

**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"/>		44530.20
(b) Cash on Hand at Beginning of Reporting Period.....	44530.20	
(c) Total Receipts (from Line 19)	9011.23	9011.23
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	53541.43	53541.43
7. Total Disbursements (from Line 31).....	24923.06	24923.06
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	28618.37	28618.37
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Health 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).....	6838.79	6838.79
(ii) Unitemized	2172.44	2172.44
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9011.23	9011.23
(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)	9011.23	9011.23
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))..... ▶	9011.23	9011.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9011.23	9011.23

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
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	273.06	273.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	273.06	273.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	400.00	400.00
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	24250.00	24250.00
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)) ..	24923.06	24923.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24923.06	24923.06

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)	9011.23	9011.23
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9011.23	9011.23
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	273.06	273.06
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	273.06	273.06

**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 18
	<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

Full Name (Last, First, Middle Initial) A. Mary Ann Tournoux		Date of Receipt MM / DD / YYYY 01 / 09 / 2014 Transaction ID : 7939778
Mailing Address 726 S Renard		Amount of Each Receipt this Period 1000.00
City Grosse Pte Woods	State MI	Zip Code 48236
FEC ID number of contributing federal political committee. C	Lump Sum	
Name of Employer HAP	Occupation SVP - CMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Susan Schwandt		Date of Receipt MM / DD / YYYY 01 / 02 / 2014 Transaction ID : 7940888
Mailing Address 2007 Rector Court		Amount of Each Receipt this Period 400.00
City Canton	State MI	Zip Code 48188
FEC ID number of contributing federal political committee. C	CC Lump Sum PAC Contribution	
Name of Employer Health Alliance Plan	Occupation Public Relatins Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Balakrishna Pai		Date of Receipt MM / DD / YYYY 01 / 21 / 2014 Transaction ID : 7954265
Mailing Address 1977 Long Point Drive		Amount of Each Receipt this Period 850.00
City Bloomfield Hills	State MI	Zip Code 48302
FEC ID number of contributing federal political committee. C	Lump Sum	
Name of Employer Health Alliance Plan	Occupation VP & Sr. Med Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
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 7 OF 18
	(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. Sammie VanDiver
Full Name (Last, First, Middle Initial)
Mailing Address 19170 Lancashire St
City Detroit State MI Zip Code 48223-1348
FEC ID number of contributing federal political committee. **C**
Name of Employer Health Alliance Plan Occupation Manager, IT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 305.00

Date of Receipt **01 / 27 / 2014**
Transaction ID : 7965584
Amount of Each Receipt this Period 305.00
Lump Sum

B. 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 ▼ 350.00

Date of Receipt **03 / 31 / 2014**
Transaction ID : PR12294969867
Amount of Each Receipt this Period 350.00
P/R Deduction (\$50.00 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-Undrwrting & Actuarial Svrc
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt **03 / 31 / 2014**
Transaction ID : PR12481519867
Amount of Each Receipt this Period 240.00
P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	895.00
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 18
<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. Irita Matthews		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 Transaction ID : PR7532649867
Mailing Address 861 Whittier		Amount of Each Receipt this Period 269.50
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 ▼ 269.50	

Full Name (Last, First, Middle Initial) B. John David Calabria		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 Transaction ID : PR7533069867
Mailing Address 2030 Brinston		Amount of Each Receipt this Period 500.00
City Troy	State MI	Zip Code 48083
FEC ID number of contributing federal political committee. C		P/R Deduction (\$500.00 Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation Sr Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dianna Lynn Ronan		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 Transaction ID : PR7533409867
Mailing Address 2156 Cumberland		Amount of Each Receipt this Period 539.00
City Brighton	State MI	Zip Code 48114
FEC ID number of contributing federal political committee. C		P/R Deduction (\$77.00 Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation VP - Financial Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 539.00	

SUBTOTAL of Receipts This Page (optional).....▶	1308.50
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 9 OF 18
<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. 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 ▼ 269.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2014
Transaction ID : PR753359867

Amount of Each Receipt this Period
 269.29

P/R Deduction (\$38.47 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 ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2014
Transaction ID : PR7534199867

Amount of Each Receipt this Period
 336.00

P/R Deduction (\$84.00 Bi-Weekly)

C. Annette M Marcath
Full Name (Last, First, Middle Initial)

Mailing Address 55261 Ester Dr

City Shelby Township State MI Zip Code 48315

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

Name of Employer Health Alliance Plan Occupation VP-Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2014
Transaction ID : PR7755579867

Amount of Each Receipt this Period
 1500.00

P/R Deduction (\$1500.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	2105.29
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 18
(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. Full Name (Last, First, Middle Initial)
Dan Ellis Champney

Mailing Address 9186 Hidden Oaks Dr

City State Zip Code
Grand Blanc MI 48439

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

Name of Employer Occupation
Health Alliance Plan Deputy General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014
Transaction ID : PR9946209867

Amount of Each Receipt this Period
280.00

P/R Deduction (\$40.00 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 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 Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	280.00
TOTAL This Period (last page this line number only).....▶	6838.79

**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

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : 8051017

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

Full Name (Last, First, Middle Initial)

A. Brenda Lawrence For Congress

Mailing Address PO Box 3060

City Southfield State MI Zip Code 48037

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name

Brenda Lawrence

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 14

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2014

Transaction ID : 8073602

Amount of Each Disbursement this Period

200.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Benishek For Congress, Inc.

Mailing Address PO Box 108

City Gladstone State MI Zip Code 49837

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name

Rep. Dan Benishek MD

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2014

Transaction ID : 8090910

Amount of Each Disbursement this Period

200.00

Direct Contribution

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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)..... ▶

400.00

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

400.00

**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 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
01 / 10 / 2014

Transaction ID : 7941559

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Mike Kowall

Mailing Address 6789 Deer Hill Drive

City Clarkston State MI Zip Code 48346

Purpose of Disbursement
Direct Contribution

011

Candidate Name
MI Sen. Mike Kowall

Category/
Type

Office Sought: House
 Senate
 President
State: MI District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2014

Transaction ID : 7950861

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. MAHP Advocacy PAC

Mailing Address 327 Seymour Avenue

City Lansing State MI Zip Code 48933

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
01 / 15 / 2014

Transaction ID : 7950862

Amount of Each Disbursement this Period

10000.00

Direct Contribution

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

11000.00

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

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. MAHP PAC

Mailing Address 327 Seymour Avenue

City State Zip Code
Lansing MI 48901

Purpose of Disbursement
Direct Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
01 / 17 / 2014

Transaction ID : 7952994

Amount of Each Disbursement this Period
10000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Mike Callton for State Representative

Mailing Address PO Box 676

City State Zip Code
Nashville MI 49073

Purpose of Disbursement
Direct Contribution

Candidate Name

MI Rep. Mike Callton

Office Sought: House
 Senate
 President
State: MI District: 87

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
01 / 24 / 2014

Transaction ID : 7960727

Amount of Each Disbursement this Period
500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. MAHP Advocacy PAC

Mailing Address 327 Seymour Avenue

City State Zip Code
Lansing MI 48933

Purpose of Disbursement
Void - MAHP Advocacy PAC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
01 / 27 / 2014

Transaction ID : 7965581

Amount of Each Disbursement this Period
-10000.00

Void - MAHP Advocacy PAC

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

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

500.00

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

Use separate schedule(s) 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. Committee to Elect Gail Haines

Mailing Address PO Box 301085

City Waterford State MI Zip Code 48330

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Rep. Gail Haines

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 43

Date of Disbursement

MM / DD / YYYY
02 / 10 / 2014

Transaction ID : 7990284

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Rebekah Warren for State Senate

Mailing Address 234 Eighth Street

City Ann Arbor State MI Zip Code 48103

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Sen. Rebekah Warren

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

MM / DD / YYYY
02 / 10 / 2014

Transaction ID : 7990285

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. 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

MM / DD / YYYY
02 / 19 / 2014

Transaction ID : 8018415

Amount of Each Disbursement this Period

500.00

Direct Contribution

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

2000.00

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. 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
03 / 10 / 2014

Transaction ID : 8051018

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Daniela Garcia

Mailing Address 22 E 29th Street

City Holland State MI Zip Code 49423

Purpose of Disbursement
Direct Contribution

011

Candidate Name
Daniela Garcia

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 90

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2014

Transaction ID : 8051019

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Greimel for Michigan

Mailing Address PO Box 16045

City Lansing State MI Zip Code 48901

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
03 / 10 / 2014

Transaction ID : 8051020

Amount of Each Disbursement this Period

500.00

Direct Contribution

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

1500.00

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. David Knezek for Senate

Mailing Address PO Box 867

City Dearborn Heights State MI Zip Code 48127

Purpose of Disbursement
Direct Contribution

011

Candidate Name
David Knezek

Category/
Type

Office Sought: House
 Senate
 President
State: MI District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2014

Transaction ID : 8051021

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. 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
State: MI District: 93

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2014

Transaction ID : 8051022

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Stacy Erwin Oakes for State Senate

Mailing Address PO Box 1584

City Saginaw State MI Zip Code 48605

Purpose of Disbursement
Direct Contribution

011

Candidate Name
Stacy Erwin Oakes

Category/
Type

Office Sought: House
 Senate
 President
State: MI District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 25 / 2014

Transaction ID : 8090911

Amount of Each Disbursement this Period

1000.00

Direct Contribution

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

4000.00

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. Committee to Elect Joel Johnson

Mailing Address PO Box 280

City State Zip Code
Clare MI 48617

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Rep. Joel Johnson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 97

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2014

Transaction ID : 8161991

Amount of Each Disbursement this Period

250.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Michigan House Democratic Fund

Mailing Address PO Box 16193

City State Zip Code
Lansing MI 48901-6193

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2014

Transaction ID : 8161992

Amount of Each Disbursement this Period

5000.00

Direct Contribution

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

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)..... ▶

5250.00

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

24250.00