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The mission of bluesPAC is to provide its members with a collective opportunity to be involved in the political process for the good of the organization and the communities it serves by supporting candidates whose political views are closely aligned with those of Blue Cross Blue Shield of Michigan, Blue Care Network, LifeSecure, and the Accident Fund Insurance Company of America.
Message from the Board

2013 was a monumental year for Blue Cross Blue Shield of Michigan and its subsidiaries. The Michigan state legislature passed bills to modernize BCBSM and Governor Rick Snyder then signed the bills into law on March 18. This legislation allows BCBSM to operate under the same rules as other health insurers, creating a level playing field. The reform should reduce health care costs, improve quality and give customers more choices. While efforts to perfect, introduce and ultimately pass this legislation were made at all levels of the company, success would not have been possible without the support of our bluesPAC membership.

Our bluesPAC members remained committed in 2013, not only through generous contributions, but in other ways as well. We had outstanding attendance at our President’s Circle reception and Annual Meeting, as well as at our fall enrollment breakfasts. We received many requests for bluesPAC presentations and inquiries from members asking about involvement. Our PAC members are truly motivated to participate and learn more about how legislation affects the daily operations of Blue Cross Blue Shield of Michigan and its subsidiaries.

As we look to 2014, we must turn our focus to the upcoming statewide election. In addition to the increased demand for funds in statewide election years, we are also faced with a new challenge as fundraising limits have doubled for state and local candidates. This means that to remain a strong PAC, we need our members to remain loyal supporters.

Please accept our sincere gratitude for your continued support.
2013 Key Issues

In 2013, health care policy issues continued to be a significant topic of debate for the 113th Congress. Implementation of the Patient Protection and Affordable Care Act (ACA) remained in the forefront as policymakers prepared for certain aspects of the law including exchanges, subsidies for coverage, and penalties for failure to obtain coverage which take effect in 2014.

As federal lawmakers debate these important issues on a macro level it is the responsibility of the Office of Federal Affairs (OFA), Public Policy (PP) and the Office of National Health Reform (ONHR) to monitor legislation on a micro level in order to identify and diminish problematic bill language that could negatively impact the enterprise. This involves rigorous analysis of complicated legislation and strategic networking with members of Congress and the Obama Administration. This is where your bluesPAC contribution has the most impact; without the support of a strong PAC, access to key decision makers would not be possible.

Individual Mandate Delay

Under the ACA, beginning in 2014 individuals are required to obtain health coverage using the federal enrollment website, HealthCare.gov. In anticipation of this requirement, the Blues and other health insurance companies submitted premium rates for plans offered in 2014 based on the assumption the mandate would be in effect. Late last year amid problems with the website, Congress made a significant push to delay by one year, the individual mandate associated with the law.

Working together, ONHR, PP and OFA assessed the impact such a delay would have on the enterprise and developed alternative solutions to enrollment while repairs were made to the HealthCare.gov website. OFA assisted in coordinating meetings with White House Officials, and other national Blues leaders to evaluate the situation and present other options. As a result, insurers were able to directly enroll individuals into qualified health plans and the one year delay to the individual mandate was avoided.

Had Congress delayed the individual mandate, insurers would have had to re-evaluate participation in exchanges, calculate new premiums, and obtain state regulatory approvals. This would have proven logistically challenging and very costly to BCBSM and its subscribers.

Sustainable Growth Rate (SGR)

A broad budget deal reached at the beginning of 2013 that was intended to avert tax increases on almost all Americans and postpone a pending across-the-board spending sequester also included provisions to delay for a year, scheduled physician payment rate cuts called for under Medicare’s sustainable growth rate formula, or SGR. The January measure froze Medicare payment rates to doctors for one year, through Dec. 31, 2013; the measure was then extended until March 31, 2014 avoiding a nearly 30% cut in payments.

The cuts were originally enacted in a 1997 deficit reduction law, and have since been routinely postponed with a legislative patch, commonly called the “doc fix.” Frequent patches to the system have become costly and inefficient over the years as insurers and physicians remain in flux with regard to reimbursement rates. Without a permanent fix uncertainty surrounding Medicare reimbursement rates will continue, it will also delay efforts to move Medicare’s fee-for-service system to one based on value and quality, complicating the Blues’ own efforts to transition to a value based payment system. In addition, Accident Fund Holdings, Inc. (AFHI) is finding it increasingly difficult nationally because so many states utilize Federal Medicare reimbursement levels in establishing their workers’ compensation fee schedules.

The Office of Federal Affairs worked closely with leaders of the committees of jurisdiction to make clear the negative impact delaying a permanent fix would have on the enterprise. In-person meetings with Congressman Fred Upton, Chair of the Energy and Commerce Committee and Congressman Dave Camp, Chair of the Ways and Means Committee ensured the interests of the enterprise were represented. Further, OFA and PP developed a rapport with key legislative staff. This allowed for open dialogue regarding changes, setbacks, committee hearings and questions regarding the legislation. As a result, we find ourselves well positioned to transition into a new SGR system and strategically prepared if another legislative patch is applied.
Terrorism Risk Insurance Program Reauthorization Act (TRIPRA)

The Terrorism Risk Insurance Program is a risk-sharing model between insurers and the federal government, created in 2002 to preserve private sector participation in terrorism insurance markets. Essentially, the program is a federal backstop for commercial property/casualty insurance that acts as reinsurance in the event of a certified terrorist event. The current program is set to expire in December, 2014.

The existence of the Terrorism Risk Insurance Program is very important to the property casualty insurance industry but particularly to workers’ compensation insurers, including AFHI. This is due to the fact workers’ compensation insurers are not permitted to exclude terrorism from their policies, which precludes their ability to limit exposure. In 2013, members of Congress made a push to accelerate the renewal of the Terrorism Risk Insurance Program and introduced the Terrorism Risk Insurance Program Reauthorization Act.

OFA worked with AFHI to make sure WC concerns were addressed and highlighted throughout the process. This involved a coordinated lobbying effort which resulted in securing sponsorship of favored legislation from Michigan Congressmen Dan Kildee and Mike Rogers. In addition, OFA and AFHI provided Congresswoman Candice Miller talking points about the need to reauthorize the Terrorism Risk Insurance Program for a House Homeland Security Committee meeting held to discuss the terrorist activities in Boston. For another hearing on the topic, OFA provided written testimony and worked closely with Congressman Kildee to ensure WC issues were adequately addressed and that our testimony was made part of the official record.

Although TRIPRA legislation was not taken up in 2013, Congress expects to resolve the issue prior to its expiration in December 2014. Having made significant progress in 2013 OFA and AFHI are well positioned to continue to impact the issue on behalf of the enterprise.

BluesPAC contributions provide the leverage needed to impact critical issues and strengthen important relationships in Congress, the Administration and governmental agencies. In addition to the examples above, bluesPAC provided the opportunity to weigh in on many other issues including the Federal Employee Health Benefits Program, Section 833 of the Federal Tax Code, Medicare Advantage cuts, the Health Insurance Tax and Medical Loss Ratio concerns. bluesPAC proved once again to be an invaluable tool in shaping the outcome of Federal issues for the good of the enterprise.
On the state level, the Governmental Affairs and Public Policy teams analyzed over 350 bills that had a potential to impact the organization. With the assistance of Subject Matter Experts (SME’s) throughout the company, we were able to formulate positions on each bill and work with legislators to stop or modify harmful legislation. Some of the 2013 state level highlights include:

**Governor Snyder’s Proposal to Modernize Blue Cross Blue Shield of Michigan**

In September 2012, Governor Rick Snyder announced his plan to modernize Michigan’s health insurance regulations. Shortly following that announcement Blue Cross Blue Shield of Michigan began testifying before the Senate Insurance Committee on the proposal by Governor Rick Snyder to modernize outdated regulations affecting Michigan’s health insurance marketplace and level the playing field so all health insurance companies can compete fairly.

This proposal regulated all health insurers under the same set of rules, the Michigan Insurance Code, creating a level playing field to increase competition. This reform was to reduce health care costs, improve quality and give customers more choices while also ensuring that BCBSM pays state taxes, from which it is currently exempt.

The Governor’s proposed legislation from 2012 included the following provisions:

- **BCBSM would pay taxes,** estimated to average $100 million per year over the coming decades. This levels the playing field for BCBSM competitors, which have long considered the company’s tax exemptions to be a competitive advantage.

- **BCBSM would remain a nonprofit company.** As an expression of its continuing nonprofit mission, BCBSM would contribute $1.5 billion over the next 18 years to a separate and independent nonprofit fund to invest in programs to improve public health and protect the vulnerable.

- **BCBSM would provide an estimated $800 million in subsidies for its “Medigap” supplemental insurance plans for Medicare beneficiaries through July 2016 — freezing rates in those plans at current levels.**

- **BCBSM would be regulated under the same law as its competitors,** creating a fair and balanced set of rules for all health insurers in Michigan. Additionally, language was added in the House Insurance Committee last year, which included provisions sought by Blue Cross’ competitors, consumer groups and advocates for older adults. These included:

  - Language that would prohibit BCBSM from converting to a for-profit company.

  - Language that added another $60 million in BCBSM contributions to the $1.5 billion proposed by the Governor. This would further enable the state’s nonprofit foundation to subsidize Medigap plans for seniors after the BCBSM rate freeze expires.

  - A ban on “most favored nation” clauses in contracts between hospitals and health insurers.

  - Language that clarifies BCBSM would make its contributions to the state’s new nonprofit fund as long as the company’s Risk Based Capital is above 375 percent — a level so low the company would come under financial supervision by the Blue Cross and Blue Shield Association.

  - Language requiring subsidies for Medigap insurance to be provided to low-income seniors by the state’s nonprofit fund through 2021.

After months and many hours of testimony through the Senate and House Committees, these bills were ultimately passed by both chambers and sent to the Governor’s desk for signature. Unfortunately, amendatory language additions at the end of the legislative process led to a veto on these bills.

As was urged by the Governor after his veto, legislation was reintroduced at the very beginning of 2013 and ultimately, Mutualization legislation for BCBSM was successfully passed and signed into law in March 2013.
Medicaid Reform Gets Legislative Approval

On August 27, 2013 the Michigan Senate approved HB 4714 as substituted, a bill that expands Medicaid to 133% of the FPL and reforms the Michigan Medicaid program. The approved bill remained largely the same as the version that had been adopted by the Senate Government Operations Committee earlier in July, but ultimately required hospitals to accept 115% of Medicare rates from any uninsured individual at or below 250% of the FPL. This is an increase in the level that had been established in earlier versions of the bill.

On Sept 3, 2013 the House concurred with the approved Senate substitute and sent the bill to the Governor for his signature. The bill was not given immediate effect by the Senate which will mean that Medicaid expansion would be delayed until on or around April 1, 2014.

The Medicaid reforms in this legislation include cost sharing through new health care accounts, healthy behavior incentives and a 48 month time limit on Medicaid eligibility for certain populations. After 48 months, individuals will have the choice of increased Medicaid cost sharing or private coverage on the Exchange. Some of these reforms will require special approval, in the form of waivers from the federal government.

The approved law also created the Michigan Health Care Cost and Quality Advisory Committee, made up of the Department of Community Health and the Department of Insurance and Financial Services Directors, the Chairs and Minority Vice Chairs of the House and Senate Health Policy Committees, and additional members needed to complete the committee’s work. The advisory committee is to look at the creation of a database of health care costs and quality, transparency and privacy issues, the price and quality of health care services and uncompensated care and its impact on commercial insurance rates. The Committee is required to produce a report with results by December 31, 2014.

Michigan was the 24th state to expand Medicaid.

Oral Chemotherapy Mandated Coverage

Much like in 2012, in 2013, the House Health Policy Committee began taking testimony on bills sponsored by the Chairwoman of the committee, which would amend the insurance code to require that insurers provide financial parity between intravenously administered chemotherapy and oral chemotherapy drugs.

Government Affairs, working with Public Policy, was able to ensure that the introduced version of the bills, included language that would enable insurers to adjust cost-sharing for all benefits and incorporate utilization management techniques in the House version of the bills.

Through testimony and continued meetings with House Leadership and Committee members, Governmental Affairs, along with business and labor partners, were successful in delaying any additional movement on this legislation through the year.

As mandates continue to be a cost concern to BCBSM, business and labor groups, it will be crucial to continue a unified effort against mandates and this particular piece of legislation into 2014.

Maximum Allowable Cost Pricing for Pharmaceuticals

Senate Bill 656, introduced by Senator Bruce Caswell (R-Hillsdale), would have required that the Department of Community Health and all contracted health plans utilize a process for Maximum Allowable Cost Pricing reconsiderations for generic drugs.

Under the bill, MAC pricing must include identification of up to three national drug codes available and deliverable in Michigan by a Michigan licensed wholesaler or manufacturer. Penalties of up to three times the cost of the drug were included for failure of a health plan or Pharmacy Benefit Manager to submit the information within seven days.

The bill was taken up in Committee for testimony and Government Affairs was able to secure crucial language in a substitute version of the bill, which would be favorable to the enterprise. The new substitute version ensures that the bill is more reflective of actual costs after pharmacy discounting and rebates. Additionally, the new substitute will remove punitive language for failure to comply.

Government Affairs is continuing to work with the bill sponsor through 2014 to ensure that any movement of this legislation maintains the agreed upon language necessary for the enterprise.
Prior Authorization Legislation

On March 15th, 2013 SBs 429-30, as substituted, were reported out of the Senate Insurance Committee. These bills amended PA 350 and the Insurance Code respectively to require that all insurers accept a standard authorization form for prescription drugs, as developed by the Office of Financial and Insurance Regulation.

Workgroups continued through February and March on this legislation and BCBSM sought several amendments, all of which were granted by the sponsor and inserted into the substitute version of the bills.

The bills were voted out unanimously on March 15th, with all of the amendatory changes drafted by Governmental Affairs and Public Policy. Subsequently, these bills moved through the House in April, maintained BCBSM’s amendatory language and shortly thereafter were signed into law by the Governor.

BCBSM throughout 2013 and 2014 will be very active in the implementation workgroup process to ensure that the final form approved by all stakeholders meets the needs of BCBSM and its customers.
2013 BluesPAC Board of Directors Overview
The bluesPAC Board of Directors is made up of four appointed directors selected by Blue Cross Blue Shield of Michigan’s President and CEO, and four individuals who are elected by our bluesPAC members every two years.

The Board of Directors represents our members. It is their role to develop activities that promote membership growth, create policies that include checks and balances, and implement the strategy used to ensure PAC dollars are distributed to legislators and community leaders who will listen to the interests of our organization.

2013-2014 BluesPAC board of Directors

Jeffrey P. Rumley, Chair
Vice President and General Counsel

Robert Hopper, Member-at-Large
Director, Office of the CFO and President of Emerging Markets

Lynda Rossi, Vice-Chair
Executive Vice President, Strategy, Government and Public Affairs

Laurine Parmely, Member-at-Large
Manager, Senior Markets

Mark A. Cook, Treasurer
Vice President, Governmental Affairs

Juanita Savage, Member-at-Large
Director II, Medical Affairs

Tricia Keith, Secretary
Senior Vice President, Corporate Secretary and Services

Scott Sowulewski, Member-at-Large
Director, Employee and Labor Relations, Accident Fund
2013 Financial Overview

From BCBSM’s transition to a nonprofit mutual insurance company to the opening of the individual market place, 2013 marked the beginning of significant changes to our organization and industry. Local, state and federal policies are the catalyst of any modification to the health care system. Therefore, it is imperative that we continue to support candidates who share our vision so that we can shape our future.

We saw a slight decline in membership and revenue in 2013. At its high point, membership reached 2,023 — 41% of eligible employees. While our numbers remain strong, it is crucial that we further strengthen our membership as we head into the upcoming election year. Members can help by explaining the value of the PAC to eligible non-members and encouraging their participation.
## 2013 Statement of Operations

### Revenue
- Payroll Deductions: $582,685.00
- One-Time Deductions: $1,077.00
- Returned Checks: $(42.00)
- Interest: $406.00
- **Total Revenue**: $584,126.00

### Expenses
- Federal Disbursements: $124,100.00
- Local Disbursements: $79,800.00
- State Disbursements: $358,580.00
- Bank Charges: $289.00
- Taxes: $97.00
- **Total Expenses**: $562,866.00

### Financial Summary
- **Total Candidate Contributions**: $562,480.00
- **Actual Cash on Hand**: $346,111.00
Every year we strive to educate lawmakers about our industry and explain our views. At a time when countless others are also vying for this same opportunity, the strength of our PAC provides us with an invaluable asset – one, strong collective voice. Your individual contribution matters.

It is with genuine appreciation that we thank you for your ongoing commitment to bluesPAC.
First Name Last Name
Samar Abdelsayed
Suhad Abou-Rjaily
Edward Abraham
Jennifer Abraham
Amber Abu Bakir
Lori Adamcheski
Anthony Adams
Thomas Adams
Keith Adkins
Andrea Ahler
Stephen Airola
Irene Akom
Peter Albert
William Albert
Kathy Alden
Cynthia Aldrich
Emily Aleman
Mark Alexander
Nadine Alfano
Daniell Alford
Michelle Alfred
Courtney Algeo
Angela Allen
Katherine Allen
Tina Allen
Twianna Allen
Michael Allie
Alan Allison
Michael Allison
Rebecca Altschuler
Suzanne Amateis
Debra Amross
Angela Anderson
Bradley Anderson
Eunice Anderson
Gregory Anderson
Hope Anderson
Jamie Anderson
Karen Anderson
Rachelle Anderson
Stephen Anderson
Timothy Anderson
Todd Anderson
Joseph Andraska
Cristiana Andreescu
Michael Andreshak
Margaret Anthony
Timothy Antonelli
Ana Antoski
Dawn Apley
Annette Apsley
Kevin Aquinto
Alison Arambula
Ronald Arambula
Laura Arends
Elizabeth Armbruster
Brian Armstrong
Marybeth Arnold
Kanwaljeet Arora
Michael Arvin
Anthony Asciutto
Richard Asteriou
Joseph Attard
Nancy Austin
Robert Austin
Richard Baharozian
Aaron Bailey
Taylorie Bailey
Karen Baird
Marvin Baisel
Ann Baker
Cheryl Baker
Deanna Baker
Diane Baker
Anastasia Bakhareva
Asif Bakhsh
Christopher Balas
Candace Baldwin
Nichelle Ballard-Mahdi
Susan Barkell
Jacqueline Barker
Linda Barnes
Jaclyn Barnett
LaDawn Barnette
Kurt Barr
Bridget Barratt
Patricia Barszcz
Mark Bartlett
Sandra Bassett
Karen Batche
Julie Battjes
Brad Baty
Katherine Baumgart
Melba Baxter
Susan Bayless
Lidia Bayliss
Bruce Beals
Donald Beam III
Darlene Beard
Kimberly Beard
Christopher Beasley
Kim Beattie
Anthony Beaulieu
Maureen Beauregard
Corrie Beaverson
Alex Bedoway
Christopher Beether
Rodester Begosa
Kristi Bekish
Dana Bell
Katherine Benjamin
Alisa Bennett
Nancy Bennett
Rita Bennett
Michael Benoit
Barbara Benson
Beth Benson
Suzanne Berletich
Pamela Berry
Ramona Berry
Amal Berry-Brown
Kelvin Besant
Timothy Bethel
Molly Beyer
Rebecca Bezemek
John Bialowicz
Susan Bianchi
Kimberly Bickley
Michael Bieniewicz
Preston Bilberry
Sherry Bilelo
Michelle Billingsley
Laurence Binder
Marlena Binroth
Emma Bissonnette
Constance Blanchet
Daniel Blazo
Christina Bloom
Matthew Blue
Kenneth Bluhm
Verneece Boateng
James Bobak
Ryan Bobel
Jason Bock
Pamela Bode
Paula Boehm
Richard Boehm
Amanda Bogard
Branko Bojicic
Patricia Bojicic
Joseph Bojman
Christopher Boka
Melissa Bolt
Mary Bolton
Philip Bone
Sharon Bonner
Jessica Bonventre
Gwendolyn Booker
Lorraine Booms
Tina Boortz
Chad Bordeau
Mary Bores
Thomas Borgula
Sandra Borowicz
Clinton Bostick
Marea Bouard
Joan Bouman
Lawrence Bova
Brenda Bove
Aisha Bowe
Charlotte Boyer
Kimberley Bracey
Stephanie Bracken
Shelley Brady
Theresa Brady
Sheila Brake
Ellen Brantigan
Pamela Braund
Vanessa Braxton
Daniel Bray
Nancy Breedlove
Grant Breitzman
Julie Brennan
Rene Brewer
Wanda Brideau
Diane Bridgeman
James Bridges
Ja’Ron Bridges
Sherry Bridges
Philip Briskin
Luzine Brister
Karen Bristle
Michael Britt
Sharon Brock
Paul Brosky
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Jerome Brown
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Aric Nesbitt For State Representative
Committee To Elect Stacy Erwin Oakes
Citizens For Margaret O’Brien
Rick Outman For State Representative
Committee To Elect Dave Pagel For State Representative
Committee To Elect Peter Pettalia
Friends Of Phil Phelps
Earl Poleski For State Representative
Amanda Price For Representative Committee
Al Pscholka For State Representative
Friends To Elect Bruce R. Rendon
Bill Rogers For State Representative
David E. Rutledge Election Committee
Committee To Elect Harvey Santana
Friends Of Wayne Schmidt
Friends Of Andy Schor
Friends Of Kate Segal
Committee To Elect Mike Shirkey
Sam Singh For State Representative
Friends To Elect Dian Slavens
Charles Smiley For State Representative
Friends Of Pat Somerville
Committee To Elect Thomas Stallworth
Friends Of Jim Stamas
Committee To Elect Woodrow Stanley 34th District State Representative
Friends Of Alberta Tinsley-Talabi
Friends Of Rashida Tlaib
Friends Of Jim Townsend
Committee To Elect Rob VerHeulen
Roger Victory For State House
Ken Yonker For State Representative
Adam Zemke For State Representative
Committee To Elect Dale Zorn For State Representative

Leadership and Caucus Committees
Ananich Future Fund
Arlan Meekhof State Senate PAC
Bolger Restore Michigan Fund
Calton Action Fund
Common Sense Leadership Fund
Compete Michigan PAC
Dillon Majority Fund
Gail Haines Leadership PAC
Greimel For Michigan
Hildenbrand Leadership Fund
House Republican Campaign Committee
Joe Hune Leadership Fund
Kowall Majority Fund
Leadership Under New Direction
Marleau For Michigan
Michigan House Democratic Fund
Michigan Jobs Fund
Moving Michigan Forward Fund
Nesbitt Majority Fund
Posthumus Lyons Leadership Fund
Pscholka Results PAC
Rebekah Warren Envision Michigan PAC
Richardville Leadership Fund
Rutledge For The People
Senate Democratic Fund
Senate Republican Campaign Committee
Singh For Michigan
Spotlight Michigan
Whitmer Leadership Fund
Yonker Leadership Fund
Local Candidates and Committees
Friends Of Ray Basham
Friends Of Scott Benson
Virg Bernero For Lansing
Friends Of Richard (Rick) Bowers, Jr.
Friends Of Raquel Casteaneda-Lopez
Michael Duggan For Mayor Committee
Mark Hackel For County Executive
Friends To Elect Adam Hollier
Saunteel Jenkins For City Council
Committee To Elect Vince Keenan
Burton Leland For Detroit
Gabe Leland For Council
Committee To Elect Senita Lenear
Benny Napoleon For Mayor
Committee To Elect Andre L. Spivey
James Tate For Detroit
Gary Woronchak For County Commission
To: My Friends at Blue Cross and Blue Shield

Thanks so much for the donation to my October fundraiser. Sorry I’m a bit late with this “Thank you”, but rest assured I am always available to discuss issues. Have a Merry Christmas and a Happy New Year.

Charlie
11 October 2013

Mark Cook, Government Affairs
WO-15 of Michigan PAC
232 S. Capitol, room 1104
Lansing, MI 48903

Dear Mark,

Thanks so much for your contribution to my campaign for Detroit City Council District 7. As you know, this District includes thousands of people I represent as a State Representative and I want to continue providing the services they deserve and the hope we need for the future of our City.

With the endorsement of the Detroit Free Press, the Detroit News, the Michigan Alliance, and many of our friends and neighbors the results of the Primary Elections, I believe I will be on my way to a November Victory.

Your support and encouragement are truly appreciated. Thank you again.

Sincerely,

[Signature]

Gabe Leland

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May 7, 2013

Mark Cook
Blue Cross Blue Shield PAC
232 S. Capitol Avenue
Lansing, MI 48933

Dear Mark, and Friends:

Thank you for your generous contribution to my Breakfast Reception with Special Guest Dave Camp. It was a great success! Support from friends like you allows me to get my message of reform, opportunity, and hope sent to Michigan and keeps me focused on achieving Michigan for us and for our children.

Michigan has gone through some very difficult times. Thankfully, we are beginning to see genuine renewal. As Representative Clark, I promise you your hard earned dollars will purchase programs of value. I also promise to continue to do all my hard and every conference committee work and jobs for the people of Michigan.

Again, many thanks for your contribution. I deeply appreciate your help. I want you to know I will work hard for you.

Best Regards,

[Signature]

Rogier Kahn, MD
State Senator
22nd District

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[Image of a letter from a political campaign team discussing strategy and gratitude for support.]