Image# 14961553974 PAGE 1 / 17

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

								Office Use O	nly
1.	NAME OF COMMITTEE (in full)	TYPE OR P	RINT ▼		mple: If typir r the lines.	ng, type	12FE4M	5	
۱	Health Alliance Plan PA	\C							
_									
AD	DRESS (number and street)	2850 Wes	t Grand Boulev	ard					
ř	Check if different								
ŀ	than previously reported. (ACC)	Detroit					MI	48202	
2.	FEC IDENTIFICATION NU	MBER ▼		CITY 🛦		5	STATE 🛦	ZIP	CODE A
	C C00410670		3.	IS THIS REPORT		IEW N) OR	AI (A	MENDED)	
4.	TYPE OF REPORT (Choose One)	(b) Mont	rt 🔲 '	eb 20 (M2)		May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:	Due On: Mar 20 (M3) Jun 2					Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	Aud 45		А	pr 20 (M4)		lul 20 (M7)	Oct	20 (M10)	Jan 31 (YE)
	April 15 Quarterly Report (Q1	(c)	 12-Day	П	Primary (12P)	General	(12G)	Runoff (12R)
	X July 15 Quarterly Report (Q2	2)	PRE-Election	H			1	_	,
	October 15 Quarterly Report (Q3		Report for the:	ш	Convention (120)	Special	(128)	
	January 31 Year-End Report (YE		Elec	ction on	M = M /	D D /	Y	in Sta	the ate of
	July 31 Mid-Year Report (Non-election Year Only) (MY)	(d)	30-Day POST-Election		General (30G	i)	Runoff (30R)	Special (30S)
	Termination Report (TER)		Report for the:		M = M /	D D /	Y = Y = Y = Y	in	the
	(TETT)		Elec	ction on					ate of
5.	Covering Period 04	01	2014		through	06	/ D D D 30	2014	Y
Ιc	ertify that I have examined this	s Report an	d to the best	of my kno	wledge and b	elief it is tru	e, correct ar	d complete.	
	oe or Print Name of Treasurer	·		-				•	
Sig	nature of Treasurer Rory L	afferty			[Electronically	Filed] D	ate 07	M / D D D 12	2014
NΩ	TE: Submission of false, errone	ous, or inco	mplete informa	tion may su	biect the ners	son sianina th	is Report to t	he penalties o	f 2 U.S.C. 8437a
	Office	545, 51 HIGO	Inplote Informa	aon may so	Spot the pers	on organing th	io rioport to	1	
	Use Only								ORM 3X 12/2004

SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Health Alliance Plan PAC 04 2014 06 30 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 44530.20 January 1, 2014 (b) Cash on Hand at 28618.37 Beginning of Reporting Period..... 12803.57 3792.34 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 32410.71 57333.77 6(a) and 6(c) for Column B)..... 9165.15 34088.21 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 23245.56 23245.56 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Health A	Alliance	Plan	PAC
----------	----------	------	-----

I. Receipts ontributions (other than loans) From: Individuals/Persons Other	COLUMN A Total This Period	COLUMN B
	Iotai IIIIs Periou	Calendar Year-to-Date
		Calendar Tear-10-Date
Than Political Committees		
(i) Itemized (use Schedule A)	3374.10	10212.89
· ·	418.24	2590.68
	3792 34	12803.57
Lines IT(a)(i) and (ii)	, 0.02.0	
Political Party Committees	0.00	0.00
	0.00	200
(such as PACs)	0.00	0.00
,		
	3792.34	12803.57
		7 7 7
	0.00	0.00
Loans Received	0.00	0.00
_		
an Repayments Received	0.00	0.00
fsets To Operating Expenditures		
· · · · · · · · · · · · · · · · · · ·		
	0.00	0.00
	0.00	0.00
	0.00	0.00
·	0.00	0.00
	7	
Non-Federal Account		
(from Schedule H3)	0.00	0.00
Levin Funds (from Schedule H5)	0.00	0.00
Total Transfers (add 18(a) and 18(b))	0.00	0.00
	(ii) Unitemized	(ii) Unitemized

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	II. Disbursements COLUMN A Total This Period					
. Operating Expenditures: (a) Allocated Federal/Non-Federal	10.00. 11110 1 01100	Calendar Year-to-Date				
Activity (from Schedule H4)						
(i) Federal Share	0.00	0.00				
(i) N 5 1 101	0.00	0.00				
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00				
(b) Other Federal Operating Expenditures	365.15	638.21				
(c) Total Operating Expenditures	7					
(add 21(a)(i), (a)(ii), and (b))▶	365.15	638.21				
Transfers to Affiliated/Other Party						
CommitteesContributions to	0.00	0.00				
Federal Candidates/Committees and Other Political Committees	1500.00	1900.00				
Independent Expenditures	0.00	0.00				
(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	0.00	0.00				
(such as PACs)	0.00					
(d) Total Contribution Refunds						
(add Lines 28(a), (b), and (c))▶	0.00	0.00				
		24550.00				
Other Disbursements	7300.00	31550.00				
Federal Election Activity (2 U.S.C. §431(20))						
(a) Allocated Federal Election Activity						
(from Schedule H6)						
(i) Federal Share	0.00	0.00				
(*) W	0.00	0.00				
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	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))	9165.15	34088.21				
Total Federal Disbursements						
(subtract Line 21(a)(ii) and Line 30(a)(ii)						
from Line 31)	9165.15	34088.21				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures					
3. Total Contributions (other than loans) (from Line 11(d), page 3)	3792.34	12803.57			
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00			
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3792.34	12803.57			
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	365.15	638.21			
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00			
8. Net Operating Expenditures (subtract Line 37 from Line 36)	365.15	638.21			

FOR LINE NUMBER: PAGE 6 OF

TEMIZED DECEIDTS		Use separate schedule(s)				(check only one)									
TEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b	110		12 16		17				
Any information copied from such Reports and Stor for commercial purposes, other than using the				for the		ose of	solici	ting	contril	butio	ns				
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		7.													
Full Name (Last, First, Middle Initial) Timothy Sullivan Mailing Address 18331 Laraugh Drive				Date of	Red				V		_				
City	State MI	Zip Code 48168				30 on ID :	PR10	055		43					
Northville FEC ID number of contributing federal political committee.	C	40100		Amount	of I	Each F	Receip	t thi	-	od 38.4	8				
Name of Employer Health Alliance Plan Receipt For: Primary General Other (specify) ▼		are Affrd & Prf Imp Year-to-Date ▼ 300.04	P	//R Dedu	uctic	on (\$23	.08 Bi	-We	ekly)						
Full Name (Last, First, Middle Initial) 3. Dawn J Geisert Mailing Address 5716 Whitehaven				Date of	Red	ceipt 30) /	Y	2014						
City Troy FEC ID number of contributing	State Zip Code MI 48085						Transaction ID : PR122949611743 Amount of Each Receipt this Period								
federal political committee. Name of Employer Health Alliance Plan	Occupation Chief Compl	iance Officer		L		7			30	00.00)				
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 650.00	P	/R Dedu	ıctio	on (\$50.	.00 Bi-	-We	ekly)						
Full Name (Last, First, Middle Initial) Robin D Kelmenson				Date of	Red	ceipt									
Mailing Address 5412 Tequesta Drive	Otata	7. 0.4		M M M	/	30		L	2014						
City West Bloomfield	State MI	Zip Code 48323		Trans Amount		on ID : Each F									
FEC ID number of contributing federal political committee.	С				_	,		,		96.0	0				
Name of Employer Health Alliance Plan Receipt For: Primary General Other (specify) ▼	Occupation Sr Medical I Aggregate	Director Year-to-Date ▼ 208.00	F	P/R Ded	uctio	on (\$16	.00 Bi	-We	ekly)						
SUBTOTAL of Receipts This Page (optional)		·····			_	, ,			53	34.48	3				

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 7 OF 17 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name (Last, First, Middle Initial) Todd Eric Hutchison Date of Receipt Mailing Address 773 Whittier 30 2014 City Zip Code State Transaction ID: PR124815111743 Grosse Pointe Park MI 48230 Amount of Each Receipt this Period FEC ID number of contributing C 240.00 federal political committee. Name of Employer Occupation Health Alliance Plan VP-Undrwrting & Actuarial Svrc Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$40.00 Bi-Weekly) 480.00 Other (specify) Full Name (Last, First, Middle Initial) B. Irita Matthews Date of Receipt Mailing Address 861 Whittier 06 30 2014 City State Zip Code Transaction ID: PR75326411743 MI Grosse Pointe Park 48230 Amount of Each Receipt this Period FEC ID number of contributing 231.00 federal political committee. Name of Employer Occupation Health Alliance Plan VP - Assoc General Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.50 Bi-Weekly) 500.50 Other (specify) Full Name (Last, First, Middle Initial) c. Jennifer Brooks Zbytowski Date of Receipt Mailing Address 49206 St. Nicholas 30 06 2014 City Zip Code State Transaction ID: PR75326611743 MI Shelby Township 48317 Amount of Each Receipt this Period FEC ID number of contributing 120.00 С federal political committee. Name of Employer Occupation Health Alliance Plan **AVP- Case Management** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 260.00 Other (specify)

-9

9

591.00

SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 8 OF

17

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may not be sold or used by any per name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
Full Name (Last, First, Middle Initial) Chrystal M. Roberts Mailing Address 24601 Pinehurst Ave. City Oak Park	State Zip Code MI 48237	Date of Receipt M
FEC ID number of contributing federal political committee. Name of Employer Health Alliance Plan Receipt For: □ Primary □ General □ Other (specify) ▼ Full Name (Last, First, Middle Initial)	Occupation Dir- Community Relations Aggregate Year-to-Date ▼ 224.90	P/R Deduction (\$17.30 Bi-Weekly)
Dianna Lynn Ronan Mailing Address 2156 Cumberland City Brighton	State Zip Code MI 48114	Date of Receipt 06 30 2014 Transaction ID: PR75334011743 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Health Alliance Plan Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation VP - Financial Services Aggregate Year-to-Date ▼ 1001.00	P/R Deduction (\$77.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Mark W Hall Mailing Address 925 E Lincoln Avenue City Revel Oak	State Zip Code	Date of Receipt M
Royal Oak FEC ID number of contributing federal political committee. Name of Employer Health Alliance Plan Receipt For: Primary General Other (specify) ▼	MI 48067 C Occupation VP- Sales Aggregate Year-to-Date ▼ 500.11	Amount of Each Receipt this Period 230.82 P/R Deduction (\$38.47 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)	>	796.62
TOTAL This Period (last page this line number of	only)	

FOR LINE NUMBER: PAGE 9 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12										
	Detailed Suffilliary Page	13 14 15 16 17										
Any information copied from such Reports and Statements nor for commercial purposes, other than using the name and												
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC												
Full Name (Last, First, Middle Initial) A. Robert G Leger		Date of Receipt										
Mailing Address 7705 Woodward Ave	7. 0.1	06 30 / Y = Y = Y = Y										
City State Detroit MI	Zip Code 48202	Transaction ID : PR75335911743										
FEC ID number of contributing federal political committee.	10202	Amount of Each Receipt this Period 96.00										
Name of Employer Health Alliance Plan Receipt For: Primary Other (specify) ▼ Occupation Dir- Suppo		P/R Deduction (\$16.00 Bi-Weekly)										
Full Name (Last, First, Middle Initial) Rachel A Powell Mailing Address 540 Thank are	Date of Receipt											
Mailing Address 543 Thurber		06 30 _2014 _										
City State Troy MI	Zip Code 48085	Transaction ID : PR75336211743 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.		108.00										
Name of Employer Health Alliance Plan Dir - MA R	on Revenue Management											
Receipt For: Primary General Other (specify) ▼ Aggregate	e Year-to-Date ▼ 234.00	P/R Deduction (\$18.00 Bi-Weekly)										
Full Name (Last, First, Middle Initial) Cynthia L Hoffman		Date of Receipt										
Mailing Address 5768 Whitehaven Dr		06 30 2014										
City State Troy MI	Zip Code 48085	Transaction ID : PR75337411743										
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period										
Name of Employer Occupation	on											
	nmerce & Tech Planning											
Receipt For: Primary General Other (specify) ▼ Aggregate	e Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional)		324.00										
TOTAL This Period (last page this line number only)												

	FOR LI	NE NU	JMBER:	:	PAGE	· '	10 OF	17
Use separate schedule(s)	(check	only or						
for each category of the Detailed Summary Page	X 11	a	11b		11c		12	
,g.	13		14		15		16	17

ITEMIZED RECEIPTS 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) Scott T Allen Date of Receipt Mailing Address 3066 Richmond Dr. 30 2014 City State Zip Code Transaction ID: PR75339411743 Clarkston MI 48348 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Name of Employer Occupation Health Alliance Plan Dir-Labor Affairs & VEBA Adm Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Bi-Weekly) 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher Andrew Johnston Date of Receipt Mailing Address 4300 Westover Dr. 06 30 2014 City State Zip Code Transaction ID: PR75340711743 West Bloomfield MI 48323 Amount of Each Receipt this Period FEC ID number of contributing C 114.00 federal political committee. Name of Employer Occupation Health Alliance Plan AVP - Sales New Business Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$19.00 Bi-Weekly) 247.00 Other (specify) Full Name (Last, First, Middle Initial) c. Rory P. Lafferty Date of Receipt Mailing Address 759 Cherry Stone Drive 30 06 2014 #2D City State Zip Code Transaction ID: PR75341711743 MI Canton 48188 Amount of Each Receipt this Period FEC ID number of contributing 120.00 С federal political committee. Name of Employer Occupation Dir- Government&Lgsltv Affairs Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 260.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)			7			7	Ξ	3	34.00)
TOTAL This Period (last page this line number only)	_	_	7	_	_	7	Ξ	_		

FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and State or for commercial purposes, other than using the nar		
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
Rochester Hills FEC ID number of contributing federal political committee. Name of Employer Health Alliance Plan Property For:	State Zip Code MI 48309 C ccupation VP- Chief Operating Officer ggregate Year-to-Date 840.00	Date of Receipt 06 30 2014 Transaction ID: PR75341911743 Amount of Each Receipt this Period 504.00 P/R Deduction (\$84.00 Bi-Weekly)
Grand Blanc	State Zip Code MI 48439	Date of Receipt 06 30 2014 Transaction ID : PR99462011743 Amount of Each Receipt this Period
Name of Employer O Health Alliance Plan De	eccupation eputy General Counsel ggregate Year-to-Date ▼ 520.00	P/R Deduction (\$40.00 Bi-Weekly)
FEC. ID records on of another business	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Amount of Each Receipt this Period
Possint For:	ccupation ggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	······	744.00
TOTAL This Period (last page this line number only)	3374.10

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S	CHEDULE B (FEC Form 3X)		E NUMBER: PAGE 12 OF 17											
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) (check					(check only one)							7.00
			Summary Page		X 21 27		22 28a		23 28b		24 28c	25 29		26 30b
Λ-	ry information copied from such Reports and Staten	nente mou n	ot he cold or	od by a				DI IV		of or			ution	
	for commercial purposes, other than using the name													
	NAME OF COMMITTEE (In Full)													
$ \rangle$	Health Alliance Plan PAC													
_	Full Name (Last, First, Middle Initial)							,						
Α.	Comerica Bank						Date o	of Dis	sburse			Y	V	
	Mailing Address P.O. Box 75000						04			2	/ 1	2014	_ 1	
	City	State	Zip Code				Trans	sacti	on ID	. 21	67200			
	Detroit Purpose of Disbursement	MI	48275				ITalis	sacti	טוו ווט	. 01	07200			
	Credit Card Transaction Fees			00)1		Amoun	nt of	Each	Disl	ourseme	ent this	Peri	od
	Candidate Name			Cate				-				11	0.25	
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_	State: District:					4								
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В.	Comerica Bank						Date o			mer		Y	V	
	Mailing Address P.O. Box 75000					\dashv	05			2	, Y	2014	- Y	
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	Candidate Name			Categ			444							
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	Office Sought: House Disbursen Senate	nent For: Primary	General				Crodit (Card	Trans	204	on Fees			
		Other (speci					Credit	Card	rians	acil	on rees	•		
	State: District:													
_	Full Name (Last, First, Middle Initial)						Doto -	.f D:-	shura-	ma				
U.	Comerica Bank						Date o	פוט וי				Y		
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	Candidate Name			Categ			Amoun	it OI	Lacii	וצוט	Juiseine		-	
				Тур					,		,	13	9.95	
	Office Sought: House Disbursen		0											
		Primary Other (speci	General				Credit (Card	Trans	acti	on Fees			
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Г								-		_	-	_	_	$\overline{}$
s	UBTOTAL of Disbursements This Page (optional)				▶				7		7	36	5.15	
Γ.	OTAL This David (last ware this line months and ha					-						36	5.15	\Box
Lī	OTAL This Period (last page this line number only)				···· >			_	7		7	- 00		

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only 21b 27	•
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) Health Alliance Plan PAC			
Full Name (Last, First, Middle Initial) A. Michigan Democratic Party Mailing Address 606 Townsend			Date of Disbursement O5 22 2014
Lansing	State Zip Code MI 48933		Transaction ID : 8445016
President	nent For: Primary General Other (specify)	011 Category/ Type	Amount of Each Disbursement this Period 1000.00 Direct Contribution
State: District: Full Name (Last, First, Middle Initial) B. Moolenaar For Congress Mailing Address 5915 Eastman Avenue Suite 100			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Midland Purpose of Disbursement Direct Contribution Candidate Name Mr. John Moolenaar Office Sought: House Senate Disbursem	State Zip Code MI 48640 ment For: 2014 Primary General Other (specify)	011 Category/ Type	Transaction ID: 8461461 Amount of Each Disbursement this Period 500.00 Direct Contribution
Full Name (Last, First, Middle Initial) C. Mailing Address			Date of Disbursement
City S Purpose of Disbursement	State Zip Code		
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)			1500.00
TOTAL This Period (last page this line number only).		·····	1500.00

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SCHEDULE B	(FEC Form 3X)					PAGE 14 OF 17
ITEMIZED DISE	BURSEMENTS		category of the	(check only one)		
			Summary Page	21b	22	23 24 25 26
				27	28a	28b 28c X 29 30b
	d from such Reports and Staten poses, other than using the nam					
NAME OF COMMI	TTEE (In Full)					
Health Allian						
Full Name (Last, F						
	arany for State Repres	sentative			Date of Dis	D D / Y Y Y Y Y
	'835 Oakwood Blvd.				04	04 2014
City	5	State	Zip Code		Transacti	on ID : 8168136
Dearborn Purpose of Disburs	ement	MI	48124			
Direct Contribution				011	Amount of	Each Disbursement this Period
Candidate Name	rae Dereny			Category/		500.00
MI Rep. Geol		nont Ecr		Туре		, , , , ,
	Senate President	Primary Other (spe	General cify) ▼		Direct Contr	ibution
	District:					
Full Name (Last, F B. Mike Duggar					Date of Dis	
Mailing Address 4	00 Monroe St uite 206A				04	04 2014
City Detroit		State MI	Zip Code 48226		Transacti	on ID : 8168137
Purpose of Disburs Direct Contribution				011	Amount of	Each Disbursement this Period
Candidate Name				Category/		2000.00
Mike Duggar				Type		2000.00
Office Sought: State:	House Disbursen Senate President District:	nent For: Primary Other (spe	General cify) ▼		Direct Contr	ibution
Full Name (Last, FC. CTE Joseph	irst, Middle Initial) Graves for State Repr	esentat	ive		Date of Dis	bursement
Mailing Address 16	-				04	28 2014
City Linden		State MI	Zip Code 48451		Transacti	on ID : 8386989
Purpose of Disburs Direct Contribution			40401	011	Amount of	Each Disbursement this Period
Candidate Name MI Rep. Jose	anh Graves			Category/	Amount of	500.00
Office Sought:	House Disburser	nent For		Туре		, , , , , , , , ,
	Senate President	Primary Other (spe	General		Direct Contr	ibution
State:	District:		•			
	rsements This Page (optional)					3000.00

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 15 OF
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)
	Detailed Summary Page	21b 22 23 24 25 25 29b 29c 26 20
		27 28a 28b 28c X 29
		ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Health Alliance Plan PAC		
Full Name (Last, First, Middle Initial)		
A. CTE Klint Kesto		Date of Disbursement
Mailing Address PO Box 1193		04 28 2014
City	state Zip Code	Transaction ID - 0200000
Walled Lake	MI 48390	Transaction ID : 8386990
Purpose of Disbursement Direct Contribution		011 Amount of Each Disbursement this Perio
Candidate Name		Category/
MI Rep. Klint Kesto		Type 500.00
Office Sought: House Disbursem		
	Primary General	Direct Contribution
	Other (specify) ▼	
State: District:		
Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Friends of Phil Phelps		
Mailing Address 1021 Kensington Avenue		04 29 2014
	state Zip Code	Transaction ID : 8387181
Flint	MI 48503	
Purpose of Disbursement Direct Contribution		011 Amount of Each Disbursement this Perio
Candidate Name		
Phil Phelps		Category/ Type 250.00
Office Sought: House Disbursem	ent For:	
	Primary General	Direct Contribution
	Other (specify) ▼	
State: District:		
Full Name (Last, First, Middle Initial)		5.4.75
C. Rebekah Warren Leadership Fund		Date of Disbursement
Moiling Address 224 Oth Chrost	05 19 2014	
Mailing Address 234 8th Street		03 19 2014
City	state Zip Code	: ID 044404
	MI 48103	Transaction ID: 8441191
Purpose of Disbursement Direct Contribution		
		011 Amount of Each Disbursement this Period
Candidate Name		Category/ 1000.00
Office Sought: House Disbursem	nont For:	Type 1000.00
	Primary General	Disease Constribution
	Other (specify)	Direct Contribution
	₹1	
State: District:		
State: District:		
		1750.00
SUBTOTAL of Disbursements This Page (optional)		

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SCHEDULE B (FEC Form 3X)		FOR LINE I	PAGE 16 OF 17	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)		
	Detailed Summary Page	21b 27		4 25 26 8c X 29 30b
Any information conied from such Benevice and Chales	anto mou not be sald as			
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam	ne and address of any politic	al committee to	solicit contributions from	such committee.
NAME OF COMMITTEE (In Full)				
Health Alliance Plan PAC				
Full Name (Last, First, Middle Initial)			Date of Dishaman	
A. Mike Duggan for Detroit			Date of Disbursement	Y
Mailing Address 400 Monroe St Suite 206A			05 22	2014
City	State Zip Code		Transaction ID: 844	5015
Detroit	MI 48226		1141134511011110 . 0445	,u i 3
Purpose of Disbursement Direct Contribution		011	Amount of Each Disbu	rsement this Period
Candidate Name		Category/		500.00
Mike Duggan Office Sought: House Disbursen	nent For:	Туре		33.00
Senate President	Primary General Other (specify)		Direct Contribution	
State: District:				
Full Name (Last, First, Middle Initial) B. Wayne Schmidt for State Senate			Date of Disbursement	
Mailing Address PO Box 25			05 22	2014
Traverse City	State Zip Code MI 49685		Transaction ID: 844	5017
Purpose of Disbursement Direct Contribution		011	Amount of Each Disbu	rsement this Period
Candidate Name Category/				250.00
Wayne Schmidt		Type		250.00
	nent For: Primary General Other (specify) ▼		Direct Contribution	
Full Name (Last, First, Middle Initial)			Date of Disbursement	
C. Wild for a New Wayne County			M M / D D /	Y Y Y Y Y
Mailing Address PO Box 85655			05 22	2014
City S Westland	State Zip Code MI 48185		Transaction ID: 844	5018
Purpose of Disbursement Direct Contribution		011	Amount of Each Disbu	rsement this Period
Candidate Name Category/			. and an each bloba	
William Wild		Туре		500.00
Office Sought: House Disbursen Senate President	nent For: Primary General Other (specify) ▼		Direct Contribution	
State: District:				
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)				1250.00

SCHEDULE B (FEC Form 3X)	B (FEC Form 3X) FOR LINE NUMI		NUMBER: PAGE 17 OF 17		
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 30		
		27			
Any information copied from such Reports and State or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full)	no and dadress of any pointe	ar committee to	Solicit Contributions from Such Committee.		
Health Alliance Plan PAC					
/ Health Alliance Hairi AC					
Full Name (Last, First, Middle Initial)					
A. Friends of Mike Kowall for State S	enate		Date of Disbursement		
Mailing Address 0700 D. LUILD:			M M / D D / Y Y Y Y		
Mailing Address 6789 Deer Hill Drive			06 03 2014		
City	State Zip Code				
Clarkston	MI 48346		Transaction ID: 8461460		
Purpose of Disbursement					
Direct Contribution		011	Amount of Each Disbursement this Period		
Candidate Name MI Sen. Mike Kowall		Category/	150.00		
	ment For:	Туре			
Senate Sought.	Primary General		Direct Contribution		
President	Other (specify) ▼		Direct Contribution		
State: District:	, , , , ,				
Full Name (Last, First, Middle Initial)					
B. Phil Cavanagh for Wayne County	Executive		Date of Disbursement		
			M = M / D = D / Y = Y = Y		
Mailing Address PO Box 401140			06 17 2014		
City	State Zip Code				
Redford	MI 48240		Transaction ID: 8500054		
Purpose of Disbursement					
Direct Contribution		011	Amount of Each Disbursement this Period		
Candidate Name		Category/	500.00		
Phil Cavanagh Office Sought: House Disburse	ment For:	Туре			
Senate	Primary General		Direct Contribution		
President	Other (specify) ▼		Direct Contribution		
State: District:	,				
Full Name (Last, First, Middle Initial)					
C. CTE Michael Webber for State Re	presentative		Date of Disbursement		
	M M / D D / Y Y Y Y				
Mailing Address PO Box 70461			06 19 2014		
City	State Zip Code				
Rochester Hills	MI 48307		Transaction ID: 8501667		
Purpose of Disbursement Direct Contribution					
		011	Amount of Each Disbursement this Period		
Candidate Name		Category/	250.00		
Michael Webber Office Sought: House Disburse	ment For:	Туре	7 7		
Senate Disburse	Primary General		Direct Contribution		
President	Other (specify)		Direct Contribution		
State: District:	· · · · · · · · · · · · · · · · · · ·				
SUBTOTAL of Disbursements This Page (optional).		·····•	900.00		
TOTAL This Period (last page this line number only	·)		6900.00		