

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
 Health Alliance Plan PAC

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
 (a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
 (b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
 (c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
 Election on / / in the State of
 (d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
 Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
 Type or Print Name of Treasurer Rory Lafferty

Signature of Treasurer Rory Lafferty [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only										FEC FORM 3X Rev. 12/2004
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**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="2014"/>	<input type="text" value="44530.20"/>	<input type="text" value="44530.20"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="12963.21"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="7313.15"/>	<input type="text" value="24369.12"/>
(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="20276.36"/>	<input type="text" value="68899.32"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1314.95"/>	<input type="text" value="49937.91"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="18961.41"/>	<input type="text" value="18961.41"/>
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

Write or Type Committee Name

Health Alliance Plan PAC

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

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).....	7089.15	21420.44
(ii) Unitemized	224.00	2948.68
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7313.15	24369.12
(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)	7313.15	24369.12
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))..... ▶	7313.15	24369.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7313.15	24369.12

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	64.95	1037.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	64.95	1037.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	4400.00
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	250.00	44500.00
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)) ..	1314.95	49937.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1314.95	49937.91

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	7313.15	24369.12
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7313.15	24369.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	64.95	1037.91
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	64.95	1037.91

**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 17
<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

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

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. James M. Connelly		Date of Receipt M M / D D / Y Y Y Y 11 / 12 / 2014 Transaction ID : 8824713
Mailing Address 7123 Kennowy Court		Amount of Each Receipt this Period 2500.00
City West Bloomfield	State MI	Zip Code 48322
FEC ID number of contributing federal political committee. C		
Name of Employer Henry Ford Health Systems	Occupation HAP Pres/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Angela Endres		Date of Receipt M M / D D / Y Y Y Y 11 / 14 / 2014 Transaction ID : 8827915
Mailing Address 21700 Northwestern		Amount of Each Receipt this Period 550.00
City Southland	State MI	Zip Code 48075
FEC ID number of contributing federal political committee. C		
Name of Employer Health Alliance Plan	Occupation AVP Application Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) C. Naim Munir		Date of Receipt M M / D D / Y Y Y Y 11 / 17 / 2014 Transaction ID : 8828027
Mailing Address 16090 Brook Trout Lane		Amount of Each Receipt this Period 1500.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional).....▶	4550.00
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 17
<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. Balakrishna Pai
Full Name (Last, First, Middle Initial)
Mailing Address 1977 Long Point Drive
City Bloomfield Hills State MI Zip Code 48302
FEC ID number of contributing federal political committee. **C**
Name of Employer Health Alliance Plan Occupation VP & Sr. Med Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1850.00

Date of Receipt 11 / 17 / 2014
Transaction ID : 8828028
Amount of Each Receipt this Period 1000.00

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 ▼ 553.92

Date of Receipt 11 / 24 / 2014
Transaction ID : PR100554814570
Amount of Each Receipt this Period 69.24
P/R Deduction (\$23.08 Bi-Weekly)

C. Dawn J Geisert
Full Name (Last, First, Middle Initial)
Mailing Address 5716 Whitehaven
City Troy State MI Zip Code 48085
FEC ID number of contributing federal political committee. **C**
Name of Employer Health Alliance Plan Occupation Chief Compliance Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR122949614570
Amount of Each Receipt this Period 150.00
P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1219.24
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 17
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Robin D Kelmenson
Full Name (Last, First, Middle Initial)

Mailing Address 5412 Tequesta Drive

City West Bloomfield State MI Zip Code 48323

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

Name of Employer Health Alliance Plan Occupation Sr Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : PR122949714570

Amount of Each Receipt this Period
48.00

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

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

Mailing Address 5580 Oak Tree Lane

City Whitehall State MI Zip Code 49461

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

Name of Employer Health Alliance Plan Occupation AVP-Prov Ntwk Intgrtn&Strategy

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
11 / 24 / 2014

Transaction ID : PR122949814570

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Bi-Weekly)

C. Todd Eric Hutchison
Full Name (Last, First, Middle Initial)

Mailing Address 773 Whittier

City Grosse Pointe Park State MI Zip Code 48230

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

Name of Employer Health Alliance Plan Occupation VP-Undrwrtng & Actuarial Svrc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **920.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : PR124815114570

Amount of Each Receipt this Period
120.00

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

SUBTOTAL of Receipts This Page (optional).....▶	198.00
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 9 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Irita Matthews		Date of Receipt MM / DD / YYYY 11 / 24 / 2014 Transaction ID : PR75326414570
Mailing Address 861 Whittier		Amount of Each Receipt this Period 115.50
City Grosse Pointe Park	State MI	Zip Code 48230
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.50 Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation VP - Assoc General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 924.00	

Full Name (Last, First, Middle Initial) B. Jennifer Brooks Zbytowski		Date of Receipt MM / DD / YYYY 11 / 24 / 2014 Transaction ID : PR75326614570
Mailing Address 49206 St. Nicholas		Amount of Each Receipt this Period 60.00
City Shelby Township	State MI	Zip Code 48317
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation AVP- Case Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) C. Peter Anderson Stewart		Date of Receipt MM / DD / YYYY 11 / 24 / 2014 Transaction ID : PR75328014570
Mailing Address 7961 Little Farm Lane		Amount of Each Receipt this Period 42.00
City West Bloomfield	State MI	Zip Code 48322
FEC ID number of contributing federal political committee. C		P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation Dir- Auditing Srvc & MAR Compl	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

SUBTOTAL of Receipts This Page (optional).....▶	217.50
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 10 OF 17
	<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. Dianna Lynn Ronan			Date of Receipt M M / D D / Y Y Y Y 11 / 24 / 2014 Transaction ID : PR75334014570
Mailing Address 2156 Cumberland			Amount of Each Receipt this Period 231.00
City Brighton	State MI	Zip Code 48114	P/R Deduction (\$77.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C	Occupation VP - Financial Services		
Name of Employer Health Alliance Plan	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1848.00

Full Name (Last, First, Middle Initial) B. Mark W Hall			Date of Receipt M M / D D / Y Y Y Y 11 / 24 / 2014 Transaction ID : PR75335514570
Mailing Address 925 E Lincoln Avenue			Amount of Each Receipt this Period 115.41
City Royal Oak	State MI	Zip Code 48067	P/R Deduction (\$38.47 Bi-Weekly)
FEC ID number of contributing federal political committee. C	Occupation VP- Sales		
Name of Employer Health Alliance Plan	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 923.28

Full Name (Last, First, Middle Initial) c. Robert G Leger			Date of Receipt M M / D D / Y Y Y Y 11 / 24 / 2014 Transaction ID : PR75335914570
Mailing Address 7705 Woodward Ave			Amount of Each Receipt this Period 48.00
City Detroit	State MI	Zip Code 48202	P/R Deduction (\$16.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C	Occupation Dir- Support Svcs		
Name of Employer Health Alliance Plan	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 384.00

SUBTOTAL of Receipts This Page (optional).....▶	394.41
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 17
	<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. Rachel A Powell
Full Name (Last, First, Middle Initial)
Mailing Address 543 Thurber

City Troy	State MI	Zip Code 48085
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FEC ID number of contributing federal political committee. **C**

Name of Employer Health Alliance Plan	Occupation Dir - MA Revenue Management
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **432.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR75336214570

Amount of Each Receipt this Period

54.00

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

B. Sandra Lee Ledesma
Full Name (Last, First, Middle Initial)
Mailing Address 22429 Provincial

City Woodhaven	State MI	Zip Code 48183
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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 ▼ **368.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR75336914570

Amount of Each Receipt this Period

48.00

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

C. Cynthia L Hoffman
Full Name (Last, First, Middle Initial)
Mailing Address 5768 Whitehaven Dr

City Troy	State MI	Zip Code 48085
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FEC ID number of contributing federal political committee. **C**

Name of Employer Health Alliance Plan	Occupation Dir- eCommerce & Tech Planning
--	--

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
11	/	24	/	2014

Transaction ID : PR75337414570

Amount of Each Receipt this Period

60.00

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

SUBTOTAL of Receipts This Page (optional).....▶	162.00
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 12 OF 17
<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. Scott T Allen
Full Name (Last, First, Middle Initial)

Mailing Address 3066 Richmond Dr.

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR75339414570

Amount of Each Receipt this Period **75.00**

P/R Deduction (\$25.00 Bi-Weekly)

B. Donna M Siegmund
Full Name (Last, First, Middle Initial)

Mailing Address 9 Sylvan

City Pleasant Ridge State MI Zip Code 48069

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

Name of Employer Health Alliance Plan Occupation Sr Project Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **288.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR75340614570

Amount of Each Receipt this Period **36.00**

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

C. Christopher Andrew Johnston
Full Name (Last, First, Middle Initial)

Mailing Address 4300 Westover Dr.

City West Bloomfield State MI Zip Code 48323

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

Name of Employer Health Alliance Plan Occupation AVP - Sales New Business

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **456.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR75340714570

Amount of Each Receipt this Period **57.00**

P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	168.00
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 17
	<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. 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 ▼ 480.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR75341714570
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. Dan Ellis Champney
 Full Name (Last, First, Middle Initial)
 Mailing Address 9186 Hidden Oaks Dr
 City Grand Blanc State MI Zip Code 48439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation Deputy General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR99462014570
 Amount of Each Receipt this Period 120.00
 P/R Deduction (\$40.00 Bi-Weekly)

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	180.00
TOTAL This Period (last page this line number only).....▶	7089.15

**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

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

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Comerica Bank

Mailing Address P.O. Box 75000

City Detroit State MI Zip Code 48275

Purpose of Disbursement
Credit Card Transaction Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 8796698

Amount of Each Disbursement this Period

Credit Card Transaction Fees

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Moolenaar For Congress

Full Name (Last, First, Middle Initial)
Mailing Address 5915 Eastman Avenue Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement Direct Contribution

Candidate Name **Mr. John Moolenaar**

Office Sought: House Senate President
State: MI District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement: 10 / 28 / 2014

Transaction ID : 8777974

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement:

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement:

Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional).....▶ 1000.00

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

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 16 / 2014

Transaction ID : 8746155

Amount of Each Disbursement this Period

250.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Phil Phelps

Mailing Address 1021 Kensington Avenue

City Flint State MI Zip Code 48503

Purpose of Disbursement
Stop Pymt - Friends of Phil Phelps

011

Candidate Name
Phil Phelps

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : 8777972

Amount of Each Disbursement this Period

-250.00

Stop Pymt - Friends of Phil Phelps

Full Name (Last, First, Middle Initial)

C. 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: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 8777973

Amount of Each Disbursement this Period

250.00

Direct Contribution

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

250.00

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. Warren Evans 2014

Mailing Address 1959 E Jefferson Avenue

City Detroit State MI Zip Code 48207

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Warren C. Evans

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2014

Transaction ID : 8795539

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Phil Cavanagh for Wayne County Executive

Mailing Address PO Box 401140

City Redford State MI Zip Code 48240

Purpose of Disbursement
Stop Pymt - Phil Cavanagh for Wayne County Executive

011

Candidate Name

Phil Cavanagh

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 14 / 2014

Transaction ID : 8827068

Amount of Each Disbursement this Period

-500.00

Stop Pymt - Phil Cavanagh for Wayne County Executive

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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)..... ▶

0.00

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

250.00