

**NOTIFICATION OF MULTICANDIDATE STATUS**

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(See reverse side for instructions)

*This form should be filed after the Committee qualifies as a multicandidate committee.*

1. (a) NAME OF COMMITTEE IN FULL <b>Health Alliance Plan PAC</b>		2. FEC IDENTIFICATION NUMBER C00410670
(b) Number and Street Address 2850 West Grand Boulevard		
(c) City, State and ZIP Code Detroit MI 48202		3. TYPE OF COMMITTEE (check one) <input type="checkbox"/> STATE PARTY <input checked="" type="checkbox"/> OTHER

I certify that **one** of the following situations is correct (complete line 4 or 5):

- 4. STATUS BY AFFILIATION:** The committee submitted its Statement of Organization (FEC FORM 1) on \_\_\_\_\_ and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: \_\_\_\_\_

FEC Identification Number: \_\_\_\_\_.

- 5. STATUS BY QUALIFICATION:**

- (a) Candidates:** The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):

	Name	Office Sought	State/District	Date
<b>(i)</b>	Debbie Stabenow	Senate	MI 00	06/08/2005
<b>(ii)</b>	Micheal J. Rogers	House	MI 08	09/22/2005
<b>(iii)</b>	John D. Dingell	House	MI 15	07/28/2006
<b>(iv)</b>	Max Baucus	Senate	MT 00	05/02/2007
<b>(v)</b>	Joseph K. Knollenberg	House	MI 09	06/27/2007

- (b) Contributors:** The committee received a contribution from its 51st contributor on: 05/11/2005.

- (c) Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 04/07/2005.

- (d) Qualification:** The committee met the above requirements on: 06/27/2007.

I certify that I have examined this Statement 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 <i>Rory Lafferty</i>	[Electronically Filed]	DATE 04/14/2015
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:  
Federal Election Commission, Washington, DC 20463  
Toll-free 800-424-9530  
Local 202-694-1100

**FEC FORM 1M**

(Revised 1/2001)