi-Weekly)

B. Glen P Koslakiewicz
 Full Name (Last, First, Middle Initial)
 Mailing Address 30431 John Hauk
 City Garden City State MI Zip Code 48135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation Dir- Fin Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt
 12 / 31 / 2013
Transaction ID : PR7533258440
 Amount of Each Receipt this Period 234.00
 P/R Deduction (\$18.00 Bi-Weekly)

C. Dianna Lynn Ronan
 Full Name (Last, First, Middle Initial)
 Mailing Address 2156 Cumberland
 City Brighton State MI Zip Code 48114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation VP - Financial Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2002.00

Date of Receipt
 12 / 31 / 2013
Transaction ID : PR7533408440
 Amount of Each Receipt this Period 1001.00
 P/R Deduction (\$77.00 Bi-Weekly)

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1391.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 32 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Mark W Hall
Full Name (Last, First, Middle Initial)

Mailing Address 925 E Lincoln Avenue

City Royal Oak State MI Zip Code 48067

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

Name of Employer Health Alliance Plan Occupation VP- Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.18

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : PR753358440

Amount of Each Receipt this Period
 1000.09

P/R Deduction (\$38.47 Bi-Weekly)

B. Rachel A Powell
Full Name (Last, First, Middle Initial)

Mailing Address 543 Thurber

City Troy State MI Zip Code 48085

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

Name of Employer Health Alliance Plan Occupation Dir - MA Revenue Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 468.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : PR7533628440

Amount of Each Receipt this Period
 234.00

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

C. Sandra Lee Ledesma
Full Name (Last, First, Middle Initial)

Mailing Address 22429 Provincial

City Woodhaven State MI Zip Code 48183

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

Name of Employer Health Alliance Plan Occupation Dir- Application Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : PR7533698440

Amount of Each Receipt this Period
 260.00

P/R Deduction (\$16.00 Bi-Weekly)

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1494.09 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 14 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Cynthia L Hoffman
 Full Name (Last, First, Middle Initial)
 Mailing Address 5768 Whitehaven Dr
 City State Zip Code
 Troy MI 48085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Health Alliance Plan Dir- eCommerce & Tech Planning
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : PR7533748440
 Amount of Each Receipt this Period
 260.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. Michael J Jakubic
 Full Name (Last, First, Middle Initial)
 Mailing Address 7308 Silver Cove
 City State Zip Code
 Linden MI 48451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Health Alliance Plan Dir- M-Care Operations & Sales
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : PR7533778440
 Amount of Each Receipt this Period
 130.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. Daniel A. Trim
 Full Name (Last, First, Middle Initial)
 Mailing Address 921 Juneau Rd.
 City State Zip Code
 Ypsilanti MI 48198
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Health Alliance Plan Dir- Technical Support
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : PR7533788440
 Amount of Each Receipt this Period
 260.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 32 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Gregory Paul English | | Date of Receipt 12 / 31 / 2013 Transaction ID : PR7533888440 |
| Mailing Address 17661 Bell Creek Ln. | | Amount of Each Receipt this Period 150.02 |
| City Livonia | State MI | Zip Code 48152 |
| FEC ID number of contributing federal political committee. C | Name of Employer Health Alliance Plan | Occupation Mgr Appl Dev/Bus Supp/Proj Mgt |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.04 | |
| | | P/R Deduction (\$11.54 Bi-Weekly) |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Scott T Allen | | Date of Receipt 12 / 31 / 2013 Transaction ID : PR7533948440 |
| Mailing Address 3066 Richmond Dr. | | Amount of Each Receipt this Period 325.00 |
| City Clarkston | State MI | Zip Code 48348 |
| FEC ID number of contributing federal political committee. C | Name of Employer Health Alliance Plan | Occupation Dir- Labor Affairs & VEBA Adm |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |
| | | P/R Deduction (\$25.00 Bi-Weekly) |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Kevin Michael Hurley | | Date of Receipt 12 / 31 / 2013 Transaction ID : PR7533998440 |
| Mailing Address 45504 Morningside Rd. | | Amount of Each Receipt this Period 208.00 |
| City Canton | State MI | Zip Code 48187 |
| FEC ID number of contributing federal political committee. C | Name of Employer Health Alliance Plan | Occupation Mgr- Revenue Cycle & Recv Mgmt |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 288.00 | |
| | | P/R Deduction (\$16.00 Bi-Weekly) |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 683.02 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 16 OF 32 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Donna M Siegmund | | Date of Receipt 12 / 31 / 2013 Transaction ID : PR7534068440 |
| Mailing Address 9 Sylvan | | Amount of Each Receipt this Period 156.00 |
| City Pleasant Ridge | State MI Zip Code 48069 | P/R Deduction (\$12.00 Bi-Weekly) |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer Health Alliance Plan | Occupation Sr Project Manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 312.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Christopher Andrew Johnston | | Date of Receipt 12 / 31 / 2013 Transaction ID : PR7534078440 |
| Mailing Address 4300 Westover Dr. | | Amount of Each Receipt this Period 208.00 |
| City West Bloomfield | State MI Zip Code 48323 | P/R Deduction (\$19.00 Bi-Weekly) |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer Health Alliance Plan | Occupation AVP - Sales New Business | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 416.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Marc Vanderburg | | Date of Receipt 12 / 31 / 2013 Transaction ID : PR7534108440 |
| Mailing Address 25750 Ivanhoe | | Amount of Each Receipt this Period 130.00 |
| City Huntington Woods | State MI Zip Code 48070 | P/R Deduction (\$10.00 Bi-Weekly) |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer Health Alliance Plan | Occupation Dir- Producer Business | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 494.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 32 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Rory P. Lafferty
Full Name (Last, First, Middle Initial)

Mailing Address 759 Cherry Stone Drive
#2D

City Canton State MI Zip Code 48188

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

Name of Employer Health Alliance Plan Occupation Dir- Government&Lgsltv Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
12 / 31 / 2013
Transaction ID : PR7534178440

Amount of Each Receipt this Period
260.00

P/R Deduction (\$20.00 Bi-Weekly)

B. Christopher B. Pike
Full Name (Last, First, Middle Initial)

Mailing Address 1657 Wilmington Ct

City Rochester Hills State MI Zip Code 48309

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

Name of Employer Health Alliance Plan Occupation SVP- Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2002.00

Date of Receipt
12 / 31 / 2013
Transaction ID : PR7534198440

Amount of Each Receipt this Period
1001.00

P/R Deduction (\$77.00 Bi-Weekly)

C. Darryl P Bostick
Full Name (Last, First, Middle Initial)

Mailing Address 6431 Eastbrooke

City West Bloomfield State MI Zip Code 48322

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

Name of Employer Health Alliance Plan Occupation Mgr- Provider Reimbursement

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.00

Date of Receipt
12 / 31 / 2013
Transaction ID : PR8708178440

Amount of Each Receipt this Period
156.00

P/R Deduction (\$12.00 Bi-Weekly)

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1417.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 18 OF 32
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Full Name (Last, First, Middle Initial)
Deandre Antwan Lipscomb

Mailing Address 29064 Raleigh Rd

City Farmington Hills State MI Zip Code 48336

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

Name of Employer Health Alliance Plan Occupation VP- Community Outreach

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.96**

Date of Receipt
 M M / D D / Y Y Y Y
12 / 31 / 2013

Transaction ID : PR8708238440

Amount of Each Receipt this Period
499.98

P/R Deduction (\$38.46 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 499.98 |
| TOTAL This Period (last page this line number only).....▶ | 13028.93 |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Comerica Bank

Mailing Address P.O. Box 75000

City Detroit State MI Zip Code 48275

Purpose of Disbursement
Credit Card Transaction Fees

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 02 | | 2013 |

Transaction ID : 7519094

Amount of Each Disbursement this Period

| |
|-------|
| 55.25 |
|-------|

Credit Card Transaction Fees

Full Name (Last, First, Middle Initial)

B. Comerica Bank

Mailing Address P.O. Box 75000

City Detroit State MI Zip Code 48275

Purpose of Disbursement
Credit Card Transaction Fees

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | | 02 | | 2013 |

Transaction ID : 7565116

Amount of Each Disbursement this Period

| |
|-------|
| 55.25 |
|-------|

Credit Card Transaction Fees

Full Name (Last, First, Middle Initial)

C. Comerica Bank

Mailing Address P.O. Box 75000

City Detroit State MI Zip Code 48275

Purpose of Disbursement
Credit Card Transaction Fees

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 04 | | 2013 |

Transaction ID : 7630789

Amount of Each Disbursement this Period

| |
|-------|
| 55.25 |
|-------|

Credit Card Transaction Fees

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

| |
|--------|
| 165.75 |
|--------|

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

| |
|--|
| |
|--|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Comerica Bank

Mailing Address P.O. Box 75000

City State Zip Code
Detroit MI 48275

Purpose of Disbursement
Credit Card Transaction Fees

001

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2013

Transaction ID : 7705585

Amount of Each Disbursement this Period

55.75

Credit Card Transaction Fees

Full Name (Last, First, Middle Initial)

B. Comerica Bank

Mailing Address P.O. Box 75000

City State Zip Code
Detroit MI 48275

Purpose of Disbursement
Credit Card Transaction Fees

001

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2013

Transaction ID : 7795364

Amount of Each Disbursement this Period

55.25

Credit Card Transaction Fees

Full Name (Last, First, Middle Initial)

C. Comerica Bank

Mailing Address P.O. Box 75000

City State Zip Code
Detroit MI 48275

Purpose of Disbursement
Credit Card Transaction Fees

001

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 03 / 2013

Transaction ID : 7863330

Amount of Each Disbursement this Period

55.25

Credit Card Transaction Fees

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

166.25

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

332.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Peters For Michigan

Mailing Address PO Box 226

City Bloomfield Hills State MI Zip Code 48303

Purpose of Disbursement
Direct Contribution

Candidate Name

Gary Peters

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2013

Transaction ID : 7696281

Amount of Each Disbursement this Period

1000.00

Direct Contribution

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

1000.00

1000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Michigan House Democratic Fund

Mailing Address PO Box 16193

City Lansing State MI Zip Code 48901-6193

Purpose of Disbursement
Direct Contribution

Candidate Name

Office Sought: House Senate President
State: MI District: 16

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 7497935

Amount of Each Disbursement this Period

Direct Contribution

Full Name (Last, First, Middle Initial)

B. CTE Anthony G. Forlini for State Rep.

Mailing Address 39273 Chart

City Harrison Twp State MI Zip Code 48045

Purpose of Disbursement
Direct Contribution

Candidate Name

MI Rep. Anthony Forlini

Office Sought: House Senate President
State: MI District: 24

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 7543255

Amount of Each Disbursement this Period

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Committee to Elect Joel Johnson

Mailing Address PO Box 280

City Clare State MI Zip Code 48617

Purpose of Disbursement
Direct Contribution

Candidate Name

MI Rep. Joel Johnson

Office Sought: House Senate President
State: MI District: 97

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 7583553

Amount of Each Disbursement this Period

Direct Contribution

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Tom Leonard for State Representative

Mailing Address 14840 Robinwood Dr

City State Zip Code
Lansing MI 48906

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Rep. Tom Leonard

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 93

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2013

Transaction ID : 7583554

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Jim Marleau for State Senate

Mailing Address 3181 Sandoval

City State Zip Code
Lake Orion MI 48360

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Sen. James Marleau

Category/
Type

Office Sought: House
 Senate
 President
State: MI District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 26 / 2013

Transaction ID : 7599300

Amount of Each Disbursement this Period

3000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Mike Duggan for Mayor Cmte

Mailing Address 3011 W Grand Blvd, Ste 2500

City State Zip Code
Detroit MI 48202

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Mike Duggan

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2013

Transaction ID : 7631819

Amount of Each Disbursement this Period

2000.00

Direct Contribution

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

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Michigan Jobs Fund

Mailing Address 1731 Blue Grass Road

City State Zip Code
Lansing MI 48906

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : 7631820

Amount of Each Disbursement this Period

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Gail Haines Leadership Fund

Mailing Address 2384 LAKE ANGELUS LANE

City State Zip Code
LAKE ANGELUS MI 48326

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : 7631821

Amount of Each Disbursement this Period

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Mike Duggan for Mayor Cmte

Mailing Address 3011 W Grand Blvd, Ste 2500

City State Zip Code
Detroit MI 48202

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name

Mike Duggan

Office Sought: House Senate President
Disbursement For: 2013 Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : 7647878

Amount of Each Disbursement this Period

Direct Contribution

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

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

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

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

FOR LINE NUMBER:
(check only one)

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|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Benny Napoleon for Mayor

Mailing Address PO Box 32763

City State Zip Code
Detroit MI 48232

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Benny Napoleon

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2013

Transaction ID : 7647880

Amount of Each Disbursement this Period

750.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. CTE Dan Lauwers

Mailing Address 12401 Speaker Road

City State Zip Code
Brockway MI 48097

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Rep. Dan Lauwers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 81

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2013

Transaction ID : 7658447

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Rebekah Warren Envision Michigan PAC

Mailing Address 234 8th Street

City State Zip Code
Ann Arbor MI 48933

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2013

Transaction ID : 7691153

Amount of Each Disbursement this Period

1000.00

Direct Contribution

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

2250.00

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

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

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

FOR LINE NUMBER:
(check only one)

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|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
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| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Committee to Elect Steven Bieda Senator

Mailing Address 32721 Valley Dr

City Warren State MI Zip Code 48093

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Sen. Steven Bieda

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 03 | | | 2013 | | | |

Transaction ID : 7701978

Amount of Each Disbursement this Period

| |
|--------|
| 200.00 |
|--------|

Direct Contribution

Full Name (Last, First, Middle Initial)

B. CTE Anthony G. Forlini for State Rep.

Mailing Address 39273 Chart

City Harrison Twp State MI Zip Code 48045

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Rep. Anthony Forlini

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 24

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 03 | | | 2013 | | | |

Transaction ID : 7701982

Amount of Each Disbursement this Period

| |
|--------|
| 500.00 |
|--------|

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Tom Leonard for State Representative

Mailing Address 14840 Robinwood Dr

City Lansing State MI Zip Code 48906

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Rep. Tom Leonard

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 93

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 03 | | | 2013 | | | |

Transaction ID : 7701984

Amount of Each Disbursement this Period

| |
|--------|
| 500.00 |
|--------|

Direct Contribution

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

| |
|---------|
| 1200.00 |
|---------|

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Al Pscholka for State Representative

Mailing Address 5810 Longhorn Trail

City State Zip Code
Stevensville MI 49127

Purpose of Disbursement
Direct Contribution

011

Candidate Name
MI Rep. Al Pscholka

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 79

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 03 / 2013

Transaction ID : 7701986

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Phil Pavlov for State Senate

Mailing Address 4126 Yankee Road

City State Zip Code
St. Clair MI 48079

Purpose of Disbursement
Direct Contribution

011

Candidate Name
MI Sen. Phil Pavlov

Category/
Type

Office Sought: House
 Senate
 President
State: MI District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 09 / 2013

Transaction ID : 7713587

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Mike Duggan for Mayor Cmte

Mailing Address 3011 W Grand Blvd, Ste 2500

City State Zip Code
Detroit MI 48202

Purpose of Disbursement
Direct Contribution

011

Candidate Name
Mike Duggan

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 11 / 2013

Transaction ID : 7723667

Amount of Each Disbursement this Period

1000.00

Direct Contribution

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. George T. Darany for State Representative

Mailing Address 17835 Oakwood Blvd.

City Dearborn State MI Zip Code 48124

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Rep. George Darany

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 15

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2013

Transaction ID : 7724032

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Friends to Elect David Knezek

Mailing Address 6641 Evangeline

City Dearborn Heights State MI Zip Code 48127

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Rep. David Knezek

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 11

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2013

Transaction ID : 7724033

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Compete Michigan PAC

Mailing Address 113 W Michigan Avenue

City Jackson State MI Zip Code 49201

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2013

Transaction ID : 7724035

Amount of Each Disbursement this Period

1000.00

Direct Contribution

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

2500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Benny Napoleon for Mayor

Mailing Address PO Box 32763

City State Zip Code
Detroit MI 48232

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Benny Napoleon

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2013

Transaction ID : 7732283

Amount of Each Disbursement this Period

3000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Friends to Elect Adam Hollier

Mailing Address 31 Arden Park

City State Zip Code
Detroit MI 48202

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Adam Hollier

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2013

Transaction ID : 7772261

Amount of Each Disbursement this Period

250.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Committee to Elect Stacy Erwin Oakes

Mailing Address PO Box 1584

City State Zip Code
Saginaw MI 48605

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Rep. Stacy Oakes

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 95

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2013

Transaction ID : 7774163

Amount of Each Disbursement this Period

1000.00

Direct Contribution

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

4250.00

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

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

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

FOR LINE NUMBER:
(check only one)

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| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Casperson for State Senate

Mailing Address PO Box 545

City Escanaba State MI Zip Code 49829

Purpose of Disbursement
Direct Contribution

011

Candidate Name
MI Sen. Tom Casperson

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: MI District:

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2013

Transaction ID : 7786155

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Citizens Supporting Tory Rocca

Mailing Address 12481 Starlite Ct.

City Sterling Heights State MI Zip Code 48312

Purpose of Disbursement
Direct Contribution

011

Candidate Name
MI Sen. Tory Rocca

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: MI District:

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2013

Transaction ID : 7802290

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Citizens for Andrea LaFontaine

Mailing Address PO Box 6

City Memphis State MI Zip Code 48041

Purpose of Disbursement
Direct Contribution

011

Candidate Name
MI Rep. Andrea LaFontaine

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: MI District: 32

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2013

Transaction ID : 7802291

Amount of Each Disbursement this Period

500.00

Direct Contribution

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

2500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
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| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Senate Republican Campaign Committee

Mailing Address P.O. Box 12023

City State Zip Code
Lansing MI 48933

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 08 / 2013

Transaction ID : 7802293

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. John Moolenaar for State Senate

Mailing Address PO Box 2244

City State Zip Code
Midland MI 45641

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name

MI Sen. John Moolenaar

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: MI District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2013

Transaction ID : 7858455

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Committee to Elect Tim Greimel

Mailing Address PO Box 431071

City State Zip Code
Pontiac MI 48343

Purpose of Disbursement
Tim Greimel, STATE HOUSE 29th MI

011
Category/
Type

Candidate Name

MI Rep. Tim Greimel

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: MI District: 29

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2013

Transaction ID : 7879632

Amount of Each Disbursement this Period

500.00

Tim Greimel, STATE HOUSE 29th MI

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

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

2500.00

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
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| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Friends of Phil Phelps

Mailing Address 1021 Kensington Avenue

City Flint State MI Zip Code 48503

Purpose of Disbursement
Direct Contribution

011

Candidate Name
Phil Phelps

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 49

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2013

Transaction ID : 7882219

Amount of Each Disbursement this Period

500.00

Direct Contribution

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

500.00

32450.00