

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period / / through / /

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Health Alliance Plan PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		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) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	31031.89	51670.39
7. Total Disbursements (from Line 31).....	10347.18	30985.68
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	20684.71	20684.71
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Health Alliance Plan PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	14861.84	27289.04
(ii) Unitemized	234.00	2869.64
(iii) TOTAL (add 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
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	15095.84	30158.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	15095.84	30158.68

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	447.18	785.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	447.18	785.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	9900.00	29700.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10347.18	30985.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10347.18	30985.68

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Jenifer Elinski		Date of Receipt M M / D D / Y Y Y Y Y 11 / 16 / 2015 Transaction ID : 9541875
Mailing Address 3434 Essex Drive		Amount of Each Receipt this Period 300.00
City Troy	State MI	
Zip Code 48084		Aggregate Year-to-Date ▼ 300.00
FEC ID number of contributing federal political committee. C		
Name of Employer HAP	Occupation Mgr, CM/UM Clinical Info&Analytics	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. James M. Connelly		Date of Receipt M M / D D / Y Y Y Y Y 11 / 16 / 2015 Transaction ID : 9541876
Mailing Address 7123 Kennowy Court		Amount of Each Receipt this Period 1500.00
City West Bloomfield	State MI	
Zip Code 48322		Aggregate Year-to-Date ▼ 1500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Henry Ford Health Systems	Occupation HAP Pres/CEO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Naim Munir		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2015 Transaction ID : 9552538
Mailing Address 16090 Brook Trout Lane		Amount of Each Receipt this Period 1500.00
City Northville	State MI	
Zip Code 48168		Aggregate Year-to-Date ▼ 1500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Health Alliance Plan	Occupation Cheif Medical Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	3300.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Roger Combs
Full Name (Last, First, Middle Initial)

Mailing Address 17160 Merryweather St

City Clinton Township State MI Zip Code 48038

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

Name of Employer Health Alliance Plan Occupation Manager AD Med Mgt Team

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
12 / 09 / 2015
Transaction ID : 9578525

Amount of Each Receipt this Period
275.00

B. Mary Ann Tournoux
Full Name (Last, First, Middle Initial)

Mailing Address 30695 Oakleaf Lane

City Franklin State MI Zip Code 48025

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

Name of Employer HAP Occupation SVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
12 / 30 / 2015
Transaction ID : 9615699

Amount of Each Receipt this Period
1000.00

C. Deborah Dianne Spencer
Full Name (Last, First, Middle Initial)

Mailing Address 6516 Park Valley Drive

City Clarkston State MI Zip Code 48348

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

Name of Employer Health Alliance Plan Occupation AVP- Plan Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR100431220618

Amount of Each Receipt this Period
266.00

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

SUBTOTAL of Receipts This Page (optional).....▶	1541.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Mark Giroux
Full Name (Last, First, Middle Initial)

Mailing Address 2127 Woodland Avenue

City State Zip Code
Royal Oak MI 48073-3876

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

Name of Employer Occupation
Health Alliance Plan AVP- Provider Contracting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **416.00**

Date of Receipt
12 / 31 / 2015
Transaction ID : PR100554520618

Amount of Each Receipt this Period
208.00

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

B. Lori Rund
Full Name (Last, First, Middle Initial)

Mailing Address 50495 Waterstone Court

City State Zip Code
Plymouth MI 48170

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

Name of Employer Occupation
Health Alliance Plan VP - Prod Mgmt & Mrkt Intlgnce

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
12 / 31 / 2015
Transaction ID : PR100554720618

Amount of Each Receipt this Period
130.00

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

C. Timothy Sullivan
Full Name (Last, First, Middle Initial)

Mailing Address 18331 Laraugh Drive

City State Zip Code
Northville MI 48168

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

Name of Employer Occupation
Health Alliance Plan VP- Healthcare Affrd & Prf Imp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **800.02**

Date of Receipt
12 / 31 / 2015
Transaction ID : PR100554820618

Amount of Each Receipt this Period
400.01

P/R Deduction (\$30.77 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	738.01
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)
A. Larry Watson

Mailing Address 2462 Coe Ct.

City Perrysburg State OH Zip Code 43551

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

Name of Employer Health Alliance Plan Occupation Dir- Customer Reporting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **442.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR100554920618

Amount of Each Receipt this Period
221.00

P/R Deduction (\$17.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Dawn J Geisert

Mailing Address 5716 Whitehaven

City Troy State MI Zip Code 48085

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

Name of Employer Health Alliance Plan Occupation Chief Compliance Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **840.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR122949620618

Amount of Each Receipt this Period
385.00

P/R Deduction (\$35.00 Bi-Weekly)

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

Mailing Address 5412 Tequesta Drive

City West Bloomfield State MI Zip Code 48323

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

Name of Employer Health Alliance Plan Occupation Sr Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR122949720618

Amount of Each Receipt this Period
208.00

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

SUBTOTAL of Receipts This Page (optional).....▶	814.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

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

Mailing Address 5580 Oak Tree Lane

City Whitehall State MI Zip Code 49461

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

Name of Employer Health Alliance Plan Occupation VP- Network Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : PR122949820618

Amount of Each Receipt this Period
325.00

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

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

Mailing Address 773 Whittier

City Grosse Pointe Park State MI Zip Code 48230

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

Name of Employer Health Alliance Plan Occupation SVP- Chief Finance Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1506.18**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : PR124815120618

Amount of Each Receipt this Period
753.09

P/R Deduction (\$57.93 Bi-Weekly)

C. Shane Lynch
Full Name (Last, First, Middle Initial)

Mailing Address 15529 Longmeadow St

City Dearborn State MI Zip Code 48120

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

Name of Employer Health Alliance Plan Occupation Mgr-Mkt Intell Analytics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **286.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : PR130556620618

Amount of Each Receipt this Period
143.00

P/R Deduction (\$11.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1221.09
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Steven Selinsky		Date of Receipt 12 / 31 / 2015 Transaction ID : PR130556920618
Mailing Address 28638 Oak Point Drive		Amount of Each Receipt this Period 195.00
City Farmington Hills State MI Zip Code 48331	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Health Alliance Plan Occupation Dir- Group Sales	Aggregate Year-to-Date 390.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Cristina M Zatek		Date of Receipt 12 / 31 / 2015 Transaction ID : PR130557120618
Mailing Address 1205 Mohawk Avenue		Amount of Each Receipt this Period 221.00
City Royal Oak State MI Zip Code 48067	FEC ID number of contributing federal political committee. C	P/R Deduction (\$17.00 Bi-Weekly)
Name of Employer Health Alliance Plan Occupation Dir- Commercial Group Srvc	Aggregate Year-to-Date 442.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Irita Matthews		Date of Receipt 12 / 31 / 2015 Transaction ID : PR75326420618
Mailing Address 861 Whittier		Amount of Each Receipt this Period 500.50
City Grosse Pointe Park State MI Zip Code 48230	FEC ID number of contributing federal political committee. C	P/R Deduction (\$38.50 Bi-Weekly)
Name of Employer Health Alliance Plan Occupation VP - Assoc General Counsel	Aggregate Year-to-Date 1001.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	916.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Jennifer Brooks Zbytowski			Date of Receipt 12 / 31 / 2015 Transaction ID : PR75326620618
Mailing Address 49206 St. Nicholas			Amount of Each Receipt this Period 260.00
City Shelby Township	State MI	Zip Code 48317	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Health Alliance Plan	Occupation VP- Utilization Mgt & Case Mgt		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

Full Name (Last, First, Middle Initial) B. Peter Anderson Stewart			Date of Receipt 12 / 31 / 2015 Transaction ID : PR75328020618
Mailing Address 7961 Little Farm Lane			Amount of Each Receipt this Period 182.00
City West Bloomfield	State MI	Zip Code 48322	P/R Deduction (\$14.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Health Alliance Plan	Occupation Dir- Auditing Srvc & MAR Compl		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 364.00		

Full Name (Last, First, Middle Initial) C. Donald Edward Kiefiuk			Date of Receipt 12 / 31 / 2015 Transaction ID : PR75329420618
Mailing Address 39810 Karola			Amount of Each Receipt this Period 500.50
City Sterling Heights	State MI	Zip Code 48313	P/R Deduction (\$38.50 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Health Alliance Plan	Occupation VP - Enrollment & Claims		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1001.00		

SUBTOTAL of Receipts This Page (optional).....▶	942.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Anthony V Caporale			Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015 Transaction ID : PR75330720618
Mailing Address 1320 Shenandoah			Amount of Each Receipt this Period 104.00
City Rochester Hills	State MI	Zip Code 48306	P/R Deduction (\$8.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Health Alliance Plan	Occupation Mgr- General Acctg		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00		

Full Name (Last, First, Middle Initial) B. Joyce Melissa James			Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015 Transaction ID : PR75331920618
Mailing Address 20810 Gardner St.			Amount of Each Receipt this Period 156.00
City Oak Park	State MI	Zip Code 48237	P/R Deduction (\$12.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Health Alliance Plan	Occupation Mgr- Provider Fin		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00		

Full Name (Last, First, Middle Initial) C. Glen P Koslakiewicz			Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015 Transaction ID : PR75332520618
Mailing Address 30431 John Hauk			Amount of Each Receipt this Period 208.00
City Garden City	State MI	Zip Code 48135	P/R Deduction (\$16.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Health Alliance Plan	Occupation Dir- Fin Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.00		

SUBTOTAL of Receipts This Page (optional).....▶	468.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Dianna Lynn Ronan		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015 Transaction ID : PR75334020618
Mailing Address 2156 Cumberland		Amount of Each Receipt this Period 390.00
City Brighton	State MI	Zip Code 48114
FEC ID number of contributing federal political committee. C		P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation VP - Financial Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) B. Matthew M Walsh		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015 Transaction ID : PR75334720618
Mailing Address 5770 Kirkridge Trail		Amount of Each Receipt this Period 780.00
City Oakland Township	State MI	Zip Code 48306
FEC ID number of contributing federal political committee. C		P/R Deduction (\$60.00 Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation SVP- Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1560.00	

Full Name (Last, First, Middle Initial) C. Rachel A Powell		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015 Transaction ID : PR75336220618
Mailing Address 543 Thurber		Amount of Each Receipt this Period 234.00
City Troy	State MI	Zip Code 48085
FEC ID number of contributing federal political committee. C		P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation Dir - MA Revenue Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.00	

SUBTOTAL of Receipts This Page (optional).....▶	1404.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Sandra Lee Ledesma
 Full Name (Last, First, Middle Initial)
 Mailing Address 22429 Provincial
 City Woodhaven State MI Zip Code 48183
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation Dir- Application Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR75336920618
 Amount of Each Receipt this Period 208.00
 P/R Deduction (\$16.00 Bi-Weekly)

B. Scott T Allen
 Full Name (Last, First, Middle Initial)
 Mailing Address 3066 Richmond Dr.
 City Clarkston State MI Zip Code 48348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation AVP - Labor Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR75339420618
 Amount of Each Receipt this Period 325.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. Richard D Chaney
 Full Name (Last, First, Middle Initial)
 Mailing Address 13120 Van Pamel
 City Shelby Township State MI Zip Code 48315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation VP - Customer Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR75339720618
 Amount of Each Receipt this Period 260.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	793.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Kevin Michael Hurley
 Full Name (Last, First, Middle Initial)
 Mailing Address 45504 Morningside Rd.
 City Canton State MI Zip Code 48187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation Mgr- Revenue Cycle & Recv Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **299.78**

Date of Receipt **12 / 31 / 2015**
Transaction ID : PR75339920618
 Amount of Each Receipt this Period **149.89**
 P/R Deduction (\$11.53 Bi-Weekly)

B. Donna M Siegmund
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Sylvan
 City Pleasant Ridge State MI Zip Code 48069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation Sr Project Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **286.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : PR75340620618
 Amount of Each Receipt this Period **143.00**
 P/R Deduction (\$11.00 Bi-Weekly)

C. Christopher Andrew Johnston
 Full Name (Last, First, Middle Initial)
 Mailing Address 4300 Westover Dr.
 City West Bloomfield State MI Zip Code 48323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation AVP - Sales New Business
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **494.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : PR75340720618
 Amount of Each Receipt this Period **247.00**
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	539.89
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Marc Vanderburg		Date of Receipt 12 / 31 / 2015 Transaction ID : PR75341020618
Mailing Address 25750 Ivanhoe		Amount of Each Receipt this Period 280.00
City Huntington Woods	State MI	Zip Code 48070
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation AVP- Group Cust Service	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) B. Rory P. Lafferty		Date of Receipt 12 / 31 / 2015 Transaction ID : PR75341720618
Mailing Address 759 Cherry Stone Drive #2D		Amount of Each Receipt this Period 260.00
City Canton	State MI	Zip Code 48188
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation Dir- Government&Lgsltv Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) C. Vernal Teresa Tiller		Date of Receipt 12 / 31 / 2015 Transaction ID : PR75343020618
Mailing Address 813 Sandalwood Drive		Amount of Each Receipt this Period 162.50
City Troy	State MI	Zip Code 48085
FEC ID number of contributing federal political committee. C		P/R Deduction (\$12.50 Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation AVP- Qual,Credential,Dis Mgt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional).....▶	702.50
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Effie Ann Nelson
 Full Name (Last, First, Middle Initial)
 Mailing Address 14155 Grandmont
 City Detroit State MI Zip Code 48227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation Mgr- Case Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR85899620618
 Amount of Each Receipt this Period 156.00
 P/R Deduction (\$12.00 Bi-Weekly)

B. Marlene A. Bowman
 Full Name (Last, First, Middle Initial)
 Mailing Address 30955 Hunters Drive
 City Farmington Hills State MI Zip Code 48334
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation Supv- Security
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.50

Date of Receipt 12 / 31 / 2015
Transaction ID : PR87081820618
 Amount of Each Receipt this Period 120.25
 P/R Deduction (\$9.25 Bi-Weekly)

C. Deandre Antwan Lipscomb
 Full Name (Last, First, Middle Initial)
 Mailing Address 29545 Greening St.
 City Farmington Hills State MI Zip Code 48334
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation VP- Community Outreach
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.20

Date of Receipt 12 / 31 / 2015
Transaction ID : PR87082320618
 Amount of Each Receipt this Period 425.10
 P/R Deduction (\$32.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	701.35
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. John Francis Mcelligatt
 Full Name (Last, First, Middle Initial)
 Mailing Address 10149 Rosemarie Run
 City Brighton State MI Zip Code 48114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation Dir- Labor Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR87082520618
 Amount of Each Receipt this Period 130.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. Kristy Waddell
 Full Name (Last, First, Middle Initial)
 Mailing Address 1554 Brentwood Drive
 City Troy State MI Zip Code 48098
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation Dir- Market Intelligence
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR87082620618
 Amount of Each Receipt this Period 130.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. Dan Ellis Champney
 Full Name (Last, First, Middle Initial)
 Mailing Address 9186 Hidden Oaks Dr
 City Grand Blanc State MI Zip Code 48439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation Deputy General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR99462020618
 Amount of Each Receipt this Period 520.00
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	780.00
TOTAL This Period (last page this line number only).....	14861.84

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Comerica Bank

Mailing Address P.O. Box 75000

City State Zip Code
Detroit MI 48275

Purpose of Disbursement
Credit Card Transaction Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 9298337

Amount of Each Disbursement this Period

Credit Card Transaction Fees

Full Name (Last, First, Middle Initial)

B. Comerica Bank

Mailing Address P.O. Box 75000

City State Zip Code
Detroit MI 48275

Purpose of Disbursement
Credit Card Transaction Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 9307878

Amount of Each Disbursement this Period

Credit Card Transaction Fees

Full Name (Last, First, Middle Initial)

C. Comerica Bank

Mailing Address P.O. Box 75000

City State Zip Code
Detroit MI 48275

Purpose of Disbursement
Credit Card Transaction Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 9349583

Amount of Each Disbursement this Period

Credit Card Transaction Fees

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Comerica Bank

Mailing Address P.O. Box 75000

City State Zip Code
Detroit MI 48275

Purpose of Disbursement
Credit Card Transaction Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				1	1		2	0	1	5		

Transaction ID : 9375350

Amount of Each Disbursement this Period

2	8	.	0	3
---	---	---	---	---

Credit Card Transaction Fees

Full Name (Last, First, Middle Initial)

B. Comerica Bank

Mailing Address P.O. Box 75000

City State Zip Code
Detroit MI 48275

Purpose of Disbursement
Credit Card Transaction Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				0	2		2	0	1	5		

Transaction ID : 9403861

Amount of Each Disbursement this Period

3	0	.	0	0
---	---	---	---	---

Credit Card Transaction Fees

Full Name (Last, First, Middle Initial)

C. Comerica Bank

Mailing Address P.O. Box 75000

City State Zip Code
Detroit MI 48275

Purpose of Disbursement
Credit Card Transaction Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				0	9		2	0	1	5		

Transaction ID : 9423084

Amount of Each Disbursement this Period

2	8	.	0	3
---	---	---	---	---

Credit Card Transaction Fees

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

8	6	.	0	6
---	---	---	---	---

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

8	6	.	0	6
---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Comerica Bank

Mailing Address P.O. Box 75000

City Detroit State MI Zip Code 48275

Purpose of Disbursement
Credit Card Transaction Fees

001

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2015

Transaction ID : 9470350

Amount of Each Disbursement this Period

30.00

Credit Card Transaction Fees

Full Name (Last, First, Middle Initial)

B. Comerica Bank

Mailing Address P.O. Box 75000

City Detroit State MI Zip Code 48275

Purpose of Disbursement
Credit Card Transaction Fees

001

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2015

Transaction ID : 9482590

Amount of Each Disbursement this Period

28.03

Credit Card Transaction Fees

Full Name (Last, First, Middle Initial)

C. Comerica Bank

Mailing Address P.O. Box 75000

City Detroit State MI Zip Code 48275

Purpose of Disbursement
Credit Card Transaction Fees

001

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : 9540073

Amount of Each Disbursement this Period

30.00

Credit Card Transaction Fees

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

88.03

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Comerica Bank

Mailing Address P.O. Box 75000

City State Zip Code
Detroit MI 48275

Purpose of Disbursement
Credit Card Transaction Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2015

Transaction ID : 9540075

Amount of Each Disbursement this Period

28.03

Credit Card Transaction Fees

Full Name (Last, First, Middle Initial)

B. Comerica Bank

Mailing Address P.O. Box 75000

City State Zip Code
Detroit MI 48275

Purpose of Disbursement
Credit Card Transaction Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2015

Transaction ID : 9572509

Amount of Each Disbursement this Period

30.00

Credit Card Transaction Fees

Full Name (Last, First, Middle Initial)

C. Comerica Bank

Mailing Address P.O. Box 75000

City State Zip Code
Detroit MI 48275

Purpose of Disbursement
Credit Card Transaction Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2015

Transaction ID : 9575971

Amount of Each Disbursement this Period

127.03

Credit Card Transaction Fees

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

185.06

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

447.18

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Tom Barrett for State Representative

Mailing Address PO Box 121

City State Zip Code
Charlotte MI 48813

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Rep. Tom Barrett

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 04 / 2015

Transaction ID : 9346709

Amount of Each Disbursement this Period

250.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Lorie Barnwell

Mailing Address 30130 Gruenburg

City State Zip Code
Warren MI 48092

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Lorie Barnwell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2015

Transaction ID : 9405075

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Cmte to Re-Elect Benny Napoleon Sheriff

Mailing Address PO Box 32974

City State Zip Code
Detroit MI 48232

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Benny Napoleon

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : 9431537

Amount of Each Disbursement this Period

1500.00

Direct Contribution

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

2750.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Mike Callton for State Representative

Mailing Address PO Box 676

City Nashville State MI Zip Code 49073

Purpose of Disbursement
Direct Contribution

011

Candidate Name
MI Rep. Mike Callton

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2015

Transaction ID : 9437943

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Pscholka Results PAC

Mailing Address 5810 Longhorn Trail

City Stevensville State MI Zip Code 49127

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2015

Transaction ID : 9442767

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. George T. Darany for State Representative

Mailing Address 17835 Oakwood Blvd.

City Dearborn State MI Zip Code 48124

Purpose of Disbursement
Direct Contribution

011

Candidate Name
MI Rep. George Darany

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2015

Transaction ID : 9447531

Amount of Each Disbursement this Period

500.00

Direct Contribution

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

2000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Knezek for Michigan PAC

Mailing Address 8033 ARNOLD ST

City DEARBORN HEIGHTS State MI Zip Code 48127

Purpose of Disbursement
Direct Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 9447532

Amount of Each Disbursement this Period

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Michigan Values Leadership Fund

Mailing Address 14840 Robinwood Drive

City Lansing State MI Zip Code 48906

Purpose of Disbursement
Direct Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 9447533

Amount of Each Disbursement this Period

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Moving Michigan Forward 2

Mailing Address 106 W. Allegan St.
Ste. 200

City Lansing State MI Zip Code 48933

Purpose of Disbursement
Direct Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 9447534

Amount of Each Disbursement this Period

Direct Contribution

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Kristy Pagan Leadership Fund

Mailing Address PO BOX 871881

City State Zip Code
Canton MI 48187

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 9447535

Amount of Each Disbursement this Period

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Tom Barrett for State Representative

Mailing Address PO Box 121

City State Zip Code
Charlotte MI 48813

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name

MI Rep. Tom Barrett

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 9458301

Amount of Each Disbursement this Period

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Lana Theis for State Rep.

Mailing Address 512 South Lansing St

City State Zip Code
Mason MI 48116

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name

MI Rep. Lana Theis

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 9458302

Amount of Each Disbursement this Period

Direct Contribution

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Committee to Elect Jim Tedder

Mailing Address 4900 Lakeview Blvd.

City Clarkston State MI Zip Code 48352

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Rep. Jim Tedder

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2015

Transaction ID : 9471609

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Frank Liberati

Mailing Address 9068 Quandt

City Allen Park State MI Zip Code 48101

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Rep. Frank Liberati

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2015

Transaction ID : 9471610

Amount of Each Disbursement this Period

250.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Rebekah Warren Envision Michigan PAC

Mailing Address 234 8th Street

City Ann Arbor State MI Zip Code 48933

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2015

Transaction ID : 9471611

Amount of Each Disbursement this Period

500.00

Direct Contribution

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

1250.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Ken Yonker for State Representative

Mailing Address 3820 100th Avenue

City Caledonia State MI Zip Code 49316

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Rep. Ken Yonker

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 20 / 2015

Transaction ID : 9495278

Amount of Each Disbursement this Period

250.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Daniela Garcia

Mailing Address 22 E 29th Street

City Holland State MI Zip Code 49423

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Daniela Garcia

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : 9498384

Amount of Each Disbursement this Period

250.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Robert Wittenberg

Mailing Address 26131 Harding St

City Oak Park State MI Zip Code 48237

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Rep. Robert Wittenberg

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2015

Transaction ID : 9523690

Amount of Each Disbursement this Period

500.00

Direct Contribution

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

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Chris Afendoulis for State House

Mailing Address 240 Edgehill SE

City Grand Rapids State MI Zip Code 49546

Purpose of Disbursement
Direct Contribution

Candidate Name
MI Rep. Chris Afendoulis

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement
MM / DD / YYYY
12 / 07 / 2015

Transaction ID : 9574988

Amount of Each Disbursement this Period

Direct Contribution

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement
MM / DD / YYYY

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement
MM / DD / YYYY

Amount of Each Disbursement this Period

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

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