Image# 14960607728 PAGE 1 / 18

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	Orim Ox	For Other Than All Auth	iorizea Committee	Office Use Only
1.	NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Н	lealth Alliance Plan P	PAC		
ADI	DRESS (number and street)	2850 West Grand Boulevard		
	Check if different than previously reported. (ACC)	Detroit		MI 48202 -
2.	FEC IDENTIFICATION N	UMBER ▼ CIT	<b>₹</b> ▲	STATE ▲ ZIP CODE ▲
	C C00410670	3. IS	THIS EPORT X (N) OR	AMENDED (A)
4.	TYPE OF REPORT (Choose One)  (a) Quarterly Reports:	Report Due On: Mar	20 (M2) May 20 (M5) 20 (M3) Jun 20 (M6) 20 (M4) Jul 20 (M7)	Aug 20 (M8)    Nov 20 (M11) (Non-Election Year Only)   Sep 20 (M9)   Dec 20 (M12) (Non-Election Year Only)   Oct 20 (M10)   Jan 31 (YE)
	April 15 Quarterly Report (0  July 15 Quarterly Report (0  October 15 Quarterly Report (0	PRE-Election Report for the:	Primary (12P)  Convention (12C)	General (12G) Runoff (12R)  Special (12S)
	January 31 Year-End Report (	Fleekien	n on	in the State of
	July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
	Termination Report (TER)	Election	n on	in the State of
5.	Covering Period 0		through 03	1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
l ce	ertify that I have examined the	nis Report and to the best of	my knowledge and belief it is tr	ue, correct and complete.
Тур	e or Print Name of Treasure	er Rory Lafferty		
Sig	nature of Treasurer Rory	Lafferty	[Electronically Filed]	Date 04 / 04 / 2014
NO.	TE: Submission of false, error	neous, or incomplete information	may subject the person signing	this Report to the penalties of 2 U.S.C. §437g.
 	Office Use			FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Health Alliance Plan PAC 2014 03 2014 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 44530.20 January 1, 2014 (b) Cash on Hand at 44530.20 Beginning of Reporting Period..... 9011.23 9011.23 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 53541.43 53541.43 6(a) and 6(c) for Column B)..... 24923.06 24923.06 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 28618.37 28618.37 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission

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

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

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### Health Alliance Plan PAC

	001111111				
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	0000.70	6838.79			
(i) Itemized (use Schedule A)	6838.79	0030.79			
(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	0.00	0.00			
(such as PACs)(d) Total Contributions (add Lines	7	0.00			
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry					
Totals to Line 33, page 5)	9011.23	9011.23			
. Transfers From Affiliated/Other					
Party Committees	0.00	0.00			
	0.00				
. All Loans Received	0.00	0.00			
. 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		0.00			
(Dividends, Interest, etc.)	0.00	0.00			
(a) Non-Federal Account					
(from Schedule H3)	0.00	0.00			
(	7	, , , , , ,			
(b) Levin Funds (from Schedule H5)	0.00	0.00			
(a) Zaviii i diida (iraiii aariada ira)	7	7			
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00			
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	9011.23	9011.2			
. 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
. Operating Expenditures:  (a) Allocated Federal/Non-Federal  Activity (from Schodule III)		Juliania Teal-to-Date
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(1)		
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating  Expenditures	273.06	273.06
(c) Total Operating Expenditures	1.300	7 - 1 - 1 - 1 - 1 - 1
(add 21(a)(i), (a)(ii), and (b))▶	273.06	273.06
Transfers to Affiliated/Other Party	0.00	0.00
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	400.00	400.00
Independent Expenditures		
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(use Scriedule F)		0.00
Loan Repayments Made	0.00	0.00
i		
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
That I olded committees		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Birtherman	0.4050.00	24250.00
Other Disbursements	24250.00	24250.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	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
2.1100 00(a)(1), 00(a)(1) and 00(b))		
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	24923.06	24923.06
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

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

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

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

X 11a 11b 11c 12

13 14 15 16

18

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) Mary Ann Tournoux Date of Receipt Mailing Address 726 S Renard 09 2014 01 City Zip Code State Transaction ID: 7939778 Grosse Pte Woods MI 48236 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation HAP SVP - CMO Receipt For: Aggregate Year-to-Date ▼ Primary General Lump Sum 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Susan Schwandt Date of Receipt Mailing Address 2007 Rector Court 01 02 2014 City State Zip Code Transaction ID: 7940888 MI Canton 48188 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Name of Employer Occupation Health Alliance Plan Public Relatins Director Receipt For: Aggregate Year-to-Date ▼ Primary General CC Lump Sum PAC Contribution 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Balakrishna Pai Date of Receipt Mailing Address 1977 Long Point Drive 01 21 2014 City State Zip Code Transaction ID: 7954265 MI Bloomfield Hills 48302 Amount of Each Receipt this Period FEC ID number of contributing 850.00 С federal political committee. Name of Employer Occupation VP & Sr. Med Director Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General Lump Sum 850.00 Other (specify) 2250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: **PAGE** 7 OF 18 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) Sammye VanDiver Date of Receipt Mailing Address 19170 Lancashire St 2014 01 27 City Zip Code State Transaction ID: 7965584 Detroit MI 48223-1348 Amount of Each Receipt this Period FEC ID number of contributing C 305.00 federal political committee. Name of Employer Occupation Health Alliance Plan Manager, IT Receipt For: Aggregate Year-to-Date ▼ Primary General Lump Sum 305.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dawn J Geisert Date of Receipt Mailing Address 5716 Whitehaven 03 2014 31 City State Zip Code Transaction ID: PR12294969867 MI Troy 48085 Amount of Each Receipt this Period FEC ID number of contributing C 350.00 federal political committee. Name of Employer Occupation Health Alliance Plan Chief Compliance Officer Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$50.00 Bi-Weekly) 350.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Todd Eric Hutchison Date of Receipt Mailing Address 773 Whittier 03 31 2014 City Zip Code State Transaction ID: PR12481519867 MI Grosse Pointe Park 48230 Amount of Each Receipt this Period FEC ID number of contributing 240.00 С federal political committee. Name of Employer Occupation VP-Undrwrting & Actuarial Svrc Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$40.00 Bi-Weekly) 240.00 Other (specify) 895.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: **PAGE** (check only one) X 11a 11b 11c

8 OF 18 Use separate schedule(s) for each category of the 12 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 03 2014 31 City Zip Code State Transaction ID: PR7532649867 Grosse Pointe Park MI 48230 Amount of Each Receipt this Period FEC ID number of contributing C 269.50 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) 269.50 Other (specify) Full Name (Last, First, Middle Initial) B. John David Calabria Date of Receipt Mailing Address 2030 Brinston 03 31 2014 City State Zip Code Transaction ID: PR7533069867 MI Troy 48083 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Health Alliance Plan Sr Medical Director Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$500.00 Bi-Weekly) 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dianna Lynn Ronan Date of Receipt Mailing Address 2156 Cumberland 03 31 2014 City State Zip Code Transaction ID: PR7533409867 MI **Brighton** 48114 Amount of Each Receipt this Period FEC ID number of contributing 539.00 С federal political committee. Name of Employer Occupation VP - Financial Services Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼

1308.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -9

539.00

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

Primary

Other (specify)

General

FOR LINE NUMBER: **PAGE** 9 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

18

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name (Last, First, Middle Initial) Mark W Hall Date of Receipt Mailing Address 925 E Lincoln Avenue 03 2014 31 City Zip Code State Transaction ID: PR7533559867 Royal Oak MI 48067 Amount of Each Receipt this Period FEC ID number of contributing C 269.29 federal political committee. Name of Employer Occupation VP- Sales Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 269.29 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher B. Pike Date of Receipt Mailing Address 1657 Wilmington Ct 03 31 2014 City State Zip Code Transaction ID: PR7534199867 Rochester Hills MI 48309 Amount of Each Receipt this Period FEC ID number of contributing C 336.00 federal political committee. Name of Employer Occupation Health Alliance Plan SVP- Chief Operating Officer Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$84.00 Bi-Weekly) 336.00 Other (specify) Full Name (Last, First, Middle Initial) c. Annette M Marcath Date of Receipt Mailing Address 55261 Ester Dr 03 31 2014 City Zip Code State Transaction ID: PR7755579867 MI Shelby Township 48315 Amount of Each Receipt this Period FEC ID number of contributing 1500.00 С federal political committee. Name of Employer Occupation **VP-Chief Information Officer** Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$1500.00 Bi-Weekly) 1500.00 Other (specify) 2105.29 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

-9

9

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

18

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) Dan Ellis Champney Date of Receipt Mailing Address 9186 Hidden Oaks Dr 03 2014 31 City Zip Code State Transaction ID: PR9946209867 **Grand Blanc** MI 48439 Amount of Each Receipt this Period FEC ID number of contributing C 280.00 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) 280.00 Other (specify) Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 280.00 SUBTOTAL of Receipts This Page (optional)..... 6838.79 TOTAL This Period (last page this line number only).....

Any information copied from such Reports and States or for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		wsed by any person	7 one)  22 23 24 25 26  28a 28b 28c 29 30  on for the purpose of soliciting contributions
or for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)	Detailed Summary Page	used by any person	28a 28b 28c 29 30 on for the purpose of soliciting contributions
or for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)		used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)			
, ,			oonon commonders from such committee.
Health Alliance Plan PAC			
/ Health Alliance Flan FAC			
Full Name (Last, First, Middle Initial)			Date of Dist
- Comerica Bank			Date of Disbursement
Mailing Address P.O. Box 75000			03 04 2014
City	State Zip Code		Transaction ID - 9054047
Detroit	MI 48275		Transaction ID: 8051017
Purpose of Disbursement Credit Card Transaction Fees		001	Amount of Each Disbursement this Period
Candidate Name		Category/	111.86
Office Sought: House Disburse	ment For:	Туре	171.00
Senate Dispurse	Primary General		Credit Card Transaction Fees
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			Date of Disbursement
••			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement		· · · · ·	Amount of Each Disbursement this Period
Candidate Name		Category/	200 Dissussition this I Gliou
		Type	
	ment For:		
Senate President	Primary General Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			<b>5</b>
<b>).</b>			Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y	
City	State Zip Code		
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
Office Sought: House Disburser	ment For:		
Senate	Primary General		
		I	
President	Other (specify) ▼		
	Other (specify) ▼		
State: President District:			111.86
President		······ <b>&gt;</b>	111.86

SCHEDULE B (FEC Form 3X)	I la como sunta contra de la desta dela dela dela dela dela dela dela del	FOR LINE	NUMBER:	PAGE 12 OF 18
TEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(orlean orling	•	
	Detailed Summary Page	21b 27	22 X 23 28b	24 25 26 28c 29 30b
Any information copied from such Reports and Statem	ents may not be sold or u			
or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
Health Alliance Plan PAC				
/				
Full Name (Last, First, Middle Initial)			Date of Disburseme	nt
A. Brenda Lawrence For Congress				
Mailing Address PO Box 3060			03 14	2014
	State Zip Code		Transaction ID: 80	073602
Southfield Purpose of Disbursement	MI 48037			
Direct Contribution		011	Amount of Each Dis	bursement this Period
Candidate Name		Category/		
Brenda Lawrence		Type		200.00
	nent For: 2014			
	Primary General		Direct Contribution	
State: MI District: 14	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
B. Benishek For Congress, Inc.			Date of Disburseme	nt
Berneriek Fer Gerigiese, inc.			M = M / D = D	/ Y Y Y Y Y
Mailing Address PO Box 108			03 25	2014
011.	7'- 0-1-			
City S Gladstone	State Zip Code MI 49837		Transaction ID: 8	090910
Purpose of Disbursement	10001			
Direct Contribution		011	Amount of Each Dis	bursement this Period
Candidate Name		Category/		200.00
Rep. Dan Benishek MD	. =	Type		200.00
	nent For: 2014 Primary General		51	
	Other (specify)		Direct Contribution	
State: MI District: 01	(-p), <b>\</b>			
Full Name (Last, First, Middle Initial)				
C.			Date of Disburseme	nt
			M M / D D	/ Y Y Y Y Y
Mailing Address				
City	State Zip Code			
	·			
Purpose of Disbursement				
Candidate Name			Amount of Each Dis	bursement this Period
Candidate Name		Category/ Type		
Office Sought: House Disburser	nent For:	Турс		
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
				400.00
SUBTOTAL of Disbursements This Page (optional)		······•		400.00
			1	400.00

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 13 OF 18			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)			
	Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30b			
Any information copied from such Reports and Staten	pente may not be cold or us					
or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)						
Health Alliance Plan PAC						
Full Name (Last, First, Middle Initial)						
A. Friends to Elect David Knezek			Date of Disbursement			
Mailing Address 6641 Evangeline			01 10 2014			
,	State Zip Code		Transaction ID : 7941559			
Dearborn Heights Purpose of Disbursement	MI 48127		11d13detion ib : 7341333			
Direct Contribution		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	500.00			
MI Rep. David Knezek	and Fam. 2011	Type	300.00			
Office Sought:    House   Disburser	nent For: 2014  Primary		Direct Contribution			
State: MI District: 11						
Full Name (Last, First, Middle Initial)			B (B)			
B. Friends of Mike Kowall			Date of Disbursement			
Mailing Address 6789 Deer Hill Drive			01 15 2014			
Clarkston	State Zip Code MI 48346		Transaction ID : 7950861			
Purpose of Disbursement Direct Contribution		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	500.00			
MI Sen. Mike Kowall	_	Type	500.00			
	nent For: 2014 Primary General		D O			
President	Other (specify)		Direct Contribution			
State: MI District:						
Full Name (Last, First, Middle Initial)						
C. MAHP Advocacy PAC			Date of Disbursement			
Mailing Address 327 Seymour Avenue			01 15 2014			
City	State Zip Code					
Lansing	MI 48933		Transaction ID: 7950862			
Purpose of Disbursement Direct Contribution						
Candidate Name		011	Amount of Each Disbursement this Period			
Candidate Name		Category/ Type	10000.00			
Office Sought: House Disburser	nent For:	31				
Senate	Primary General		Direct Contribution			
President	Other (specify) ▼					
State: District:						
SUBTOTAL of Disbursements This Page (optional)		·····•	11000.00			

S	CHEDULE B (FEC Form 3X)	FOR LI				NE NUMBER: PAGE 14 OF 18					
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		heck o	only c	ly one)					
		Detailed Summary Page			1b	22		23	24	25	
				2		28a		28b	280		
	ny information copied from such Reports and Stater for commercial purposes, other than using the nar										
01	NAME OF COMMITTEE (In Full)	ne and address of any point	cai con	mille	e 10 s	SOIICIT CO	HUIL	Julions	110111 50	ICIT COITIII	iiilee.
$  \rangle$	Health Alliance Plan PAC										
/	Health Alliance Flan FAC										
_	Full Name (Last, First, Middle Initial)										
Α.	MAHP PAC					Date of	f Dis	sburse	ment		
						M = M	/		D /	Y	Y
	Mailing Address 327 Seymour Avenue					01	4	1	7	2014	-
	City	State Zip Code									
	Lansing	MI 48901				Trans	sacti	ion ID	: 795299	94	
	Purpose of Disbursement Direct Contribution			_	7						
			0	11	Ш	Amoun	t of	Each	Disburse	ement thi	s Period
	Candidate Name			egory/	'					100	00.00
	Office Sought: House Disburser	ment For:	- 1	ype				7	,		
	Senate Primary General					Direct C	Cont	ributio	n		
	President	Other (specify) ▼									
	State: District:										
	Full Name (Last, First, Middle Initial)										
В.	Mike Callton for State Representat	tive				Date of	f Dis	sburse	ment		
	Mailing Address PO Box 676					M = M	7		4	2014	
	Walling Address PO Box 676					UI		-	-	2014	
	City	State Zip Code				Trans	- act	ion ID	: 79607	97	
	Nashville	MI 49073				ITalis	sacı	טו ווטו	. 19001	21	
	Purpose of Disbursement Direct Contribution	011	11	Amoun	t of	Each	Diebure	mont thi	c Pariod		
	Candidate Name		Category/			Amount of Each Disbursement this Period					
	MI Rep. Mike Callton			egory/ /pe						5	00.00
		ment For: 2014							,		
	Senate	Primary				Direct C	Cont	ributio	n		
	President	Other (specify) ▼									
_	State: MI District: 87										
_	Full Name (Last, First, Middle Initial)					Date of	f Die	ehurea	ment		
Ο.	MAHP Advocacy PAC									Y   Y   Y	. V
	Mailing Address 327 Seymour Avenue					M M	'	2	7	2014	_ 1
		State Zip Code				Trans	sact	ion ID	: 79655	B1	
	Lansing Purpose of Disbursement	MI 48933									
	Void - MAHP Advocacy PAC				Ш	Amoun	t of	Fach	Dishurse	ement thi	s Period
	Candidate Name		Cate	egory/		Amoun	. 01	Laon	Diobaro		
				ype				7		-100	00.00
		ment For:									
	Senate	Primary General				Void - N	ЛΑН	P Adv	ocacy PA	4C	
	State: President State:	Other (specify) ▼									
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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 15 OF 18	_
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	Detailed Summary Page	21b	22 23 24 25 26	
		27	28a 28b 28c X 29 30	D
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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			Date of Disbursement	
Mailing Address PO Box 301085			02 10 2014	
City	State Zip Code		Tananatian ID. Toogga	_
Waterford	MI 48330		Transaction ID: 7990284	
Purpose of Disbursement Direct Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	500.00	
MI Rep. Gail Haines		Type	500.00	
	nent For: 2014			
	Primary		Direct Contribution	
State: MI District: 43	Other (specify)			
Full Name (Last, First, Middle Initial)				-
B. Rebekah Warren for State Senate			Date of Disbursement	
Mailing Address 234 Eighth Street			02 10 / Y Y Y Y Y Y	
City	State Zip Code		Transaction ID : 7990285	
Ann Arbor	MI 48103		11alisaction ID . 7990203	
Purpose of Disbursement Direct Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	4000.00	
MI Sen. Rebekah Warren		Type	1000.00	
	nent For: 2014			
	Primary General		Direct Contribution	
State: MI District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. CTE Anthony G. Forlini for State R	ep.		Date of Disbursement	
Mailing Address 39273 Chart			02 19 2014	
Maining Address 33273 Ghart				
City	State Zip Code		Transaction ID : 8018415	
Harrison Twp Purpose of Disbursement	MI 48045		114116464161112 1 6616116	
Direct Contributon		011	Amount of Each Disbursement this Period	
Candidate Name			Amount of Each Disbursement this Period	
MI Rep. Anthony Forlini		Category/ Type	500.00	
Office Sought: House Disbursen	nent For: 2014			
	Primary General		Direct Contributon	
President District: 24	Other (specify) ▼			
State: MI District: 24				_
SUBTOTAL of Disbursements This Page (optional)			2000.00	
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TOTAL This Period (last page this line number only)				

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Mailing Address PO Box 16045			
	Transaction ID : 8051020		
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NAME OF COMMITTEE (In Full)	and an array point		23	
Health Alliance Plan PAC				
Full Name (Last, First, Middle Initial)				
A. David Knezek for Senate			Date of Disbursem	ent / Y Y Y Y Y Y
Mailing Address PO Box 867			03 10	2014
	State Zip Code MI 48127		Transaction ID : 8	8051021
Dearborn Heights Purpose of Disbursement	MI 48127			
Direct Contribution		011	Amount of Each Di	sbursement this Period
Candidate Name		Category/		2000.00
David Knezek		Type		2000.00
Office Sought:  House  Senate  President  Disburser	ment For: 2014 Primary		Direct Contribution	
State: MI District:				
Full Name (Last, First, Middle Initial)			Data of Bill	
B. Tom Leonard for State Representa	ative		Date of Disbursem	
Mailing Address 14840 Robinwood Dr			03 / 10	2014
City Lansing	State Zip Code MI 48906		Transaction ID :	8051022
Purpose of Disbursement Direct Contribution		044	Amount of 5 1 5	Coloure and a second se
Candidate Name		011	Amount of Each Di	sbursement this Period
MI Rep. Tom Leonard		Category/ Type		1000.00
	ment For: 2014	Турс		
Senate President	Primary		Direct Contribution	
State: MI District: 93				
Full Name (Last, First, Middle Initial)  C. Stacy Erwin Oakes for State Senat	Date of Disburseme	_		
Mailing Address PO Box 1584		03 / 25	2014	
City	State Zip Code		ID.	
Saginaw	MI 48605		Transaction ID:	8090911
Purpose of Disbursement Direct Contribution		011	Amount of Each Di	sbursement this Period
Candidate Name		Category/		1000.00
Stacy Erwin Oakes		Type		1000.00
Office Sought:  House Senate President  State: MI District:	ment For: 2014  Primary General  Other (specify) ▼		Direct Contribution	
States IVII Diotriot.				
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 18 OF
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	Detailed Summary Page	21b 27	22 23 24 25 28c X 29
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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			Date of Disbursement
Mailing Address PO Box 280			03 31 2014
,	State Zip Code		Transaction ID : 8161991
Clare	MI 48617		Transaction is . 0101331
Purpose of Disbursement Direct Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	250.00
MI Rep. Joel Johnson		Туре	230.00
Office Sought: House Disburser  Senate President	nent For: 2014  Primary		Direct Contribution
State: MI District: 97			
Full Name (Last, First, Middle Initial)			Data of Diaburgament
B. Michigan House Democratic Fund			Date of Disbursement
Mailing Address PO Box 16193			03 31 2014
-	State Zip Code		Transaction ID : 8161992
Lansing Purpose of Disbursement	MI 48901-6193		
Direct Contribution		011	Amount of Each Disbursement this Period
Candidate Name	"	Category/ Type	5000.00
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify)		Direct Contribution
State: District:  Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify)	.,,,,,	
State: District:			
SUBTOTAL of Disbursements This Page (optional)		··············· <b>&gt;</b>	5250.00
TOTAL This Period (last page this line number only)			24250.00