Image# 14952627578 PAGE 1 / 17

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

TOTAL FO	or Other Than An Aut	nonzea Committee	Office Use Only
1. NAME OF T COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Health Alliance Plan PA	C		
<u> </u>			
ADDRESS (number and street)	2850 West Grand Boulevard	3 	
Check if different			
than previously reported. (ACC)	Detroit		MI 48202
2. FEC IDENTIFICATION NUM	MBER ▼ CIT	Y 🛦	STATE ▲ ZIP CODE ▲
C C00410670		S THIS NEW (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 20 (M3) Jun 20	(M6) Sep 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:			(Non-Election Year Only)
April 15 Quarterly Report (Q1)		20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Q3)	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (YE)	Flackin	on on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	X General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	on on 1.1 04	in the State of MI
5. Covering Period 10	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		1 24 Y 2014
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 Lo	ufferty	[Electronically Filed]	Date 11 / 26 / 2014
NOTE: Submission of false, erroneo	us, or incomplete informatio	n may subject the person sign	ing this Report to the penalties of 2 U.S.C. §437g.
Office Use Only			FEC FORM 3X Rev. 12/2004

OF FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name Health Alliance Plan PAC		
Report Covering the Period: From: 10	16 2014 To:	11 24 2014
_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
S. (a) Cash on Hand January 1, 2014		44530.20
(b) Cash on Hand at Beginning of Reporting Period	12963.21	
(c) Total Receipts (from Line 19)	7313.15	24369.12
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	20276.36	68899.32
7. Total Disbursements (from Line 31)	1314.95	49937.91
Reporting Period (subtract Line 7 from Line 6(d))	18961.41	18961.41
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
X This committee has qualified as a multicandi	idate committee. (see FEC FORM 1M)	
Fo	r further information contact:	

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Health Alliance Plan PA	AC	lan P	PI	Alliance	lealth	Н
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		1
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		0440044
(i) Itemized (use Schedule A)	7089.15	21420.44
(ii) Heitaminad	224.00	2948.68
(ii) Unitemized(iii) TOTAL (add	224.00	2540.00
Lines 11(a)(i) and (ii)	7313.15	24369.12
Lines Tr(a)(i) and (ii)	4	
(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	7313.15	24369.12
Totals to Line 33, page 5)	7313.15	24309.12
. Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	0.00
. All Loans Received	0.00	0.00
	7	7 7
. Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds		,
(a) Non-Federal Account	0.00	
(from Schedule H3)	0.00	0.00
	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
(6) 15121 112151515 (2222 15(2)) 2112 15(2)) 1		0.00
T. 15		
Total Receipts (add Lines 11(d),	7010 15	04000 40
12, 13, 14, 15, 16, 17, and 18(c))▶	7313.15	24369.12
Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	7313.15	24369.12

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal	iotai iiio i ollou	Calcilda Teal-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
	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	7	1007.0
(add 21(a)(i), (a)(ii), and (b))▶	64.95	1037.91
Transfers to Affiliated/Other Party		
Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	1000.00	4400.00
Independent Expenditures		
(use Schedule E)	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	200
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
_		
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other	0.00	0.00
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 Cantribution Defined		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	0.00
(add Lines 20(a), (b), and (c))	7	
Other Disbursements	250.00	44500.00
_		
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(I) I EUGIAI GIIAIE	3.00	
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	2.22
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1314.95	49937.9 ⁻
		.5567.5
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)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	7313.15	24369.12
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7313.15	24369.12
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	64.95	1037.91
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	64.95	1037.91

FOR LINE NUMBER: PAGE 6 OF Use separate schedule(s) for each category of the Detailed Summary Page

- 1	Un	LIINL	IVO	IVIDEN		ITAGE	-	U	Oi	17
(0	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and Son for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
Health Alliance Plan PAC		
Full Name (Last, First, Middle Initial) James M. Connelly		Date of Receipt
Mailing Address 7123 Kennowy Court		11 12 2014
City	State Zip Code	Transaction ID: 8824713
West Bloomfield	MI 48322	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	2500.00
Name of Employer	Occupation	
Henry Ford Health Systems	HAP Pres/CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial) Angela Endres		Date of Receipt
Mailing Address 21700 Northwestern		M M / D D / Y Y Y Y Y
City	State Zip Code	11 14 2014 Transaction ID : 8827915
Southland	MI 48075	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	550.00
Name of Employer	Occupation	
Health Alliance Plan	AVP Application Development	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) C. Naim Munir		Date of Receipt
Mailing Address 16090 Brook Trout Lane		11 17 2014
City	State Zip Code	Transaction ID: 8828027
Northville	MI 48168	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1500.00
Name of Employer	Occupation	
Health Alliance Plan	Cheif Medical Officer & SVP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00	
SUBTOTAL of Receipts This Page (optional)	>	4550.00
TOTAL This Period (last page this line number of	only)	

FOR LINE NUMBER: **PAGE** 7 OF 17 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name (Last, First, Middle Initial) Balakrishna Pai Date of Receipt Mailing Address 1977 Long Point Drive 2014 11 17 City Zip Code State Transaction ID: 8828028 Bloomfield Hills MI 48302 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation VP & Sr. Med Director Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General 1850.00 Other (specify) Full Name (Last, First, Middle Initial) B. Timothy Sullivan Date of Receipt Mailing Address 18331 Laraugh Drive 11 24 2014 City State Zip Code Transaction ID: PR100554814570 Northville MI 48168 Amount of Each Receipt this Period FEC ID number of contributing 69.24 federal political committee. Name of Employer Occupation Health Alliance Plan VP- Healthcare Affrd & Prf Imp Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$23.08 Bi-Weekly) 553.92 Other (specify) Full Name (Last, First, Middle Initial) c. Dawn J Geisert Date of Receipt Mailing Address 5716 Whitehaven 11 24 2014 City State Zip Code Transaction ID: PR122949614570 MI Troy 48085 Amount of Each Receipt this Period FEC ID number of contributing 150.00 С federal political committee. Name of Employer Occupation Chief Compliance Officer Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$50.00 Bi-Weekly) 1200.00 Other (specify) 1219.24 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 8 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Stator for commercial purposes, other than using the n		
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
Health Alliance Plan Receipt For:	State Zip Code MI 48323 C Occupation Sr Medical Director Aggregate Year-to-Date ▼	Date of Receipt 11 24 2014 Transaction ID: PR122949714570 Amount of Each Receipt this Period 48.00
Primary General Other (specify) ▼	384.00	P/R Deduction (\$16.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Mark J. Zickel Mailing Address 5580 Oak Tree Lane		Date of Receipt 11 24 2014
City Whitehall FEC ID number of contributing federal political committee.	State Zip Code MI 49461	Transaction ID : PR122949814570 Amount of Each Receipt this Period 30.00
Name of Employer Health Alliance Plan	Occupation AVP-Prov Ntwk Intgrtn&Strategy Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Todd Eric Hutchison Mailing Address 773 Whittier City	State Zip Code	Date of Receipt 11 24 2014 Transaction ID : PR124815114570
Grosse Pointe Park FEC ID number of contributing federal political committee.	MI 48230	Amount of Each Receipt this Period 120.00
Health Alliance Plan	Occupation VP-Undrwrting & Actuarial Svrc Aggregate Year-to-Date ▼ 920.00	P/R Deduction (\$40.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)	>	198.00
TOTAL This Period (last page this line number on	lv)	

FOR LINE NUMBER: **PAGE** 9 OF 17 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name (Last, First, Middle Initial) Irita Matthews Date of Receipt Mailing Address 861 Whittier 2014 11 24 City Zip Code State Transaction ID: PR75326414570 Grosse Pointe Park MI 48230 Amount of Each Receipt this Period FEC ID number of contributing C 115.50 federal political committee. Name of Employer Occupation VP - Assoc General Counsel Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.50 Bi-Weekly) 924.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jennifer Brooks Zbytowski Date of Receipt Mailing Address 49206 St. Nicholas 11 24 2014 City State Zip Code Transaction ID: PR75326614570 MI Shelby Township 48317 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation Health Alliance Plan AVP- Case Management Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 480.00 Other (specify) Full Name (Last, First, Middle Initial) c. Peter Anderson Stewart Date of Receipt Mailing Address 7961 Little Farm Lane 11 24 2014 City Zip Code State Transaction ID: PR75328014570 MI West Bloomfield 48322 Amount of Each Receipt this Period FEC ID number of contributing 42.00 С federal political committee. Name of Employer Occupation Health Alliance Plan Dir- Auditing Srvc & MAR Compl Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$14.00 Bi-Weekly) 336.00 Other (specify) 217.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

FOR LINE NUMBER: PAGE 10 OF 17 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name (Last, First, Middle Initial) Dianna Lynn Ronan Date of Receipt Mailing Address 2156 Cumberland 2014 11 24 City Zip Code State Transaction ID: PR75334014570 Brighton MI 48114 Amount of Each Receipt this Period FEC ID number of contributing C 231.00 federal political committee. Name of Employer Occupation VP - Financial Services Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$77.00 Bi-Weekly) 1848.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark W Hall Date of Receipt Mailing Address 925 E Lincoln Avenue 2014 11 24 City State Zip Code Transaction ID: PR75335514570 Royal Oak MI 48067 Amount of Each Receipt this Period FEC ID number of contributing 115.41 federal political committee. Name of Employer Occupation Health Alliance Plan VP- Sales Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 923.28 Other (specify) Full Name (Last, First, Middle Initial) c. Robert G Leger Date of Receipt Mailing Address 7705 Woodward Ave 11 24 2014 City State Zip Code Transaction ID: PR75335914570 MI Detroit 48202 Amount of Each Receipt this Period FEC ID number of contributing 48.00 С federal political committee. Name of Employer Occupation Health Alliance Plan Dir- Support Svcs Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$16.00 Bi-Weekly) 384.00 Other (specify) 394.41 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name (Last, First, Middle Initial) Rachel A Powell Date of Receipt Mailing Address 543 Thurber 2014 11 24 City Zip Code State Transaction ID: PR75336214570 48085 Troy MI Amount of Each Receipt this Period FEC ID number of contributing C 54.00 federal political committee. Name of Employer Occupation Health Alliance Plan Dir - MA Revenue Management Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$18.00 Bi-Weekly) 432.00 Other (specify) Full Name (Last, First, Middle Initial) B. Sandra Lee Ledesma Date of Receipt Mailing Address 22429 Provincial 11 24 2014 City State Zip Code Transaction ID: PR75336914570 Woodhaven MI 48183 Amount of Each Receipt this Period FEC ID number of contributing 48.00 federal political committee. Name of Employer Occupation Health Alliance Plan **Dir- Application Development** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$16.00 Bi-Weekly) 368.00 Other (specify) Full Name (Last, First, Middle Initial) c. Cynthia L Hoffman Date of Receipt Mailing Address 5768 Whitehaven Dr 11 24 2014 City State Zip Code Transaction ID: PR75337414570 MI Troy 48085 Amount of Each Receipt this Period FEC ID number of contributing 60.00 С federal political committee. Name of Employer Occupation Dir- eCommerce & Tech Planning Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 480.00 Other (specify) 162.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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) Scott T Allen Date of Receipt Mailing Address 3066 Richmond Dr. 2014 11 24 City Zip Code State Transaction ID: PR75339414570 Clarkston MI 48348 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Name of Employer Occupation Dir-Labor Affairs & VEBA Adm Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Bi-Weekly) 525.00 Other (specify) Full Name (Last, First, Middle Initial) B. Donna M Siegmund Date of Receipt Mailing Address 9 Sylvan 11 24 2014 City State Zip Code Transaction ID: PR75340614570 MI Pleasant Ridge 48069 Amount of Each Receipt this Period FEC ID number of contributing 36.00 federal political committee. Name of Employer Occupation Health Alliance Plan Sr Project Manager Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$12.00 Bi-Weekly) 288.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Christopher Andrew Johnston Date of Receipt Mailing Address 4300 Westover Dr. 11 24 2014 City State Zip Code Transaction ID: PR75340714570 MI West Bloomfield 48323 Amount of Each Receipt this Period FEC ID number of contributing 57.00 С federal political committee. Name of Employer Occupation AVP - Sales New Business Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$19.00 Bi-Weekly) 456.00 Other (specify) 168.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	FOR LINE	NUMBER	: PAGE	E 13 O	F 1
Use separate schedule(s)	(check only	one)			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name (Last, First, Middle Initial) Rory P. Lafferty Date of Receipt Mailing Address 759 Cherry Stone Drive #2D 24 2014 11 City State Zip Code Transaction ID : PR75341714570 Canton MI 48188 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation Dir- Government&Lgsltv Affairs Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 480.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dan Ellis Champney Date of Receipt Mailing Address 9186 Hidden Oaks Dr 11 24 2014 City State Zip Code Transaction ID: PR99462014570 Grand Blanc MI 48439 Amount of Each Receipt this Period FEC ID number of contributing

120.00 federal political committee. Name of Employer Occupation Health Alliance Plan Deputy General Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$40.00 Bi-Weekly) 960.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify)

SUBTOTAL of Receipts This Page (optional).....

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

-,		180.00
		7089.15
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S	CHEDULE B (FEC Form 3X)		FOR I	OR LINE NUMBER: PAGE 14 OF 17								17	
IT	EMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	•	•	ily one)								
		Detailed Summary Page			21b 27	22 28a		23 28b		24 28c	25 29		26 30b
Δr	ny information copied from such Reports and Staten	nents may not be sold or u	Ised I	nv anv			nur		of so			ıtions	
	for commercial purposes, other than using the name												
\setminus	NAME OF COMMITTEE (In Full)												
/	Health Alliance Plan PAC												
_	Full Name (Last, First, Middle Initial)												
Α.	Comerica Bank					Date o	of Di						
	Mailing Address P.O. Box 75000					11	/	0	4	/ Y	2014	Y	
	City	State Zip Code											
	Detroit	MI 48275				Trans	sact	ion ID	: 87	796698			
	Purpose of Disbursement Credit Card Transaction Fees		Г	001		Amour	nt of	Each	Dis	burseme	ent this	Perio	od
	Candidate Name		C	ategor	v/		-	-		-	-		\neg
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		Other (specify) ▼				Credit	Jaiu	Hans	acii	on rees			
_	State: District:												
В.	Full Name (Last, First, Middle Initial)					Date o	ıf Die	ehurea	mai	nt			
٥.						M M	/ DI	D			Y	Υ	
	Mailing Address	ailing Address											
	City State Zip Code												
	Purpose of Disbursement												
	Tulpose of Disbursement		Г	-		Amour	nt of	Each	Dis	burseme	ent this	Perio	od
	Candidate Name		С	ategor	y/			-					П
	Office Sought: House Disbursen	nont For:		Type				7		7			-
		Primary General											
		Other (specify) ▼											
_	State: District:												
C.	Full Name (Last, First, Middle Initial)					Date o	of Dis	sburse	mei	nt			
						M = M	/	D	D	/ Y	YY	Υ	
	Mailing Address						_	L.		L		_	
	City	State Zip Code											
	Purpose of Disbursement			_	_								
						Amour	nt of	Each	Dis	burseme	ent this	Perio	od
	Candidate Name		С	ategor Type	y/								П
	Office Sought: House Disbursen	nent For:	<u> </u>	.,,,,	\dashv		_	7		,			
		Primary General											
	State: District:	Other (specify) ▼											
Г	2.555						-				_	-	_
s	SUBTOTAL of Disbursements This Page (optional)				•			,			6	4.95	
	OTAL The Bushel (C.)										6	4.95	
ΙŢ	OTAL This Period (last page this line number only)							7		7	J.		

for each category of the Detailed Summary Page 21b 22 28a 28b 28c 29 30	SCHEDULE B (FEC Form 3X)	Lloo concrete cabadula (a)	FOR LINE		PAGE 15 OF 17
Detailed Surmany Page	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(oricon oriny	,	00
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. ANME OF COMMITTEE (in Full) Health Alliance Plan PAC Full Name (Last, First, Middle Initial) Moolenaar For Congress Mailing Address 5915 Eastman Avenue Suite 100 City State Zip Code Midland Middle Mare Mr. John Moolenaar Office Sought: House Senate Primary General Primary Gener					
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) Moldenaar For Congress Mailing Address 5915 Eastman Avenue Suite 100 City State Zip Code Midland Mi 48640 Furpose of Disbursement Direct Contribution Candidate Name Mr. John Moolenaar Office Sought: House Senate Primary General Other (specify) ▼ Date of Disbursement this Period Calegory' Type Office Sought: House Disbursement For: 2014 State: District: District	Any information copied from such Benorts and State	ments may not be sold or us			
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NAME OF COMMITTEE (In Full) Health Alliance Plan PAC	io and address of any points		SOLOT CONTINUES.
Full Name (Last, First, Middle Initial)			Date of Disbursement
A. Friends of Phil Phelps Mailing Address 1021 Kensington Avenue			10 16 2014
City	State Zip Code		
Flint	MI 48503		Transaction ID: 8746155
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