

# 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. 12FE4M5

Health Alliance Plan PAC

ADDRESS (number and street) 2850 West Grand Boulevard

Check if different than previously reported. (ACC) Detroit MI 48202

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00410670

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 M M M / D D D / Y Y Y Y Y Y Y Y in the State of  

- (d) 30-Day POST-Election Report for the:
- General (30G)  Runoff (30R)  Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y Y Y

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 M M M / D D D / Y Y Y Y Y Y Y Y

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

Office Use Only										
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2014"/>	<input type="text" value="44530.20"/>	<input type="text" value="44530.20"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="28618.37"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="3792.34"/>	<input type="text" value="12803.57"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="32410.71"/>	<input type="text" value="57333.77"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="9165.15"/>	<input type="text" value="34088.21"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="23245.56"/>	<input type="text" value="23245.56"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

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).....	3374.10	10212.89
(ii) Unitemized .....	418.24	2590.68
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	3792.34	12803.57
(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) .....	3792.34	12803.57
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))..... ▶	3792.34	12803.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3792.34	12803.57

**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 .....	365.15	638.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	365.15	638.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	1900.00
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 .....	7300.00	31550.00
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)) ..	9165.15	34088.21
32. 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	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3792.34	12803.57
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3792.34	12803.57
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	365.15	638.21
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	365.15	638.21

**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 17
<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**

**A. Timothy Sullivan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18331 Laraugh Drive  
City Northville State MI Zip Code 48168  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Alliance Plan Occupation VP- Healthcare Affrd & Prf Imp  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.04

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR100554811743**  
Amount of Each Receipt this Period 138.48  
P/R Deduction (\$23.08 Bi-Weekly)

**B. Dawn J Geisert**  
Full Name (Last, First, Middle Initial)  
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 ▼ 650.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR122949611743**  
Amount of Each Receipt this Period 300.00  
P/R Deduction (\$50.00 Bi-Weekly)

**C. Robin D Kelmenson**  
Full Name (Last, First, Middle Initial)  
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 ▼ 208.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR122949711743**  
Amount of Each Receipt this Period 96.00  
P/R Deduction (\$16.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 534.48  
**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 17
<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) <b>A. Todd Eric Hutchison</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 <b>Transaction ID : PR124815111743</b>
Mailing Address 773 Whittier		Amount of Each Receipt this Period 240.00
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 VP-Undrwrting & Actuarial Svrc
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Irita Matthews</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 <b>Transaction ID : PR75326411743</b>
Mailing Address 861 Whittier		Amount of Each Receipt this Period 231.00
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 VP - Assoc General Counsel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.50	P/R Deduction (\$38.50 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Jennifer Brooks Zbytowski</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 <b>Transaction ID : PR75326611743</b>
Mailing Address 49206 St. Nicholas		Amount of Each Receipt this Period 120.00
City Shelby Township	State MI	Zip Code 48317
FEC ID number of contributing federal political committee. C	Name of Employer Health Alliance Plan	Occupation AVP- Case Management
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	591.00
<b>TOTAL</b> 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 17
<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. Chrystal M. Roberts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24601 Pinehurst Ave.  
 City State Zip Code  
 Oak Park MI 48237  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Health Alliance Plan Dir- Community Relations  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 224.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : PR75328811743**  
 Amount of Each Receipt this Period  
 103.80  
 P/R Deduction (\$17.30 Bi-Weekly)

**B. Dianna Lynn Ronan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2156 Cumberland  
 City State Zip Code  
 Brighton MI 48114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Health Alliance Plan VP - Financial Services  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1001.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : PR75334011743**  
 Amount of Each Receipt this Period  
 462.00  
 P/R Deduction (\$77.00 Bi-Weekly)

**C. Mark W Hall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 925 E Lincoln Avenue  
 City State Zip Code  
 Royal Oak MI 48067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Health Alliance Plan VP- Sales  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.11

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : PR75335511743**  
 Amount of Each Receipt this Period  
 230.82  
 P/R Deduction (\$38.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	796.62
<b>TOTAL</b> 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 17
<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. Robert G Leger**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7705 Woodward Ave  
City Detroit State MI Zip Code 48202  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Alliance Plan Occupation Dir- Support Svcs  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **208.00**

Date of Receipt **06 / 30 / 2014**  
**Transaction ID : PR75335911743**  
Amount of Each Receipt this Period **96.00**  
P/R Deduction (\$16.00 Bi-Weekly)

**B. Rachel A Powell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 543 Thurber  
City Troy State MI Zip Code 48085  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Alliance Plan Occupation Dir - MA Revenue Management  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **234.00**

Date of Receipt **06 / 30 / 2014**  
**Transaction ID : PR75336211743**  
Amount of Each Receipt this Period **108.00**  
P/R Deduction (\$18.00 Bi-Weekly)

**C. Cynthia L Hoffman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5768 Whitehaven Dr  
City Troy State MI Zip Code 48085  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Alliance Plan Occupation Dir- eCommerce & Tech Planning  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **260.00**

Date of Receipt **06 / 30 / 2014**  
**Transaction ID : PR75337411743**  
Amount of Each Receipt this Period **120.00**  
P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>324.00</b>
<b>TOTAL</b> 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 17
<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. 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 Dir- Labor Affairs & VEBA Adm

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR75339411743**

Amount of Each Receipt this Period 150.00

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

**B. 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 ▼ 247.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR75340711743**

Amount of Each Receipt this Period 114.00

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

**C. Rory P. Lafferty**  
Full Name (Last, First, Middle Initial)

Mailing Address 759 Cherry Stone Drive #2D

City Canton State MI Zip Code 48188

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

Name of Employer Health Alliance Plan Occupation Dir- Government&Lgsltv Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR75341711743**

Amount of Each Receipt this Period 120.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 384.00

**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 11 OF 17
	<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. Christopher B. Pike**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1657 Wilmington Ct  
 City Rochester Hills State MI Zip Code 48309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Alliance Plan Occupation SVP- Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate 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)

**B. 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 ▼ **520.00**

Date of Receipt **06 / 30 / 2014**  
**Transaction ID : PR99462011743**  
 Amount of Each Receipt this Period **240.00**  
 P/R Deduction (\$40.00 Bi-Weekly)

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>744.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>3374.10</b>

**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

Candidate Name

Category/  
Type

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
0	4			0	2			2	0	1	4		

**Transaction ID : 8167200**

Amount of Each Disbursement this Period

1	1	0	.	2	5
---	---	---	---	---	---

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

Candidate Name

Category/  
Type

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
0	5			0	2			2	0	1	4		

**Transaction ID : 8407944**

Amount of Each Disbursement this Period

1	1	4	.	9	5
---	---	---	---	---	---

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

Candidate Name

Category/  
Type

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
0	6			0	3			2	0	1	4		

**Transaction ID : 8469595**

Amount of Each Disbursement this Period

1	3	9	.	9	5
---	---	---	---	---	---

Credit Card Transaction Fees

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

3	6	5	.	1	5
---	---	---	---	---	---

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

3	6	5	.	1	5
---	---	---	---	---	---

**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 checked="" 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. Michigan Democratic Party**

Mailing Address 606 Townsend

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 : 8445016**

Amount of Each Disbursement this Period

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Moolenaar For Congress**

Mailing Address 5915 Eastman Avenue Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement  
Direct Contribution

Candidate Name

**Mr. John Moolenaar**

Office Sought:  House  Senate  President  
State: MI District: 04

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 8461461**

Amount of Each Disbursement this Period

Direct Contribution

Full Name (Last, First, Middle Initial)

**C.**

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

/  /

Amount of Each Disbursement this Period

**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. George T. Darany for State Representative**

Mailing Address 17835 Oakwood Blvd.

City Dearborn State MI Zip Code 48124

Purpose of Disbursement  
Direct Contribution

Category/  
Type

Candidate Name

**MI Rep. George Darany**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 8168136**

Amount of Each Disbursement this Period

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Mike Duggan for Detroit**

Mailing Address 400 Monroe St  
Suite 206A

City Detroit State MI Zip Code 48226

Purpose of Disbursement  
Direct Contribution

Category/  
Type

Candidate Name

**Mike Duggan**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 8168137**

Amount of Each Disbursement this Period

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. CTE Joseph Graves for State Representative**

Mailing Address 16316 Knobhill Dr.

City Linden State MI Zip Code 48451

Purpose of Disbursement  
Direct Contribution

Category/  
Type

Candidate Name

**MI Rep. Joseph Graves**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 8386989**

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. CTE Klint Kesto**

Mailing Address PO Box 1193

City State Zip Code  
Walled Lake MI 48390

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**MI Rep. Klint Kesto**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2014

**Transaction ID : 8386990**

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Friends of Phil Phelps**

Mailing Address 1021 Kensington Avenue

City State Zip Code  
Flint MI 48503

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Phil Phelps**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 29 / 2014

**Transaction ID : 8387181**

Amount of Each Disbursement this Period

250.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Rebekah Warren Leadership Fund**

Mailing Address 234 8th Street

City State Zip Code  
Ann Arbor MI 48103

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 19 / 2014

**Transaction ID : 8441191**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

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

1750.00

**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 Duggan for Detroit**

Mailing Address 400 Monroe St  
Suite 206A

City Detroit State MI Zip Code 48226

Purpose of Disbursement  
Direct Contribution

**011**  
Category/  
Type

Candidate Name

**Mike Duggan**

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  
05 / 22 / 2014

**Transaction ID : 8445015**

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Wayne Schmidt for State Senate**

Mailing Address PO Box 25

City Traverse City State MI Zip Code 49685

Purpose of Disbursement  
Direct Contribution

**011**  
Category/  
Type

Candidate Name

**Wayne Schmidt**

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  
05 / 22 / 2014

**Transaction ID : 8445017**

Amount of Each Disbursement this Period

250.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Wild for a New Wayne County**

Mailing Address PO Box 85655

City Westland State MI Zip Code 48185

Purpose of Disbursement  
Direct Contribution

**011**  
Category/  
Type

Candidate Name

**William Wild**

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  
05 / 22 / 2014

**Transaction ID : 8445018**

Amount of Each Disbursement this Period

500.00

Direct Contribution

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

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

1250.00



**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. Friends of Mike Kowall for State Senate**

Mailing Address 6789 Deer Hill Drive

City State Zip Code  
Clarkston MI 48346

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**MI Sen. Mike Kowall**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2014

**Transaction ID : 8461460**

Amount of Each Disbursement this Period

150.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Phil Cavanagh for Wayne County Executive**

Mailing Address PO Box 401140

City State Zip Code  
Redford MI 48240

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Phil Cavanagh**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

**Transaction ID : 8500054**

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. CTE Michael Webber for State Representative**

Mailing Address PO Box 70461

City State Zip Code  
Rochester Hills MI 48307

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Michael Webber**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2014

**Transaction ID : 8501667**

Amount of Each Disbursement this Period

250.00

Direct Contribution

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

900.00

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

6900.00