| Image# 201601169004509820 | Image# | 201601 | 169004 | 509820 |
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01/16/2016 13 : 16

PAGE 1 / 30

| | | FOFRE SBURSE | MENT | S | | Office Use Only | I |
|-----------------------------------------------------------------------------------------------|----------------------------------|------------------------------------|------------------------------------|----------------------------|----------------|----------------------|--------------------------------------------------------------------------------------------|
| 1. NAME OF TY COMMITTEE (in full) | PE OR PRINT | · – | xample: If typin ver the lines. | ng, type | 12FE4M5 | | |
| Health Alliance Plan PAC | | | | | | | |
| | | | | | | | |
| ADDRESS (number and street) | 2850 West Gra | nd Boulevard | | | | | |
| Check if different than previously reported. (ACC) | Detroit | | | | MI | 48202 | - |
| 2. FEC IDENTIFICATION NUM | BER 🔻 | | | S | | ZIP CC | DE 🔺 |
| C C00410670 | | 3. IS THIS REPOR | | NEW N) OR | AM (A) | ENDED | |
| 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: | (b) Monthly Report Due On: | Feb 20 (M | 3) | May 20 (M5) Jun 20 (M6) | Sep | 20 (M8) | Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) |
| April 15 Quarterly Report (Q1) | | Apr 20 (M | | Jul 20 (M7) | | 20 (M10) | Jan 31 (YE) |
| July 15 Quarterly Report (Q2) | | -Election | Primary (12F | | General (| | Runoff (12R) |
| October 15 Quarterly Report (Q3) | Керс | ort for the: | Convention (| 12C) | Special (1 | 125) | |
| X January 31 Year-End Report (YE) | | Election on | M M / | D D / | Y Y Y Y Y | in the State o | of |
| July 31 Mid-Year Report (Non-election Year Only) (MY) | | ay T -Election ort for the: | General (300 | G) | Runoff (3 | 0R) | Special (30S) |
| Termination Report (TER) | | Election on | M M / | D D / | Y Y Y Y Y | in the State o | of |
| 5. Covering Period 07 | / D D / 01 | 2015 | through | 12 | / D D / 31 | y y y y 2015 | |
| I certify that I have examined this I Type or Print Name of Treasurer | Report and to Rory Lafferty | the best of my kr | nowledge and | belief it is true | e, correct and | complete. | |
| Signature of Treasurer Rory Laf | fferty | | [Electronicall | y Filed] Da | ate 01 | / D D / 16 | Y Y Y Y 2016 |
| NOTE: Submission of false, erroneou | is, or incomple | te information may | subject the per | son signing thi | s Report to th | e penalties of 2 | U.S.C. §437g. |
| Office Use Only | | | | | | FEC FOF Rev. 12/2 | |

| FEC Form 3X (Rev. 02/2003) | SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS | Page 2 |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------|
| Write or Type Committee Name | | |
| Health Alliance Plan PAC | | |
| Report Covering the Period: From: | 07 / D D / Y Y Y Y 01 2015 | To: 12 / D D / Y Y Y Y 31 2015 |
| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
| 6. (a) Cash on Hand January 1, 2015 | 1 | 21511.71 |
| (b) Cash on Hand at Beginning of Reporting Period | 15936.05 | |
| (c) Total Receipts (from Line 19) | 15095.84 | 30158.68 |
| (d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B) | 31031.89 | 51670.39 |
| 7. Total Disbursements (from Line 31) | 10347.18 | 30985.68 |
| Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 20684.71 | 20684.71 |
| 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 | |

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

Page 3

30158.68

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Health Alliance Plan PAC

| Report Covering the Period: From: 07 | | To: 12 / D D / Y Y Y Y 31 / 2015 |
|-----------------------------------------------------------------------|-----------------------------------------|-------------------------------------|
| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
| 1. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other | | |
| Than Political Committees | 14861.84 | 27289.04 |
| (i) Itemized (use Schedule A) | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| (ii) Unitemized | 234.00 | 2869.64 |
| (iii) TOTAL (add | , 234.00 | |
| Lines 11(a)(i) and (ii) | 15095.84 | 30158.68 |
| | | |
| (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) | 15095.84 | 30158.68 |
| 2. Transfers From Affiliated/Other | | |
| Party Committees | 0.00 | 0.00 |
| | 0.00 | 0.00 |
| 3. All Loans Received | | 0.00 |
| | 0.00 | |
| 4. Loan Repayments Received | 0.00 | 0.00 |
| 5. Offsets To Operating Expenditures | | |
| (Refunds, Rebates, etc.) | 0.00 | 0.00 |
| (Carry Totals to Line 37, page 5) 6. Refunds of Contributions Made | | 0.00 |
| to Federal Candidates and Other | | |
| Political Committees | 0.00 | 0.00 |
| 7. Other Federal Receipts | | |
| (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 3. 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 |
| | | |
| 9. Total Receipts (add Lines 11(d), | | |
| 12, 13, 14, 15, 16, 17, and 18(c))► | 15095.84 | 30158.68 |
| | | |
| 0. Total Federal Receipts | | |

15095.84

20. Total Federal Receipts (subtract Line 18(c) from Line 19).......► I

DETAILED SUMMARY PAGE

of Disbursements

| | COLUMN A | COLUMN B |
|------------------------------------------------------------------------------------------------|-------------------|------------------------------------|
| II. Disbursements | Total This Period | Colomin B Calendar Year-to-Date |
| 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 | 447.18 | 785.68 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 447.18 | 785.60 |
| Transfers to Affiliated/Other Party | | |
| Committees Contributions to Federal Candidates/Committees | 0.00 | 0.00 |
| and Other Political Committees Independent Expenditures | 0.00 | 500.00 |
| (use Schedule E) Coordinated Party Expenditures | 0.00 | 0.00 |
| (2 U.S.C. §441a(d)) (use Schedule F) | 0.00 | 0.00 |
| Loan Repayments Made | 0.00 | 0.00 |
| Loans Made | 0.00 | 0.00 |
| 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 | | |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| Other Disbursements | 9900.00 | 29700.00 |
| Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity | | |
| (from Schedule H6) (i) Federal Share | 0.00 | 0.00 |
| (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 |
| Total Disbursements (add Lines 21(c), 22, | | |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 10347.18 | 30985.66 |
| Total Federal Disbursements | | |
| (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) | 10347.18 | 30985.68 |

FE6AN026

L

DETAILED SUMMARY PAGE

of Disbursements

| III. Net Contributions/Operating Ex- penditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|-------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| Total Contributions (other than loans) (from Line 11(d), page 3) | 15095.84 | 30158.68 |
| Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 15095.84 | 30158.68 |
| Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 447.18 | 785.68 |
| Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 3. Net Operating Expenditures (subtract Line 37 from Line 36) | 447.18 | 785.68 |

FE6AN026

| SCHEDULE A | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS |

FOR LINE NUMBER:

(check only one)

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| | EMIZED RECEIPTS | tor each category of the Detailed Summary Page | $\begin{array}{ c c c c c c c c c c c c c c c c c c c$ |
|----|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| | | | person for the purpose of soliciting contributions tee to solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) Health Alliance Plan PAC | | |
| Α. | Full Name (Last, First, Middle Initial) Jenifer Elinski | | Date of Receipt |
| | Mailing Address 3434 Essex Drive | State Zip Code | 11 16 2015 |
| | Troy | MI 48084 | Transaction ID : 9541875 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | 300.00 |
| | Name of Employer HAP Receipt For: Primary General Other (specify) | Occupation Mgr, CM/UM Clinical Info&Analytics Aggregate Year-to-Date ▼ 300.00 | |
| в. | Full Name (Last, First, Middle Initial) James M. Connelly | | Date of Receipt |
| | Mailing Address 7123 Kennowy Court | | 11 16 2015 |
| | City West Bloomfield | StateZip CodeMI48322 | Transaction ID : 9541876 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 1500.00 |
| | Name of Employer Henry Ford Health Systems | Occupation HAP Pres/CEO | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1500.00 | |
| с. | Full Name (Last, First, Middle Initial) | | Date of Receipt |
| | Mailing Address 16090 Brook Trout Lane | | 11 23 2015 |
| | City Northville | State Zip Code MI 48168 | Transaction ID : 9552538 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 | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1500.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | 3300.00 |
| т | OTAL This Period (last page this line number | only) | |

| SCHEDULE A | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS |

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| 17 | | | Use separate schedule(s) | | (check only one) | | | | | |
|------------|-------------------------------------------------------------------|-------------------|---------------------------------------------------|--------|-----------------------------------|---------------|---------------|--------|-----------------|-----------|
| 11 | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | | X 11a | 11b | 11c | | 12 | |
| Ar | ny information copied from such Reports and S | tatements ma | ay not be sold or used by any pe | erson | 13 for the | 14 purpose | 0f solicitin | ng cor | 16 ntributio | 17 ons |
| or | for commercial purposes, other than using the | name and a | ddress of any political committee | to s | solicit co | ntributions | s from suc | ch co | mmitte | e. |
| | NAME OF COMMITTEE (In Full) Health Alliance Plan PAC | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Roger Combs | | | | Date of | Receipt | | | | |
| | Mailing Address 17160 Merryweather St | | | | M M | | 9 | | 015 | Y |
| | City | State | Zip Code | | | | 。 : 957852 | | ,10 | |
| | Clinton Township | MI | 48038 | | | | Receipt t | | 'eriod | |
| | FEC ID number of contributing federal political committee. | С | | | | 7 | | | 275.0 | 00 |
| | Name of Employer | Occupation | | - | | | | | | |
| | Health Alliance Plan | Manager Al | D Med Mgt Team | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Primary General | 00 0 | | 11 | | | | | | |
| | Other (specify) | | 275.00 | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Mary Ann Tournoux | | | | Date of | Receipt | | | | |
| | Mailing Address 30695 Oakleaf Lane | | | | M M / D D / Y Y Y Y 12 30 2015 | | | Y | | |
| | City State Zip Code | | | | Trans | action ID | : 961569 | | | |
| | Franklin | MI | 48025 | | Amount | of Each | Receipt t | his P | eriod | |
| | FEC ID number of contributing federal political committee. | С | | | | 7 | | | 1000.0 | 00 |
| | Name of Employer HAP | Occupation SVP | | | | | | | | |
| | Receipt For: | _ | Year-to-Date ▼ | - | | | | | | |
| | Primary General Other (specify) ▼ | | 1000.00 | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Deborah Dianne Spencer | | | | Date of | Receipt | | | | |
| | Mailing Address 6516 Park Valley Drive | | | | M M 12 | / D 3 | D / | |)15 | Y |
| | City | State | Zip Code | | Trans | action ID |) : PR1004 | 43122 | 20618 | |
| | Clarkston | MI | 48348 | | Amount | of Each | Receipt t | his P | 'eriod | |
| | FEC ID number of contributing federal political committee. | С | | | | 7 | - 7 | | 266.0 | 00 |
| | Name of Employer | Occupation | 1 | \neg | | | | | | |
| | Health Alliance Plan | AVP- Plan I | Management | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Primary General | | | | P/R Ded | uction (\$1 | 9.00 Bi-W | /eekly | y) | |
| | Other (specify) | | 494.00 | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | - I | | | | | 1541.0 | 00 |

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

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| SCHEDULE A | (FEC Form 3X) |
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| or for commerce | n copied from such Reports and ial purposes, other than using | | v not be sold or used by any pe | 13 14 15 | 16 17 | |
|-----------------------------------|----------------------------------------------------------------------------------------------------|---------------------------|---------------------------------|--------------------------------------------------------------|--------|--|
| | , , , , , , , , , , , , , , , , , , , | the name and ac | | to solicit contributions from such co | | |
| / | COMMITTEE (In Full) Alliance Plan PAC | | | | | |
| A. Mark Gire | | | | Date of Receipt | | |
| Mailing Add | ress 2127 Woodland Avenue | State | Zip Code | | 015 | |
| Royal Oak | | MI | 48073-3876 | Transaction ID : PR10055452 Amount of Each Receipt this P | | |
| | ber of contributing cal committee. | С | | | 208.00 | |
| Name of Er | nployer | Occupation | | - | | |
| Health Alliar | | AVP- Provid | er Contracting | | | |
| Receipt For Prima Other | | Aggregate | Year-to-Date ▼ 416.00 | P/R Deduction (\$16.00 Bi-Weekly | () | |
| Full Name (B. Lori Run | Last, First, Middle Initial) d | | | Date of Receipt | | |
| | Mailing Address 50495 Waterstone Court | | | M M / D D / Y Y Y Y 12 31 2015 | | |
| City | | State | Zip Code | Transaction ID : PR10055472 | | |
| Plymouth | | MI | 48170 | Amount of Each Receipt this P | eriod | |
| | nber of contributing cal committee. | С | | 130.0 | | |
| Name of En Health Alliar | ce Plan | Occupation VP - Prod M | gmt & Mrkt Intignce | | | |
| Receipt For Prima Other | | Aggregate | Year-to-Date ▼ 260.00 | P/R Deduction (\$10.00 Bi-Weekly | 1) | |
| | Full Name (Last, First, Middle Initial) Timothy Sullivan Mailing Address 18331 Laraugh Drive | | Date of Receipt | | | |
| | | | | |)15 | |
| City Northville | | State MI | Zip Code 48168 | Transaction ID : PR10055482 Amount of Each Receipt this P | | |
| FEC ID nun | nber of contributing cal committee. | С | | | 400.01 | |
| Name of En | nployer | Occupation | | | | |
| Health Alliar | | VP- Healthc | are Affrd & Prf Imp | | | |
| Receipt For Prima Other | | Aggregate | Year-to-Date ▼ 800.02 | P/R Deduction (\$30.77 Bi-Weekly | y) | |

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

| SCHEDULE A | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS |

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(check only one)

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| Perrysburg OH 43551 FEC ID number of contributing federal political committee. C Amount of C Name of Employer Occupation Dir- Customer Reporting Health Alliance Plan Dir- Customer Reporting P/R Deduce Receipt For: Aggregate Year-to-Date ▼ P/R Deduce Other (specify) ▼ 442.00 P/R Deduce Full Name (Last, First, Middle Initial) Date of R B. Dawn J Geisert Date of R Mailing Address 5716 Whitehaven MI 48085 Troy MI 48085 | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Health Alliance Plan PAC Full Name (Last, First, Middle Initial) A. Larry Watson Mailing Address 2462 Coe Ct. City State Perrysburg OH 43551 FEC ID number of contributing federal political committee. Name of Employer Occupation Health Alliance Plan Dir- Customer Reporting Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 442.00 Full Name (Last, First, Middle Initial) Date of F B. Dawn J Geisert Date of F Mailing Address 5716 Whitehaven 12 City State Zip Code Troy Mil 48085 | |
| A. Larry Watson Date of F Mailing Address 2462 Coe Ct. Image: Comparison of Comparison o | |
| City State Zip Code Transar Perrysburg OH 43551 Amount of FEC ID number of contributing federal political committee. C Image: Committee of contributing federal political committee. Name of Employer Occupation Dir- Customer Reporting P/R Deduce Health Alliance Plan Dir- Customer Reporting P/R Deduce Receipt For: Aggregate Year-to-Date ▼ P/R Deduce Other (specify) ▼ 442.00 Date of R Full Name (Last, First, Middle Initial) Date of R 12 B. Dawn J Geisert Date of R 12 Mailing Address 5716 Whitehaven 12 12 City State Zip Code Transar Troy MI 48085 Amount of | Receipt |
| Perrysburg OH 43551 FEC ID number of contributing federal political committee. C Amount of C Name of Employer Occupation Dir- Customer Reporting Health Alliance Plan Dir- Customer Reporting P/R Deduce Receipt For: Aggregate Year-to-Date ▼ P/R Deduce Other (specify) ▼ 442.00 P/R Deduce Full Name (Last, First, Middle Initial) Date of R B. Dawn J Geisert Date of R Mailing Address 5716 Whitehaven Mit 48085 City State Zip Code Transac Troy MI 48085 Amount of C | / D = D / Y = Y = Y = Y 31 2015 |
| FEC ID number of contributing federal political committee. C Image: Committee in the ima | ction ID : PR100554920618 |
| federal political committee. Occupation Name of Employer Occupation Health Alliance Plan Dir- Customer Reporting Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 442.00 B. Dawn J Geisert Mailing Address 5716 Whitehaven Date of R City State Zip Code Troy MI 48085 | of Each Receipt this Period |
| Health Alliance Plan Dir- Customer Reporting Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 442.00 Full Name (Last, First, Middle Initial) Date of F Mailing Address 5716 Whitehaven 12 City State Zip Code Troy MI 48085 | 221.00 |
| Receipt For: Primary General Aggregate Year-to-Date ▼ P/R Deduction Other (specify) ✓ 442.00 P/R Deduction Date of R B. Dawn J Geisert Date of R 12 12 Mailing Address 5716 Whitehaven Transact Transact Transact City State Zip Code Transact Troy MI 48085 Amount of the top of top o | |
| Primary General Aggregate Teal 10-Date ▼ P/R Deduction Other (specify) ✓ 442.00 P/R Deduction Full Name (Last, First, Middle Initial) Date of F Date of F Mailing Address 5716 Whitehaven 12 Transact City State Zip Code Transact Troy MI 48085 Amount of the feature | |
| B. Dawn J Geisert Date of F Mailing Address 5716 Whitehaven City State Zip Code Transac Troy MI 48085 Amount of | ction (\$17.00 Bi-Weekly) |
| Mailing Address 5716 Whitehaven Image: Mailing Address 5716 Whitehaven City State Zip Code Troy MI 48085 | Receipt |
| Troy MI 48085 Amount of | / D D / Y Y Y Y 31 _2015 _ |
| | ction ID : PR122949620618 |
| FEC ID number of contributing | of Each Receipt this Period |
| federal political committee. | 385.00 |
| Name of EmployerOccupationHealth Alliance PlanChief Compliance Officer | |
| Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 840.00 | ction (\$35.00 Bi-Weekly) |
| Full Name (Last, First, Middle Initial) C. Robin D Kelmenson Date of F | Receipt |
| Mailing Address 5412 Tequesta Drive | / D D / Y Y Y Y 31 2015 |
| | ction ID : PR122949720618 |
| | of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | 208.00 |
| Name of Employer Occupation | |
| Health Alliance Plan Sr Medical Director | |
| Receipt For: Aggregate Year-to-Date ▼ Primary General | |
| Other (specify) V 416.00 | ction (\$16.00 Bi-Weekly) |
| SUBTOTAL of Receipts This Page (optional) | |

| SCHEDULE A | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS |

FOR LINE NUMBER:

(check only one)

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| 11b 11c 12 | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 14 15 16 1 | | | | |
| e purpose of soliciting contributions contributions from such committee. | | | | |
| | | | | |
| of Receipt | | | | |
| M / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | | |
| nsaction ID : PR122949820618 | | | | |
| int of Each Receipt this Period | | | | |
| 325.00 | | | | |
| | | | | |
| | | | | |
| | | | | |
| eduction (\$25.00 Bi-Weekly) | | | | |
| of Receipt | | | | |
| M / D D / Y Y Y Y 31 2015 | | | | |
| nsaction ID : PR124815120618 | | | | |
| int of Each Receipt this Period | | | | |
| 753.09 | | | | |
| | | | | |
| P/R Deduction (\$57.93 Bi-Weekly) | | | | |
| of Receipt | | | | |
| 1 1 1 1 1 2015 | | | | |
| nsaction ID : PR130556620618 | | | | |
| int of Each Receipt this Period | | | | |
| 143.00 | | | | |
| | | | | |
| | | | | |
| | | | | |
| eduction (\$11.00 Bi-Weekly) | | | | |
| | | | | |
|)e | | | | |

| Ima | age# 201601169004509830 | | | |
|-----|-------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 11 OF 30 (check only one) |
| | | | | erson for the purpose of soliciting contributions e to solicit contributions from such committee. |
| Α. | Full Name (Last, First, Middle Initial) Steven Selinsky Mailing Address 28638 Oak Point Drive | | | Date of Receipt |
| | City Farmington Hills | State MI | Zip Code 48331 | 12 31 2015 Transaction ID : PR130556920618 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. Name of Employer | Occupation | n | 195.00 |
| | Health Alliance Plan Receipt For: Primary General Other (specify) ▼ | Dir- Group | Sales Year-to-Date ▼ 390.00 | P/R Deduction (\$15.00 Bi-Weekly) |
| B. | Full Name (Last, First, Middle Initial) Cristina M Zatek Mailing Address 1205 Mohawk Avenue | | | Date of Receipt |
| | City Royal Oak FEC ID number of contributing federal political committee. | State MI | Zip Code 48067 | Transaction ID : PR130557120618 Amount of Each Receipt this Period 221.00 |
| | Name of Employer Health Alliance Plan Receipt For: Primary General Other (specify) | | n ercial Group Srvcs • Year-to-Date ▼ 442.00 | P/R Deduction (\$17.00 Bi-Weekly) |
| C. | Full Name (Last, First, Middle Initial) Irita Matthews Mailing Address 861 Whittier | | | Date of Receipt |
| | City Grosse Pointe Park FEC ID number of contributing federal political committee. | State MI | Zip Code 48230 | Transaction ID : PR75326420618 Amount of Each Receipt this Period 500.50 |
| | Name of Employer Health Alliance Plan Receipt For: | Occupation VP - Assoc | n c General Counsel r Year-to-Date ▼ | |

| P/R Deduction | (\$38.50 Bi-Weekly) |
|---------------|---------------------|
|---------------|---------------------|

| SUBTOTAL of Receipts This Page (optional) | | 7 | | 7 | 91 | 6.50 | |
|-----------------------------------------------------|--|---|--|---|----|------|--|
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1001.00

Primary

Other (specify)

General

| SCHEDULE A | (FEC Form 3X) |
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FOR LINE NUMBER:

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| ITEMIZED RECEIPTS | | | Use separate schedule(s) | (ch | (check only one) | | | | | | | | |
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| | | | for each category of the Detailed Summary Page | | < 11a 13 | 11 | - H | 11c | | 12 16 | 17 | | |
| | y information copied from such Reports and | | | | for the | purpos | se of a | soliciting | g con | tributi | ons | | |
| | for commercial purposes, other than using the | e name and a | ddress of any political committee | e to so | Dicit cor | itributi | ons fr | om suc | n cor | nmitte | e. | | |
| | NAME OF COMMITTEE (In Full) Health Alliance Plan PAC | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Jennifer Brooks Zbytowski | | | | Date of | Rece | ipt | | | | | | |
| | Mailing Address 49206 St. Nicholas | | | | ^M M | / | 0 D | / Y | 20 | ү 15 | Y | | |
| | City | State | Zip Code | | Trans | action | ID : I | PR7532 | 6620 | 618 | | | |
| | Shelby Township | MI | 48317 | _ | Amount | of Ea | ich Re | eceipt th | nis Pe | eriod | | | |
| | FEC ID number of contributing federal political committee. | С | | | | 7 | | 7 | | 260.0 | 00 | | |
| | Name of Employer | Occupation | | | | | | | | | | | |
| | Health Alliance Plan | VP- Utilizati | ion Mgt & Case Mgt | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | |
| | Primary General | | E20.00 | F | P/R Ded | uction | (\$20.0 | 00 Bi-W | eekly |) | | | |
| | Other (specify) | | 520.00 | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Peter Anderson Stewart | | | | Date of | Rece | ipt | | | | | | |
| | Mailing Address 7961 Little Farm Lane | | | | 12 | / | D D D 31 | / Y | 20 ² | 15 | Y | | |
| | City | State | | Transaction ID : PR75328020618 | | | | | | | | | |
| | West Bloomfield | MI | 48322 | | Amount | of Ea | ich Re | eceipt th | nis Pe | eriod | | | |
| | FEC ID number of contributing federal political committee. | С | | | | . , | | 7 | | 182.0 | 00 | | |
| | Name of Employer | Occupation | | | | | | | | | | | |
| | Health Alliance Plan | Dir- Auditing | g Srvc & MAR Compl | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 364.00 | | P/R Dedu | uction | (\$14.0 | 0 Bi-We | eekly) |) | | | |
| | Full Name (Last, First, Middle Initial) Donald Edward Kiefiuk | | | | Date of | Rece | ipt | | | | | | |
| | Mailing Address 39810 Karola | | | | м м 12 | / | 31 | / Y | 20 | Y 15 | Y | | |
| | City | State | Zip Code | | Trans | actior | n ID : I | PR7532 | 9420 | 618 | | | |
| | Sterling Heights | MI | 48313 | | Amount | of Ea | ich Re | eceipt th | nis Pe | eriod | | | |
| | FEC ID number of contributing federal political committee. | С | | | | . , | | 7 | | 500. | 50 | | |
| | Name of Employer | Occupation | | | | | | | | | | | |
| | Health Alliance Plan | VP - Enrollr | ment & Claims | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 1001.00 | | P/R Ded | uction | (\$38. | 50 Bi-W | eekly |) | | | |
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| SCHEDULE A | (FEC Form 3X) |
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| ITEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
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| or for commercial purposes, other than using | nd Statements may not be sold or used by any portion of the name and address of any political committee | |
| NAME OF COMMITTEE (In Full) Health Alliance Plan PAC | | |
| Full Name (Last, First, Middle Initial) Anthony V Caporale | | Date of Receipt |
| Mailing Address 1320 Shenandoah | | 12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Rochester Hills | State Zip Code MI 48306 | Transaction ID : PR75330720618 |
| | 48500 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 104.00 |
| Name of Employer | Occupation | - |
| Health Alliance Plan | Mgr- General Acctg | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | | P/R Deduction (\$8.00 Bi-Weekly) |
| Other (specify) | 208.00 | |
| Full Name (Last, First, Middle Initial) B. Joyce Melissa James | · | Date of Receipt |
| Mailing Address 20810 Gardner St. | | 12 31 _2015 _ |
| City | State Zip Code | Transaction ID : PR75331920618 |
| Oak Park | MI 48237 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 156.00 |
| Name of Employer | Occupation | _ |
| Health Alliance Plan | Mgr- Provider Fin | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | | P/R Deduction (\$12.00 Bi-Weekly) |
| Other (specify) | 312.00 | |
| Full Name (Last, First, Middle Initial) C. Glen P Koslakiewicz | | Date of Receipt |
| Mailing Address 30431 John Hauk | | 12 31 2015 |
| City | State Zip Code | Transaction ID : PR75332520618 |
| Garden City | MI 48135 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 208.00 |
| Name of Employer | Occupation | |
| Health Alliance Plan | Dir- Fin Operations | |
| Receipt For: | Aggregate Year-to-Date ▼ | - |
| Primary General Other (specify) ▼ | 416.00 | P/R Deduction (\$16.00 Bi-Weekly) |
| SUBTOTAL of Receipts This Page (optiona | I) Þ | 468.00 |

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| SCHEDULE A | (FEC Form 3X) |
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| 11 | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | $\begin{array}{ c c c c c c c c c c c c c c c c c c c$ |
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| | ny information copied from such Reports and S for commercial purposes, other than using the | | | |
| | NAME OF COMMITTEE (In Full) Health Alliance Plan PAC | | | |
| Α. | Full Name (Last, First, Middle Initial) Dianna Lynn Ronan | | | Date of Receipt |
| | Mailing Address 2156 Cumberland | | | 12 31 2015 |
| | City Brighton | State MI | Zip Code 48114 | Transaction ID : PR75334020618 |
| | | IVII | 40114 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 390.00 |
| | Name of Employer | Occupation | I | |
| | Health Alliance Plan | VP - Financ | cial Services | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 780.00 | P/R Deduction (\$30.00 Bi-Weekly) |
| в. | Full Name (Last, First, Middle Initial) Matthew M Walsh | | | Date of Receipt |
| | Mailing Address 5770 Kirkridge Trail | | | M = M / D = D / Y = Y = Y |
| | City | State | <u>12</u> <u>31</u> <u>2015</u> | |
| | Oakland Township | MI | Transaction ID : PR75334720618 Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | С | 48306 | 780.00 |
| | Name of Employer Health Alliance Plan | Occupation SVP- Chief | Operating Officer | _ |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1560.00 | P/R Deduction (\$60.00 Bi-Weekly) |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Rachel A Powell | | | Date of Receipt |
| | Mailing Address 543 Thurber | | | 12 31 2015 |
| | City | State | Zip Code | Transaction ID : PR75336220618 |
| | Troy | MI | 48085 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 234.00 |
| | Name of Employer | Occupation | l | |
| | Health Alliance Plan | Dir - MA Re | evenue Management | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | | P/R Deduction (\$18.00 Bi-Weekly) |
| | Other (specify) | | 468.00 | |
| | UBTOTAL of Receipts This Page (optional) | | | 1404.00 |
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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| | I | Detailed Summary Page | X 11 | a | | 11b | 110 | | 12 | | | | | | | | | | | |
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| Any information copied from such Rep or for commercial purposes, other that | | | | | | | | | | | | | | | | | | | | |
| NAME OF COMMITTEE (In Full) Health Alliance Plan PA | С | | | | | | | | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initia | 1) | | Date | Date of Receipt | | | | | | | | | | | | | | | | |
| Mailing Address 22429 Provincial | | | | 12 31 2015 | | | | | | | | | | | | | | | | |
| City Woodhaven | State MI | Zip Code 48183 | Transaction ID : PR75336920618 | | | | | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. | rederal political committee. | | | | | | | | | | | | | | | | | | | |
| Name of Employer Health Alliance Plan | Occupation Dir- Applicati | on Development | | | | | | | | | | | | | | | | | | |
| Receipt For: Primary General Other (specify) | | /ear-to-Date ▼ 416.00 | P/R D | educ | ctio | n (\$16 | .00 Bi | Wee | ekly) | | | | | | | | | | | |
| Full Name (Last, First, Middle Initia 3. Scott T Allen | | | Date | of F | Red | eipt | | | | | | | | | | | | | | |
| Mailing Address 3066 Richmond Dr | | | | | | | | | ү ү 2015 | Y |] | | | | | | | | | |
| City Clarkston | | | | | | | | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. | | | | | | | | | | | 325.00 | | | | | | | | | |
| Name of Employer Health Alliance Plan | Occupation AVP - Labor | Affairs | | | | | | | | | | | | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Y | /ear-to-Date ▼ 650.00 | P/R Deduction (\$25.00 Bi-Weekly) | | | | | | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initia | l) | | Date | of F | Red | ceipt | | | | | | | | | | | | | | |
| Mailing Address 13120 Van Pamel | | | M 1 | | / | D 1 | / | Y | y y 2015 | Y | 1 | | | | | | | | | |
| City Shelby Township | State MI | Zip Code 48315 | | | | o <mark>n ID :</mark> Each F | | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. | C | | | | | | leeelp | | | 60.00 |) | | | | | | | | | |
| Name of Employer | Occupation | | | | | | | | | | | | | | | | | | | |
| Health Alliance Plan | VP - Custom | er Services | | | | | | | | | | | | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Y | ⁄ear-to-Date ▼ 520.00 | P/R Deduction (\$20.00 Bi-Weekly) | | | | | | | | | | | | | | | | | |
| SUBTOTAL of Receipts This Page (d | | | | | _ | - | - | _ | 70 | 3.00 | _ | | | | | | | | | |

| SCHEDULE A | (FEC Form 3X) |
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| | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 | | | | | | | | | |
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| | ny information copied from such Reports and for commercial purposes, other than using the | | | erson for the purpose of soliciting contributions to solicit contributions from such committee. | | | | | | | | | |
| | NAME OF COMMITTEE (In Full) Health Alliance Plan PAC | | | | | | | | | | | | |
| A. | Full Name (Last, First, Middle Initial) Kevin Michael Hurley | | | Date of Receipt | | | | | | | | | |
| | Mailing Address 45504 Morningside Rd. | | | 12 31 Y Y Y Y Y 12 31 2015 | | | | | | | | | |
| | City Canton | State MI | Zip Code 48187 | Transaction ID : PR75339920618 Amount of Each Receipt this Period | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 149.89 | | | | | | | | | |
| | Name of Employer | Occupation | 1 | | | | | | | | | | |
| | Health Alliance Plan | Mgr- Rever | nue Cycle & Recv Mgmt | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 299.78 | P/R Deduction (\$11.53 Bi-Weekly) | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Donna M Siegmund | 1 | | Date of Receipt | | | | | | | | | |
| | Mailing Address 9 Sylvan | | | 12 31 Y Y Y Y Y 12 31 2015 | | | | | | | | | |
| | City | State | Zip Code | Transaction ID : PR75340620618 | | | | | | | | | |
| | Pleasant Ridge | MI | 48069 | Amount of Each Receipt this Period | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 143.00 | | | | | | | | | |
| | Name of Employer Health Alliance Plan | Occupation | | | | | | | | | | | |
| | | Sr Project N | Manager | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 286.00 | P/R Deduction (\$11.00 Bi-Weekly) | | | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Christopher Andrew Johnston | l | | Date of Receipt | | | | | | | | | |
| | Mailing Address 4300 Westover Dr. | | | 12 31 2015 | | | | | | | | | |
| | City West Bloomfield | State MI | Zip Code 48323 | Transaction ID : PR75340720618 | | | | | | | | | |
| | | _ | 70320 | Amount of Each Receipt this Period | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 247.00 | | | | | | | | | |
| | Name of Employer | Occupatior | | | | | | | | | | | |
| | Health Alliance Plan Receipt For: | | s New Business | _ | | | | | | | | | |
| | Primary General Other (specify) | Aggregate | Year-to-Date ▼ 494.00 | P/R Deduction (\$19.00 Bi-Weekly) | | | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | ••••• | 539.89 | | | | | | | | | |

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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| | | | Detailed Summary Page | | 11a | | 11 | b | 11c | 12 | | | | | | |
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| | y information copied from such Reports and St for commercial purposes, other than using the | | | | | | | | | | | | | | | |
| \rangle | NAME OF COMMITTEE (In Full) Health Alliance Plan PAC | | | | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Marc Vanderburg | | | [| Date of | Re | ecei | pt | | | | | | | | |
| - | Mailing Address 25750 Ivanhoe | | | | м м 12 | / | | D D D 31 | / Y | 2015 | Y | | | | | |
| | City | State | Zip Code | | | acti | ion | | R7534 | 1020618 | _ | | | | | |
| | Huntington Woods | MI | 48070 | A | Amount | of | Ead | ch Re | ceipt th | is Period | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 280.00 | | | | | | | | | | | | |
| | Name of Employer | Occupation | | | | | | | | | | | | | | |
| | Health Alliance Plan | AVP- Group | o Cust Service | | | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | | | |
| | Primary General Other (specify) ▼ | 520.00 | P/ | /R Dedi | uctio | on (| (\$20.0 | 0 Bi-We | eekly) | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Rory P. Lafferty | | | | Date of | Re | ecei | pt | | | | | | | | |
| | Mailing Address 759 Cherry Stone Drive #2D | | | | 12 31 2015 Transaction ID : PR75341720618 | | | | | | | | | | | |
| | City | State MI | Zip Code 48188 | | | | | | | | | | | | | |
| | Canton | | 40100 | \dashv | Amount | ot | Ead | cn He | ceipt th | iis Period | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 260.00 | | | | | | | | | | | | |
| | Name of Employer Health Alliance Plan | Occupation Dir- Govern | ment&Lgsltv Affairs | | | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 520.00 | P/ | R Dedu | uctic | on (| (\$20.0 | 0 Bi-We | ekly) | | | | | | |
| с. | Full Name (Last, First, Middle Initial) | | | | Date of | Re | ecei | pt | | | | | | | | |
| | Mailing Address 813 Sandalwood Drive | | | | м м 12 | 1 | | 31 | / Y | ү ү 2015 | Y | | | | | |
| | City | State MI | Zip Code | | | | | | | 3020618 | | | | | | |
| | Troy | .vii | 48085 | | Amount | of | Ead | ch Re | ceipt th | is Period | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 9 | 162 | 50 | | | | | |
| | Name of Employer | Occupation | I | | | | | | | | | | | | | |
| | Health Alliance Plan | AVP- Qual, | Credential,Dis Mgt | | | | | | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | P/R Deduction (\$12.50 Bi-Weekly) | | | | | | | | | | | | |
| | Other (specify) ▼ | | 325.00 | | K Ded | uctio | on (| (\$12.5 | U BI-VV | екіу) | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | • | | | , | | 9 | 702 | 50 | | | | | |
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| SCHEDULE A | (FEC Form 3X) |
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| ITEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 | | | | | | | | | |
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| | and Statements may not be sold or used by any pe ing the name and address of any political committee | rson for the purpose of soliciting contributions | | | | | | | | | |
| NAME OF COMMITTEE (In Full) Health Alliance Plan PAC | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) A. Effie Ann Nelson | | Date of Receipt | | | | | | | | | |
| Mailing Address 14155 Grandmont | | 12 31 _ 2015 _ | | | | | | | | | |
| City | State Zip Code | Transaction ID : PR85899620618 | | | | | | | | | |
| Detroit | MI 48227 | Amount of Each Receipt this Period | | | | | | | | | |
| FEC ID number of contributing federal political committee. | C | 156.00 | | | | | | | | | |
| Name of Employer | Occupation | | | | | | | | | | |
| Health Alliance Plan | | | | | | | | | | | |
| Receipt For: | | | | | | | | | | | |
| Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 312.00 | P/R Deduction (\$12.00 Bi-Weekly) | | | | | | | | | |
| Full Name (Last, First, Middle Initial) 3. Marlene A. Bowman | | Date of Receipt | | | | | | | | | |
| Mailing Address 30955 Hunters Drive | 12 31 _ 2015 _ | | | | | | | | | | |
| City | | | | | | | | | | | |
| Farmington Hills | MI 48334 | Amount of Each Receipt this Period | | | | | | | | | |
| FEC ID number of contributing federal political committee. | C | 120.25 | | | | | | | | | |
| Name of Employer Health Alliance Plan | Occupation Supv- Security | _ | | | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.50 | P/R Deduction (\$9.25 Bi-Weekly) | | | | | | | | | |
| Full Name (Last, First, Middle Initial) C. Deandre Antwan Lipscomb | | Date of Receipt | | | | | | | | | |
| Mailing Address 29545 Greening St. | | M M / D D / Y Y Y Y 12 31 2015 | | | | | | | | | |
| City | State Zip Code | Transaction ID : PR87082320618 | | | | | | | | | |
| Farmington Hills | MI 48334 | Amount of Each Receipt this Period | | | | | | | | | |
| FEC ID number of contributing federal political committee. | C | 425.10 | | | | | | | | | |
| Name of Employer | Occupation | _ | | | | | | | | | |
| Health Alliance Plan | VP- Community Outreach | | | | | | | | | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | | | | | | | | | |
| Primary General | | P/R Deduction (\$32.70 Bi-Weekly) | | | | | | | | | |
| Other (specify) | 850.20 | | | | | | | | | | |
| | nal) | 701.35 | | | | | | | | | |

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| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) PAGE 19 OF 30 X 11a 11b 11c 12 13 14 15 16 17 |
| | | | | erson for the purpose of soliciting contributions eto solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) Health Alliance Plan PAC | | | |
| Α. | Full Name (Last, First, Middle Initial) John Francis Mcelligatt | | | Date of Receipt |
| | Mailing Address 10149 Rosemarie Run | 01.1 | 7.0.1 | M = M / D = D / Y = Y = Y = Y 12 31 2015 |
| | City Brighton | State MI | Zip Code 48114 | Transaction ID : PR87082520618 |
| | FEC ID number of contributing federal political committee. | С | | Amount of Each Receipt this Period |
| | Name of Employer | Occupation | 1 | |
| | Health Alliance Plan | Dir- Labor | Affairs | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 260.00 | P/R Deduction (\$10.00 Bi-Weekly) |
| в. | Full Name (Last, First, Middle Initial) Kristy Waddell | 1 | | Date of Receipt |
| | Mailing Address 1554 Brentwood Drive | | | 12 31 2015 |
| | City | State | Zip Code | Transaction ID : PR87082620618 |
| | Troy | MI | 48098 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 130.00 |
| | Name of Employer Health Alliance Plan | Occupatior Dir- Market | ו Intelligence | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 260.00 | P/R Deduction (\$10.00 Bi-Weekly) |
| C. | Full Name (Last, First, Middle Initial) Dan Ellis Champney | | | Date of Receipt |
| | Mailing Address 9186 Hidden Oaks Dr | | | M M / D D / Y Y Y Y Y 12 31 2015 |
| | City Grand Blanc | State MI | Zip Code 48439 | Transaction ID : PR99462020618 |
| | FEC ID number of contributing federal political committee. | С | 40439 | Amount of Each Receipt this Period |
| | Name of Employer | Occupation | 1 | — |
| | Health Alliance Plan | Deputy Ge | neral Counsel | |
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| | Mailing Address P.O. Box 75000 | | 09 02 2015 | | | | | | | | | | | | | | | | | |
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| $\left \right\rangle$ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | | | | | | |
| / | Health Alliance Plan PAC | | | | | | | | | | | | | | | | | | | |
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| Α. | Comerica Bank | | | | | | _ | ate of | f Dis | | | | | | | | | | | |
| | Mailing Address P.O. Box 75000 | | | | | | 10 / D D / Y Y Y Y 2015 | | | | | | | | | | | | | |
| | City State Zip Code Detroit MI 48275 | | | | | | | | | Transaction ID : 9470350 | | | | | | | | | | |
| | Detroit Purpose of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Credit Card Transaction Fees | 0 | 01 | | Aı | mount | t of | Each | Dis | burse | ment | t this | Perio | bd | | | | | | |
| | Candidate Name | | | Cate | egor | ry/ | Amount of Each Disbursement this Period | | | | | | | | | | | | | |
| | Office Sought: House Disbursen | opt For | | | ype | | L | - | - | 7 | _ | 7 | - | 31 | 5.00 | | | | | |
| | Senate President | Primary Other (spec | General cify) ▼ | | | | Cr | edit C | Card | Trans | sact | ion Fe | es | | | | | | | |
| | State: District: | | | | | | | | | | | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Comerica Bank | | | | | | | ate of | f Dis | | | nt | , | | | | | | | |
| | Mailing Address P.O. Box 75000 | | | | | | | | 10 / D D / Y Y Y Y 2015 | | | | | | | | | | | |
| | Detroit | State MI | Zip Code 48275 | | | | | Trans | acti | ion ID |):9 | 48259 | 2590 | | | | | | | |
| | Purpose of Disbursement Credit Card Transaction Fees | | | C | 001 | | A | mount | t of | Each | Dis | burse | ment | t this | Perio | bd | | | | |
| | Candidate Name | | | Cate | | ry/ | | 28.03 | | | | | | | | | | | | |
| | | nent For: Primary Other (spec | General cify) ▼ | | | | Credit Card Transaction Fees | | | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | | | | | | | |
| C. | Comerica Bank | | | | | | D | ate of | f Dis | sburse | eme | nt | | | | | | | | |
| | Mailing Address P.O. Box 75000 | | | | | | | м м 11 | / | 0 | 3 | | | 015 | Y | | | | | |
| | City S Detroit Purpose of Disbursement | State MI | Zip Code 48275 | | | | | Trans | acti | ion ID |):9 | 54007 | '3 | | | | | | | |
| | Credit Card Transaction Fees | | | 0 | 01 | | Δ, | mount | t of | Fach | Die | burse | mont | t thic | Porio | bd | | | | |
| | Candidate Name | | | Cate | - | ry/ | | mourn | | Lacii | DIS | spuise | mem | | D.00 | Ju | | | | |
| | President | nent For: Primary Other (spec | General cify) ▼ | | | | Cr | edit C | Card | Trans | sact | ion Fe | es | | | | | | | |
| | State: District: | | | | | | | _ | | | | _ | _ | _ | _ | _ | | | | |
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| S | CHEDULE B | (FEC Form | 3X) | | | F | OR | DR LINE NUMBER: PAGE 23 OF | | | | | | | DF 30 | | | | | |
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| \square | NAME OF COMM | , , | | | | | | | | | | | | | | | | | | |
| | Health Alliar | ice Plan PAC | | | | | | | | | | | | | | | | | | |
| ~ | | Full Name (Last, First, Middle Initial) | | | | | | | Data | of Di | sburse | mont | | | | | | | | |
| А. | A- Comerica Bank | | | | | | | | | Dale | | D | | / | Y | V | | | | |
| | Mailing Address P.O. Box 75000 | | | | | | | | | 11 10 2015 | | | | | | | | | | |
| | City Detroit | | ç | State MI | Zip Code 48275 | | | | | Tran | sact | ion ID | : 954007 | 5 | | | | | | |
| | Purpose of Disbur Credit Card Trans | | | | | C | 01 | | | Amou | nt of | Each | Disburse | men | t this I | Period | | | | |
| | Candidate Name | | | | | Cat | egoi ype | | 28.03 | | | | | | | | | | | |
| | Office Sought: | House Senate President | | nent For: Primary Other (spe | General cify) ▼ | | урс | | Credit Card Transaction Fees | | | | | | | | | | | |
| | State: | District: | | | <i>,</i> , | | | | | | | | | | | | | | | |
| в. | Full Name (Last, F | | | | | | | | | Date | of Di | sburse | ement | | | | | | | |
| | | | | | | | | | | M M / D D / Y Y Y | | | | | | Y | | | | |
| | Mailing Address | P.O. Box 75000 | | | | | | | | 12 | | 0 | 2 | 2 | 015 | | | | | |
| | City Detroit | | S | State Zip Code MI 48275 | | | | | | | | tion ID | : 957250 | 9 | | | | | | |
| | | se of Disbursement it Card Transaction Fees | | | | (| 001 | | | Amount of Each Disbursement this Per | | | | | | Period | | | | |
| | Candidate Name | | | | | Cate | egoi ype | | | 30.00 | | | | | | | | | | |
| | Office Sought: | House Senate President | | nent For: Primary Other (spe | General cify) ▼ | | <u> </u> | | | Credit | Caro | d Trans | saction Fe | es | | | | | | |
| | State: | District: | | | <i>,</i> | | | | | | | | | | | | | | | |
| C. | Full Name (Last, F Comerica Ba | . , | | | | | | | | Date | of Di | sburse | ement | | | | | | | |
| | Mailing Address P | P.O. Box 75000 | | | | | | | | ^M 12 | | 0 | | | 015 | Y | | | | |
| | City Detroit | | S | State MI | Zip Code 48275 | | | | | Trar | sact | tion ID | : 957597 | '1 | | | | | | |
| | Purpose of Disbur Credit Card Trans | | | | | | | | | | | | | | | | | | | |
| | Candidate Name | | | | | Cat | 01 egoi ype | | | Amou | nt of | Each | Disburse | men | t this 1 127 | | | | | |
| | Office Sought: | House Senate President | | nent For: Primary Other (spe | General cify) ▼ | <u> </u> | <u>, , , , , , , , , , , , , , , , , , , </u> | | | Credit | Carc | 1 Trans | action Fe | es | | | | | | |
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| SCHEDULE B (FEC Form 3X) | Use separate schedule(s) | | | NUMBER: | | | PA | GE 24 | OF 30 | | | | | | |
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| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | (ch | eck onl 21b 27 | · ′ | 23 28b | , | 24 28c | 25 X 29 | 26 30b | | | | | | |
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| NAME OF COMMITTEE (In Full) Health Alliance Plan PAC | | | | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) A. Tom Barrett for State Represen | tative | | | Date of | ⁱ Disburs | sem | | Y Y Y | Y | | | | | | |
| Mailing Address PO Box 121 | | | | 08 | | 04 | | 2015 | | | | | | | |
| City Charlotte Purpose of Disbursement | State Zip Code MI 48813 | | | Trans | action I | D: | 934670 | 9 | | | | | | | |
| Direct Contribution | | 01 | - C. | Amount | of Eac | h D | isburse | ment this | Period | | | | | | |
| MI Rep. Tom Barrett | | Cateo Typ | | | , | | | 25 | 0.00 | | | | | | |
| Office Sought: House Disb Senate President State: District: | ursement For: Primary General Other (specify) ▼ | | | Direct C | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) B. Friends of Lorie Barnwell | | | Date of Disbursement | | | | | | | | | | | | |
| Mailing Address 30130 Gruenburg | | | | 09 | 2013 | | | | | | | | | | |
| City Warren | StateZip CodeMI48092 | | | Trans | Transaction ID : 9405075 | | | | | | | | | | |
| Purpose of Disbursement Direct Contribution Candidate Name Lorie Barnwell | | 01 Categ Typ | gory/ | Amount of Each Disbursement this Period 1000.00 | | | | | | | | | | | |
| | ursement For: Primary General Other (specify) ▼ | | | Direct C | Contribut | ion | | | | | | | | | |
| Full Name (Last, First, Middle Initial) C. Cmte to Re-Elect Benny Napole | eon Sheriff | | | Date of | Disburs | sem | | YYYY | V | | | | | | |
| Mailing Address PO Box 32974 | | | | 09 | | 15 | | 2015 | | | | | | | |
| City Detroit Purrose of Disbursement | State Zip Code MI 48232 | | | Trans | action I | ID : | 943153 | 37 | | | | | | | |
| Direct Contribution Candidate Name | 011 | | | | | | | ment this | | | | | | | |
| Benny Napoleon Office Sought: House Disb Senate President State: District: | ursement For: Primary General Other (specify) ▼ | Тур | | Direct C | ontributi | ion | | 150 | 0.00 | | | | | | |
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| S | CHEDULE B (FEC Form 3X) | | | FOF | R LINE | NUMBER: PAGE 25 OF 30 | | | | | | | | | | |
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| IT | EMIZED DISBURSEMENTS | Use separate sche for each category | | (che | eck only | ly one) | | | | | | | | | | |
| | | Detailed Summary | | | 21b 27 | 22 | a - | 23 28b | \vdash | 24 28c | 25 X 29 | 26 30b | | | | |
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| \setminus | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | | |
| | Health Alliance Plan PAC | | | | | | | | | | | | | | | |
| ٨ | Full Name (Last, First, Middle Initial) | | | Data | of D | isburse | om | ont | | | | | | | | |
| А. | Mike Callton for State Representation | ive | | | | M | | | | | Y Y | V | | | | |
| | Mailing Address PO Box 676 | | | | | 0 | | | 16 | | 2015 | | | | | |
| | 5 | State Zip Coc | le | | | Transaction ID : 9437943 | | | | | | | | | | |
| | Nashville Purpose of Disbursement | MI 49073 | | | | | | | | | | | | | | |
| | Direct Contribution | | | 011 | 1 | Amo | unt of | f Each | Di | isburser | nent this | Period | | | | |
| | Candidate Name | | | Categ | orv/ | | | | - | | | | | | | |
| | MI Rep. Mike Callton | | | Тур | | | | 7 | _ | | 50 | 0.00 | | | | |
| | Office Sought: House Disbursen Senate President District: | | eneral | | | Direc | t Con | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | | | |
| В. | Pscholka Results PAC | | | | | | Date of Disbursement | | | | | | | | | |
| | Mailing Address 5810 Longhorn Trail | | | | | 0 | | | 17 | | 2015 | | | | | |
| | Stevensville | State Zip Coc MI 49127 | le | | | Tra | nsac | tion ID |):! | 944276 | 7 | | | | | |
| | Purpose of Disbursement Direct Contribution | | - I I | 01 [.] | 1 | Amount of Each Disbursement | | | | | | Period | | | | |
| | Candidate Name | | | Categ Typ | ory/ | 1000.00 | | | | | | | | | | |
| | | | eneral | | | Direct Contribution | | | | | | | | | | |
| - | Full Name (Last, First, Middle Initial) | | | | | | of D | isburse | om | ont | | | | | | |
| 0. | George T. Darany for State Repres | sentative | | | | M | _ | | | | Y Y | Y | | | | |
| | Mailing Address 17835 Oakwood Blvd. | | | | | 0 | | | 23 | | 2015 | | | | | |
| | Dearborn | State Zip Coc MI 48124 | le | | | Tra | nsac | tion ID | D:9 | 944753′ | 1 | | | | | |
| | Purpose of Disbursement Direct Contribution | | - I I | 014 | | | | | | | | | | | | |
| | Candidate Name | | I. | 011 | | Amo | unt o | f Each | Di | isburser | nent this | Period | | | | |
| | MI Rep. George Darany | | | Categ Typ | | | | | | | 50 | 0.00 | | | | |
| | Office Sought: House Disbursen Senate | | eneral | | | Direc | t Con | tributio | on | | | | | | | |
| | State: District: | | | | | | | | | | | | | | | |
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| SCHEDULE B (FEC Form 3X) | | FOR LINE | NUMBER: PAGE 26 OF 30 | | | | | | | | |
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| ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the | (check only | one) | | | | | | | | |
| | Detailed Summary Page | 21b | 22 23 24 25 26 28a 28b 28c X 29 30b | | | | | | | | |
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| NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| Health Alliance Plan PAC | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) A. Knezek for Michigan PAC | | | Date of Disbursement | | | | | | | | |
| Mailing Address 8033 ARNOLD ST | | | M / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | | | | | | |
| City S DEARBORN HEIGHTS | State Zip Code MI 48127 | | Transaction ID : 9447532 | | | | | | | | |
| Purpose of Disbursement Direct Contribution | | 011 | Amount of Each Disbursement this Period | | | | | | | | |
| Candidate Name | L | Category/ Type | 500.00 | | | | | | | | |
| Office Sought: House Disburser Senate President | nent For: Primary General Other (specify) v | Type | Direct Contribution | | | | | | | | |
| State: District: Full Name (Last, First, Middle Initial) B. Michigan Values Leadership Fund Mailing Address 14840 Robinwood Drive | | Date of Disbursement 09 23 2015 | | | | | | | | | |
| City Stansing | State Zip Code MI 48906 | | Transaction ID : 9447533 | | | | | | | | |
| Purpose of Disbursement Direct Contribution Candidate Name | [| 011 Category/ | Amount of Each Disbursement this Period | | | | | | | | |
| Office Sought: House Disburser Senate President State: District: | nent For: Primary General Other (specify) ▼ | Туре | Direct Contribution | | | | | | | | |
| Full Name (Last, First, Middle Initial) C. Moving Michigan Forward 2 | | | Date of Disbursement | | | | | | | | |
| Mailing Address 106 W. Allegan St. Ste. 200 | | | 09 / D D / Y Y Y Y 23 2015 | | | | | | | | |
| Lansing | StateZip CodeMI48933 | | Transaction ID : 9447534 | | | | | | | | |
| Purpose of Disbursement Direct Contribution Candidate Name | | | | | | | | | | | |
| Office Sought: House Disburser Senate President State: District: | nent For: Primary General Other (specify) ▼ | Туре | 300.00 Direct Contribution | | | | | | | | |
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| | CHEDULE B (FEC Form 3X) | Use sens | arate schedule(s) | | | | | : | | | PA | GE | 27 | OF 30 | | | | |
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| | y information copied from such Reports and Staten for commercial purposes, other than using the nam | | | | | | | | | | | | | | | | | |
| | NAME OF COMMITTEE (In Full) Health Alliance Plan PAC | | | | | | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Kristy Pagan Leadership Fund | | | | | | Date o | f Di: | sburse | | | Y Y | Y | Y | | | | |
| | Mailing Address PO BOX 871881 | 24-4- | Zie Oode | | | | 09 23 2015 | | | | | | | | | | | |
| | City S Canton Purpose of Disbursement | State MI | Zip Code 48187 | | | _ | Trans | act | ion ID |): | 944753 | 5 | | | | | | |
| | Direct Contribution Candidate Name | | | | 11 200 | rv/ | Amount of Each Disbursement this Period | | | | | | | | | | | |
| | Office Sought: House Disbursen | House Disbursement For: | | | | | Direct (| Cont | ributio | n | 7 | | 250 | 0.00 | | | | |
| | State: District: | Other (spec | cify) ▼ | | | | Direct Contribution | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Tom Barrett for State Representati | Date of Disbursement | | | | | | | | | Y | | | | | | | |
| | Mailing Address PO Box 121 | | | | | | | | | 29 | | | 015 | <u> </u> | | | | |
| | Charlotte | State MI | Zip Code 48813 | | | | Transaction ID : 9458301 | | | | | | | | | | | |
| | Purpose of Disbursement Direct Contribution Candidate Name MI Rep. Tom Barrett | on | | | | | Amount of Each Disbursement this Period 250.00 | | | | | | | | | | | |
| | Office Sought: House Disbursen Senate | nent For: Primary Other (spec | General cify) ▼ | | ype | | Direct (| Cont | ributic | on | , | | | | | | | |
| с. | Full Name (Last, First, Middle Initial) | | | | | | Date o | f Di | | | _ | | | | | | | |
| | Mailing Address 512 South Lansing St | | | | | | м м 09 | | 2 | 29 | | | 015 | Y | | | | |
| | Mason | State MI | Zip Code 48116 | | | | Trans | sact | ion ID |): | 945830 |)2 | | | | | | |
| | Purpose of Disbursement 011 Direct Contribution 011 Candidate Name Category/ | | | | | | | t of | Each | D |)isburse | ment | | _ | | | | |
| | | nent For: Primary Other (spec | General cify) ▼ | | ype | | Direct C | Cont | ributio | on | 7 | | 250 | 0.00 | | | | |
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| | CHEDULE B (FEC Form 3X) | Use sen | arate schedule(s) | | | | NUMBER: PAGE 28 OF | | | | | | | | | | |
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| | EMIZED DISBURSEMENTS | for each | category of the Summary Page | | | 21b 27 | 22 28a | 23 28b | 24 28c | 25 X 29 | | 26 30b | | | | | |
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| | NAME OF COMMITTEE (In Full) Health Alliance Plan PAC | | | | | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Committee to Elect Jim Tedder | | Date of Dis | D | D / Y | YY | Y Y | | | | | | | | | | |
| | Mailing Address 4900 Lakeview Blvd. | | | | | | 10 06 2015 | | | | | | | | | | |
| | Clarkston | State MI | Zip Code 48352 | | | | Transaction ID : 9471609 | | | | | | | | | | |
| | Purpose of Disbursement Direct Contribution | | | 0 | 11 | | Amount of Each Disbursement this Period | | | | | | | | | | |
| | Candidate Name MI Rep. Jim Tedder | | | Cate Ty | egory /pe | y/ | | 7 | | 5 | 500.00 | | | | | | |
| | Office Sought: House Disburser Senate President State: District: | nent For: Primary Other (spe | General cify) ▼ | | | | Direct Contr | ibution | I | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Friends of Frank Liberati | | | | | | Date of Dis | burser | _ | Y | Y | | | | | | |
| | Mailing Address 9068 Quandt | | 10 | 06 | | 2015 | | | | | | | | | | | |
| | City S Allen Park | State Zip Code MI 48101 | | | | | | | |) | | | | | | | |
| | Purpose of Disbursement Direct Contribution Candidate Name MI Rep. Frank Liberati | Cate |)11 egory /pe | y/ | Amount of | Each [| Disburser | | s Peri 250.00 | - | | | | | | | |
| | | nent For: Primary Other (spe | General cify) ▼ | | | | Direct Contr | ibution | 1 | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) Rebekah Warren Envision Michiga | | Date of Dis | | | | | | | | | | | | | | |
| | Mailing Address 234 8th Street | | 10 ^M | 06 | | 2015 | | | | | | | | | | | |
| | Ann Arbor | State MI | Zip Code 48933 | | | | Transacti | on ID : | : 947161 <i>′</i> | l | | | | | | | |
| | Purpose of Disbursement Direct Contribution Candidate Name | | Cate | 11 egory /pe | y/ | Amount of Each Disbursement this Period | | | | | | | | | | | |
| | Office Sought: House Disburser Senate President District: | nent For: Primary Other (spe | General cify) ▼ | | | | Direct Contr | ibution | | | | | | | | | |
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| | CHEDULE B (FEC Form 3X) | Use sen | arate schedule(s) | | | | | : | | | PA | GE 2 | 9 OF 30 | | | | | |
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| | y information copied from such Reports and Staten for commercial purposes, other than using the name | | | | | | | | | | | ng cont | | | | | | |
| | NAME OF COMMITTEE (In Full) Health Alliance Plan PAC | | | | | | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Ken Yonker for State Representativ | ve | | | | | Date o | _ | sburse | | | Y Y | YYY | | | | | |
| | Mailing Address 3820 100th Avenue | | | | | | | | 2 | 20 | | 201 | 5 | | | | | |
| | City S Caledonia Purpose of Disbursement | State MI | Zip Code 49316 | | | | Trans | sact | ion ID |): | 949527 | 8 | | | | | | |
| | Direct Contribution Candidate Name | | | |)11 | | Amount of Each Disbursement this Period | | | | | | | | | | | |
| | MI Rep. Ken Yonker Office Sought: House Disburser | nont For: | | Cate T | ego ype | | | | | | | | | | | | | |
| | Senate | Primary Other (spe | General cify) ▼ | | | | Direct Contribution | | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Friends of Daniela Garcia | | | | | Date o | | | em | | YY | Y Y | | | | | | |
| | Mailing Address 22 E 29th Street | | | | | | 10 | | 2 | 23 | | 201 | 5 | | | | | |
| | Holland | State MI | Zip Code 49423 | | | | Trans | | | | | | | | | | | |
| | Purpose of Disbursement Direct Contribution Candidate Name Daniela Garcia |)11 ego ype | | Amount of Each Disbursement t | | | | | ment th | nis Period 250.00 | | | | | | | | |
| | Office Sought: House Disbursen Senate President State: District: | nent For: Primary Other (spe | General cify) ▼ | | | | Direct (| Cont | tributio | on | | | | | | | | |
| с. | Full Name (Last, First, Middle Initial) Friends of Robert Wittenberg | | | | | | Date o | f Di | | | | | | | | | | |
| | Mailing Address 26131 Harding St | | | | | | M M | / | |)5 | | 201 | | | | | | |
| | Oak Park | State MI | Zip Code 48237 | | | | Trans | sact | ion ID |): | 952369 | 0 | | | | | | |
| | Purpose of Disbursement Direct Contribution 011 | | | | | | | t of | Each | D | isburse | ment th | nis Period | | | | | |
| | MI Rep. Robert Wittenberg Office Sought: House Disburser | ry/ | | | 7 | | | | 500.00 | | | | | | | | | |
| | State: District: | Primary Other (spec | General cify) ▼ | | | | Direct C | Cont | ributio | 'n | | | | | | | | |
| s | UBTOTAL of Disbursements This Page (optional) | | | | | | | | | | | 1 | 000.00 | | | | | |
| ⊢ | OTAL This Period (last page this line number only) | | | | | | | | , | | . , | | | | | | | |

| SCHEDULE B (FEC Form 3X) | | FOR LINE | NUMBER: PAGE 30 OF 30 | | | | | | |
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| ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the Detailed Summary Page | (check only 21b 27 | one) 22 23 24 25 26 28a 28b 28c X 29 30b | | | | | | |
| Any information copied from such Reports and State or for commercial purposes, other than using the na | | | | | | | | | |
| | | | | | | | | | |
| Health Alliance Plan PAC | | | | | | | | | |
| Full Name (Last, First, Middle Initial) A. Chris Afendoulis for State House | | Date of Disbursement | | | | | | | |
| Mailing Address 240 Edgehill SE | 12 07 Y Y Y Y 12 07 | | | | | | | | |
| City Grand Rapids | State Zip Code MI 49546 | | Transaction ID : 9574988 | | | | | | |
| Purpose of Disbursement Direct Contribution | | 011 | Amount of Each Disbursement this Period | | | | | | |
| Candidate Name | | Category/ | 500.00 | | | | | | |
| MI Rep. Chris Afendoulis Office Sought: House Disburse | ment For: | Туре | | | | | | | |
| Senate President | Primary General Other (specify) ▼ | | Direct Contribution | | | | | | |
| State: District: Full Name (Last, First, Middle Initial) | | | | | | | | | |
| B. | | | Date of Disbursement | | | | | | |
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| Office Sought: House Disburse Senate President | ment For: Primary General Other (specify) ▼ | | | | | | | | |
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| Full Name (Last, First, Middle Initial) | | | Date of Disbursement | | | | | | |
| Mailing Address | | | | | | | | | |
| City | State Zip Code | | | | | | | | |
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| Candidate Name | Category/ Type | Amount of Each Disbursement this Period | | | | | | | |
| Office Sought: House Disburse Senate President State: District: | ment For: Primary General Other (specify) ▼ | | | | | | | | |
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