PAGE 1 / 23

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

1	or Other Than An Autr	lonzed Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Health Alliance Plan Pa	AC		
ADDRESS (number and street)	2850 West Grand Boulevard		
▼ Check if different			
than previously reported. (ACC)	Detroit		MI 48202-2643 – L L L L L
2. FEC IDENTIFICATION NU	MBER ▼ CIT	Y 🛦	STATE ▲ ZIP CODE ▲
C C00410670	3. IS	THIS EPORT (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb Report Due On:	20 (M2) May 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:	Mar	20 (M3) Jun 20 (M6	(Non-Election Year Only)
April 15 Quarterly Report (Q		20 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q	(C) 12-Day	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Q	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (Y	Ele elien	n on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day	K General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	n on 11 08	in the State of MI
5. Covering Period 10	01 2022	through 11	28 2022
I certify that I have examined thi	Lafferty, Rory, , ,	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasurer			
Signature of Treasurer Laffer	ty, Rory, , ,	[Electronically Filed]	Date 12 08 2022
NOTE: Submission of false, errone	eous, or incomplete information	may subject the person signing	this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		
Health Alliance Plan PAC		
Report Covering the Period: From:	10 01 / Y Y Y Y Y Y Y T Y T T C	o: 11 / 28 / 2022
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2022		23126.16
(b) Cash on Hand at Beginning of Reporting Period	. 48907.99	
(c) Total Receipts (from Line 19)	5175.16	33072.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	54083.15	56198.17
7. Total Disbursements (from Line 31)	. 10778.99	12894.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	43304.16	43304.16
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
This committee has qualified as a mul	Iticandidate 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. 05/2016) Page 3

Write or Type Committee Name

Health Alliance Plan PAC

01 10 2022 11 28 2022 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 4319.32 24646.29 (i) Itemized (use Schedule A)..... 855.84 8425.72 (ii) Unitemized (iii) TOTAL (add 33072.01 5175.16 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 33072.01 5175.16 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) (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))....... 33072.01 5175.16 20. Total Federal Receipts 5175.16 33072.01 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
 Operating Expenditures: – (a) Allocated Federal/Non-Federal Activity (from Schedule H4) 		Jaionaa. Tour to Sult				
(i) Federal Share	0.00	0.00				
(ii) Non-Federal Share	0.00	0.00				
(b) Other Federal Operating	7	200.47				
Expenditures(c) Total Operating Expenditures	207.15	822.17				
(add 21(a)(i), (a)(ii), and (b))▶	207.15	822.17				
Transfers to Affiliated/Other Party Committees	0.00	0.00				
Contributions to Federal Candidates/Committees	4 4					
and Other Political Committees Independent Expenditures	4258.08	4758.08				
(use Schedule E)Coordinated Party Expenditures	0.00	0.00				
(52 U.S.C. § 30116(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	4 4					
Than Political Committees	313.76	313.76				
(b) Political Party Committees	0.00	0.00				
(such as PACs)	0.00	0.00				
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	313.76	313.76				
	313.70	313.70				
Other Disbursements (Including Non-Federal Donations)	6000.00	7000.00				
, , , , , , , , , , , , , , , , , , ,	4 4	45 45 45				
Federal Election Activity (52 U.S.C. § 30101(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	7 7 7					
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))	10778.99	12894.01				
Total Federal Disbursements						
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	10778.99	42004.04				
,	10110.33	12894.01				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	5175.16	33072.01
4. Total Contribution Refunds (from Line 28(d))	313.76	313.76
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4861.40	32758.25
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	207.15	822.17
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	207.15	822.17

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

Use separate schedule(s)

F	OR	LINE	NU	MBER	:	PAGE	6	OF	23
(0	che	ck only	or	ie)					
	X	11a		11b		11c	12		
		13		14		15	16	;	17

for each category of the Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name Bloom, Charles, , , Date of Receipt Mailing Address 8308 Bridlewood Ct. 11 19 2022 City Zip Code State Transaction ID: A3AA520EA52174729A60 MI Clarkston 48348-4373 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SVP & Chief Medical Officer Health Alliance Plan Payroll Deduction: \$15.00/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Vargovich, Troy, , , Date of Receipt Mailing Address 41500 Ladywood Ct 19 2022 11 City State Zip Code Transaction ID : A827B8404A0E04004A55 Northville MI 48168-2342 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Payroll Deduction: \$20.00/Bi-Weekly Dir- Underwriting Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 280.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Ledesma, Sandra, Lee, Date of Receipt Mailing Address 22429 Provincial 19 2022 City Zip Code State Transaction ID: ABB9F0F17EC254B05B09 MI Woodhaven 48183-3782 Amount of Each Receipt this Period FEC ID number of contributing C 64.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction: \$16.00/Bi-Weekly Health Alliance Plan **Dir- Application Development** Receipt For: Aggregate Year-to-Date ▼ Primary General 384.00 Other (specify) 204.00 SUBTOTAL of Receipts This Page (optional).....

7

7

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

ı	FOF	LINE	NU	MBER	:	PAGE	:	1	OF	23
	(che	ck only	or	ne)						
	×	11a		11b		11c		12		
		13		14		15		16	;	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)

	e Initial) or Full Org	ganization Name	Date of Receipt
Mailing Address 30431 John Hauk			11 19 2022
City Garden City	State MI	Zip Code 48135-1463	Transaction ID : A1766F233C8164F189EE Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		64.00
Name of Employer (for Individual)		,	Memo Item Payroll Deduction: \$16.00/Bi-Weekly
Receipt For: Primary General Other (specify) ▼		· · · · · · · · · · · · · · · · · · ·	
Boyer, Julie, A, ,	nitial) or Full Org	ganization Name	Date of Receipt
City Birch Run	State MI	Zip Code 48415-9734	11 19 2022 Transaction ID : A1A90A9D600E34CBB94 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		0.00
Name of Employer (for Individual) Health Alliance Plan	l .	,	Memo Item Payroll Deduction: \$0.00/Bi-Weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 306.00	
Kelly, Catherine, , ,	e Initial) or Full Org	ganization Name	Date of Receipt
	Stato	Zin Codo	11 19 2022 Transaction ID : A4DB950DCC1B443A4BB
Northville	MI	48168-6511	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		80.00
Name of Employer (for Individual) Health Alliance Plan		,	Memo Item Payroll Deduction: \$20.00/Bi-Weekly
Receipt For: Primary General Other (specify)	Aggregate Y	/ear-to-Date ▼ 280.00	
UDTOTAL of Descints This Days (ortional			144.00
	Full Name of Individual (Last, First, Middle Koslakiewicz, Glen, P, , Mailing Address 30431 John Hauk City Garden City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Health Alliance Plan Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Boyer, Julie, A, , Mailing Address 9201 Downing Rd City Birch Run FEC ID number of contributing federal political committee. Name of Employer (for Individual) Health Alliance Plan Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Kelly, Catherine, , , Mailing Address 17050 Glenmoor Drive City Northville FEC ID number of contributing federal political committee. Name of Employer (for Individual) Health Alliance Plan Receipt For: Gity Northville FEC ID number of contributing federal political committee. Name of Employer (for Individual) Health Alliance Plan Receipt For: Primary General Other (specify)	Full Name of Individual (Last, First, Middle Initial) or Full Org Koslakiewicz, Glen, P, , Mailing Address 30431 John Hauk City Garden City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Health Alliance Plan Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Org Boyer, Julie, A, , Mailing Address 9201 Downing Rd City State MI FEC ID number of contributing federal political committee. Name of Employer (for Individual) Health Alliance Plan Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Org Mgr-I Receipt For: Aggregate Y Aggregate Y Aggregate Y Full Name of Individual (Last, First, Middle Initial) or Full Org Kelly, Catherine, , , Mailing Address 17050 Glenmoor Drive City Northville FEC ID number of contributing federal political committee. Name of Employer (for Individual) FEC ID number of contributing federal political committee. Name of Employer (for Individual) FEC ID number of contributing federal political committee. Name of Employer (for Individual) Health Alliance Plan Receipt For: Primary General Other (specify) Aggregate Y Aggregate Y	Mailing Address 30431 John Hauk City Garden City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Health Alliance Plan Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name of Individual (Last, First, Middle Initial) FEC ID number of contributing federal political committee. Name of Employer (for Individual) FEC ID number of contributing federal political committee. Name of Employer (for Individual) Health Alliance Plan Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ City State MI Aggregate Year-to-Date City State MI Aggregate Year-to-Date Aggregate Year-to-Date City State Primary General Other (specify) Aggregate Year-to-Date City State Primary General Other (specify) Aggregate Year-to-Date City State MI Aggregate Year-to-Date City Northville City State MI Aggregate Year-to-Date City Northville City Northville City Northville Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date

Primary

Other (specify)

General

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

F	OR	LINE	NU	MBER	:	PAGE	8	OF	23
(0	che	ck only	or	ne)					
	×	11a		11b		11c	12	2	
		13		14		15	16	6	17

Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name Hibbett, Darryl, , , Date of Receipt Mailing Address 5434 Claridge Ln. 11 19 2022 City Zip Code State Transaction ID: A384094F89B564E75B67 MI West Bloomfield 48322-3862 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Dir- Labor Affairs Payroll Deduction: \$25.00/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Zbytowski, Jennifer, Brooks, Date of Receipt Mailing Address 49206 St. Nicholas 19 2022 11 City State Zip Code Transaction ID: ABA7EF3617B6D4E6DA03 MI Shelby Township 48317-6315 Amount of Each Receipt this Period FEC ID number of contributing 140.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Payroll Deduction: \$35.00/Bi-Weekly VP-Strategic Prog Dev & Optim Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 840.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Hutchison, Todd, Eric, Date of Receipt Mailing Address 773 Whittier 19 2022 City Zip Code State Transaction ID: A4CD84EA10ABB4A0B81E MI Grosse Pointe Park 48230-1863 Amount of Each Receipt this Period FEC ID number of contributing C 140.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction: \$35.00/Bi-Weekly Health Alliance Plan VP-Financial Planning&Analysis Receipt For: Aggregate Year-to-Date ▼

	4 4										
									390.0	0	ī
SUBTOTAL of Receipts This Page (optional)	·····	ш	_		-	_	-5	-	380.0	U	
TOTAL TI: D : 1 //		г									7
TOTAL This Period (last page this line number	only)	ш	_	7	_	_	7	-	1 - 40		4

840.00

FOR LINE NUMBER: PAGE 9 Use separate schedule(s) (check only one) **X** 11a 11b 11c

23

OF

for each category of the 12 Detailed Summary Page 13 14 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 of Individual (Last, First, Middle Initial) or Full Organization Name De Ceuninck, Adriane, Jean, , Date of Receipt Mailing Address 909 Still Valley Drive 11 19 2022 City Zip Code State Transaction ID: ADA177F59717840F7AB5 MI Howell 48855-8360 Amount of Each Receipt this Period FEC ID number of contributing C 48.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Mgr-Marketing Payroll Deduction: \$12.00/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 288.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Vanderburg, Marc, , , Date of Receipt Mailing Address 25750 Ivanhoe 19 2022 11 City State Zip Code Transaction ID: AA57EB4DDCEE14B67871 MI **Huntington Woods** 48070-1606 Amount of Each Receipt this Period FEC ID number of contributing 156.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Payroll Deduction: \$39.00/Bi-Weekly VP- Commercial Bus & Sales Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 613.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Randle, Johnathan, , , Date of Receipt Mailing Address 1867 Chipping Way 19 2022 City Zip Code State Transaction ID: AD7C4726D1C4F4182B1D MI Bloomfield Hills 48302-1711 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction: \$50.00/Bi-Weekly Health Alliance Plan Dir-Gov't Programs Compliance Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) 404.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

23 FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 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 of Individual (Last, First, Middle Initial) or Full Organization Name Palermo, Charles, , , Date of Receipt Mailing Address 1820 Kenmore Dr. 11 19 2022 City Zip Code State Transaction ID: AAE9AB963478B417CB9D MI Grosse Pointe Woods 48236-1982 Amount of Each Receipt this Period FEC ID number of contributing C 128.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **VP- Claim Services** Health Alliance Plan Payroll Deduction: \$32.00/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 448.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kreis II, Kenneth, C,, Date of Receipt Mailing Address 190 N. Youngs Rd. 19 2022 11 City State Zip Code Transaction ID: A01049F9244884FBEAC6 MI Attica 48412-9683 Amount of Each Receipt this Period FEC ID number of contributing 48.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Payroll Deduction: \$12.00/Bi-Weekly Mgr-Appl Devlpmt & eCommerce Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 266.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Bennett, Charity, , , Date of Receipt Mailing Address 500 Rosewood Ave Se 19 2022 City State Zip Code Transaction ID: A29BD880688F04A07BC3 MI **Grand Rapids** 49506-2828 Amount of Each Receipt this Period FEC ID number of contributing C 240.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction: \$60.00/Bi-Weekly Health Alliance Plan **VP-Transformation** Receipt For: Aggregate Year-to-Date ▼ Primary General 780.00 Other (specify) 416.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

23 FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page 13 14 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 of Individual (Last, First, Middle Initial) or Full Organization Name Matthews, Irita, , , Date of Receipt Mailing Address 861 Whittier 11 19 2022 City Zip Code State Transaction ID: ADB70A74CFD92445C939 MI Grosse Pointe Park 48230-1850 Amount of Each Receipt this Period FEC ID number of contributing C 153.88 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Senior Counsel Payroll Deduction: \$38.47/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 923.28 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Rajendra, Archana, , , Date of Receipt Mailing Address 1976 Belwood Drive 19 2022 11 City State Zip Code Transaction ID: A8AEB0A7BB0E04599A91 MI Okemos 48864-5969 Amount of Each Receipt this Period FEC ID number of contributing 307.68 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Payroll Deduction: \$76.92/Bi-Weekly VP-Deputy Gen Counsel Ins Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1076.88 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Harder, Christine, A., , Date of Receipt Mailing Address 3060 Woodcreek Way 19 2022 City State Zip Code Transaction ID: A5F55C4AFCBAA40A3919 MI Bloomfield Hills 48304-1862 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction: \$75.00/Bi-Weekly Health Alliance Plan SVP-Provider Network Mgmt Receipt For: Aggregate Year-to-Date ▼ Primary General 1290.00 Other (specify) 761.56 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

23 FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 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 of Individual (Last, First, Middle Initial) or Full Organization Name VanDuine, Dustin, , , Date of Receipt Mailing Address 1218 Lake Valley Ct 11 19 2022 City Zip Code State Transaction ID: AEBCF1B374ECC4557A73 MI **Fenton** 48430-1241 Amount of Each Receipt this Period FEC ID number of contributing C 160.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Sales Director Payroll Deduction: \$40.00/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 670.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Selinsky, Steven, , , Date of Receipt Mailing Address 28638 Oak Point Drive 19 2022 11 City State Zip Code Transaction ID: AC58B07C81AC24219980 MI Farmington Hills 48331-2706 Amount of Each Receipt this Period FEC ID number of contributing 140.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Payroll Deduction: \$35.00/Bi-Weekly VP-Product Strategy MrktngComm Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 840.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Hausenfluck, Merrill, , , Date of Receipt Mailing Address 4223 W Vasconia St 19 2022 City State Zip Code Transaction ID: A7707256425C54221A31 FL Tampa 33629-8418 Amount of Each Receipt this Period FEC ID number of contributing C 304.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction: \$76.00/Bi-Weekly Health Alliance Plan **SVP- Chief Financial Officer** Receipt For: Aggregate Year-to-Date ▼ Primary General 532.00 Other (specify) 604.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

SCHEDULE A (FEC Form 3X)

23 FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page 13 14 15 16

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 of Individual (Last, First, Middle Initial) or Full Organization Name Taylor, Jeffrey, P,, Date of Receipt Mailing Address 5153 Duffield Rd 11 19 2022 City Zip Code State Transaction ID: A5C54F4B3012240C18A2 MI Swartz Creek 48473-8601 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Mgr-Performance Improvement Payroll Deduction: \$10.00/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Lafferty, Rory, , , Date of Receipt Mailing Address 759 Cherry Stone Drive 19 2022 11 City State Zip Code Transaction ID: ADB7556ACB00B4FDDB04 MI Canton 48188-5304 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Payroll Deduction: \$25.00/Bi-Weekly Dir- Government&Lgsltv Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 550.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Ronan, Dianna, Lynn, , Date of Receipt Mailing Address 2156 Cumberland Dr. 19 2022 City State Zip Code Transaction ID: A4B7A431DBC6447BBBCD MI Brighton 48114-8990 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction: \$50.00/Bi-Weekly Health Alliance Plan **VP-Financial Services** Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) 340.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

23 FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 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 of Individual (Last, First, Middle Initial) or Full Organization Name Donovan, Buff, L, , Date of Receipt Mailing Address 22745 Power Rd. 11 19 2022 City Zip Code State Transaction ID: A7F346FB49BF3490A8C8 MI Farmington 48336-4019 Amount of Each Receipt this Period FEC ID number of contributing C 64.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Dir-Population Health CBHM Payroll Deduction: \$16.00/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 384.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hurley, Kevin, Michael, Date of Receipt Mailing Address 45504 Morningside Rd. 19 2022 11 City State Zip Code Transaction ID : A7BE8147A96044622B6B MI Canton 48187-5610 Amount of Each Receipt this Period FEC ID number of contributing 48.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Payroll Deduction: \$12.00/Bi-Weekly Mgr- Revenue Cycle & Recv Mgmt Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 288.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Wilson, Deborah, , , Date of Receipt Mailing Address 5109 Corners Drive 19 2022 City State Zip Code Transaction ID: ACE64767A8B07494AAAE MI West Bloomfield 48322-3934 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction: \$20.00/Bi-Weekly Health Alliance Plan **Dir-Communications & Brand** Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) 192.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

23 FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 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 of Individual (Last, First, Middle Initial) or Full Organization Name Genord, Jill, , , Date of Receipt Mailing Address 1253 Tulberry Cir 2022 City Zip Code State Transaction ID: A4F198BD9EF0545BD823 MI Rochester 48306-4821 Amount of Each Receipt this Period FEC ID number of contributing C 313.76 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Employed Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 313.76 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Davis, Ron, , , Date of Receipt Mailing Address 6451 Kennesaw Rd 19 2022 11 City State Zip Code Transaction ID: A6ED85A64608343F78C2 MI Canton 48187-1278 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Payroll Deduction: \$50.00/Bi-Weekly **Dir-Vendor Management** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 350.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Weirandt, Shannon, , , Date of Receipt Mailing Address 21353 Flag Drive 19 2022 City Zip Code State Transaction ID: A5C73FA8B10674E9F9F0 MI Macomb 48042-4332 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction: \$20.00/Bi-Weekly Health Alliance Plan Dir-Provider Network Mgmt Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 523.76 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

23 FOR LINE NUMBER: PAGE 16 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 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 of Individual (Last, First, Middle Initial) or Full Organization Name Treash, Michael, , , Date of Receipt Mailing Address 839 Ridgedale Ave 19 2022 City Zip Code State Transaction ID: AAE7A101235414E438CF MI Birmingham 48009-5768 Amount of Each Receipt this Period FEC ID number of contributing C 225.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **SVP- Chief Operating Officer** Health Alliance Plan Payroll Deduction: \$75.00/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Holzhausen, Jeffrey, , , Date of Receipt Mailing Address 2523 Wheeler Drive 19 2022 11 City State Zip Code Transaction ID: AB918040DB9EB42A180B MI Chelsea 48118-9224 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Payroll Deduction: \$40.00/Bi-Weekly VP-ProviderContracting&NtwkDev Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 280.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Rader, Tracie, , , Date of Receipt Mailing Address 3009 Grand Park 19 2022 City Zip Code State Transaction ID : A7056AE0E449F4182B15 MI Rochester Hills 48307-5181 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction: \$30.00/Bi-Weekly Health Alliance Plan Dir - Commercial Enrollment Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 335.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

SCHEDULE A (FEC Form 3X)

23 FOR LINE NUMBER: PAGE 17 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page 13 14 15 16

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 of Individual (Last, First, Middle Initial) or Full Organization Name Tischer, Charles, , , Date of Receipt Mailing Address 3095 Honor Drive 11 19 2022 City Zip Code State Transaction ID: ACC7E9B9025A14FCCA9C MI Rochester Hills 48309-4013 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Dir- Mid Michigan Market Payroll Deduction: \$15.00/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... 4319.32 TOTAL This Period (last page this line number only).....

S 17

SCHEDULE B (FEC Form 3X)			FOR LI	FOR LINE NUMBER: PAGE 18 OF 23						
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	I `	only one)	, _	¬		07		
		Summary Page		1b 2 8a 2	2 3b	23 28c	26	27 30b		
Any information copied from such Reports and Stater	nents may	not be sold or use								
or for commercial purposes, other than using the name										
NAME OF COMMITTEE (In Full)										
Health Alliance Plan PAC										
Full Name (Last, First, Middle Initial)										
A. Comerica Bank				Dai	e of L	isburse		Y		
Mailing Address PO Box 75000				IVI	10	12		2022		
,	State	Zip Code		FE	Iden	tificatior	Numbe	r		
Detroit Purpose of Disbursement	MI	48275-0001			-					
Bank Fees										
Candidate Name			Ontonomi	Am				9FAD740: ement this Period		
			Category/ Type	AIII	Juni C	Lacii	DISDUISE	ment this Penou		
Office Sought: House Disburser	ment For:					95	1 40	63.98		
Senate	Primary	General				,	,			
State: District:	Other (spe	city) 🔻			Mem	o Item				
Full Name (Last, First, Middle Initial)										
B. Comerica Bank				Dat	e of C	Disburse		Y . Y . Y . Y		
Mailing Address PO Box 75000					10	1		2022		
,	State MI	Zip Code		FE	den	tificatior	Numbe	r		
Detroit Purpose of Disbursement	IVII	48275-0001		C						
Bank Fees					Tunna	antina	ID - B04	05DCA1D		
Candidate Name			Category/	Am			_	ement this Period		
Office Cought: House Dishurses			Туре	39.65						
Office Sought: House Disburser Senate	nent For: Primary	General				7	-	39.03		
President	Other (spe			П м к						
State: District:					iviem	o Item				
Full Name (Last, First, Middle Initial)										
C. Comerica Bank						isburse				
Mailing Address PO Box 75000					м 11	0:		2022		
City	State	Zip Code			۰ اطمه	tification	Numbe	ır		
Detroit	MI	48275-0001			iuen	uncaliof	i ivuiiiDe	-		
Purpose of Disbursement Bank Fees					Trans	saction	ID · BD3	38EF30B3		
Candidate Name			Category/ Type	Am				ement this Period		
Office Sought: House Disburser	ment For:		71			45		63.98		
Senate	Primary	General								
President	Other (spe	cify) 🔻			Mem	o Item				
State: District:										
SUBTOTAL of Disbursements This Page (optional))	. [7		167.61		
TOTAL This Period (last page this line number only)					-					

S 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name (Last, First, Middle Initial) A. Comerica Bank Mailing Address PO Box 75000 City Detroit Bank Fees Candidate Name Office Sought: House Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) B. Mailing Address City State Disbursement Candidate Name Office Sought: House Disbursement For: Senate President Candidate Name Office Sought: House Disbursement For: Senate President Candidate Name Office Sought: House Disbursement For: Senate President Candidate Name Office Sought: House Disbursement For: Senate President Candidate Name Office Sought: House Disbursement For: Senate President Candidate Name Office Sought: House Disbursement For: Senate President Disbursement For: Memount of Each Disbursement this Period Memount of Each Disbursement For: Memount of Each Disbursement	SCHEDULE B (FEC Form 3X)								
Detailed Summary Page 28	ITEMIZED DISBURSEMENTS			· ·					
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. Mailing Address Plan PAC									
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 First) Health Alliance Plan PAC Full Name (Last, First, Middle Initial) A. Comerica Bank Mailing Address PO Box 75000 City	Any information copied from such Reports and State	mente may	not he sold or use						
Health Alliance Plan PAC Full Name (Last, First, Middle Initial) Comerica Bank Mailing Address PO Box 75000 City Detroit MI 2/2 Code Detroit MI 48275-0001 Purpose of Disbursement Bank Fees Candidate Name City Disbursement For: Sanate President Other (specify) Office Sought: House President Disbursement For: Candidate Name City State Zip Code Purpose of Disbursement Initial) B. Mailing Address City State Zip Code President Disbursement For: Candidate Name Category/ Type Office Sought: House Disbursement For: Candidate Name City State Zip Code President Disbursement Initial) State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Disbursement For: Full Name (Last, First, Middle Initial) Category/ Type Category/ Type Office Sought: House Disbursement For: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Disbursement For: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Disbursement For: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Disbursement For: Sanate President Disbursement For: Sanate Primary General Primary Memoritem State: District: Amount of Each Disbursement this Period Memoritem Substortal of Disbursement Tis Page (optional) Memoritem Substortal of Disbursement Tis Page (optional) Memoritem Substortal of Disbursement Tis Page (optional) Memoritem Mailing Address City Memoritem Memoritem Memoritem	or for commercial purposes, other than using the na	me and add	dress of any political	al committee	to solicit cor	ntributions	from such	committee.	
Full Name (Last, First, Middle Initial) A. Comerica Bank Mailing Address PO Box 75000 City State Zip Code 48275-0001 Purpose of Disbursement Bank Fees Candidate Name City Senate President District: Full Name (Last, First, Middle Initial) B. City State Zip Code Amount of Each Disbursement heric Senate Primary General Memo Item Memo Item Substitution Number General Primary General Memo Item Substitution Number General Memo Item Substitution Number General Memo Item Substitution Number General Primary General Memo Item Substitution Number General Primary General	NAME OF COMMITTEE (In Full)								
A. Comerica Bank Mailing Address PO Box 75000 City Detroit Bank Fees Candidate Name Category State: Distursement Brill Name (Last, First, Middle Initial) Calling Senate President Candidate Name Category Category Type Category Amount of Each Disbursement this Period Tell Name (Last, First, Middle Initial) Calling Senate President Candidate Name Category Category Amount of Each Disbursement this Period Tell Name (Last, First, Middle Initial) Calling Senate President Candidate Name Category Category Amount of Each Disbursement Candidate Name Category Category Amount of Each Disbursement Candidate Name Category Category Amount of Each Disbursement this Period Tell Name (Last, First, Middle Initial) Category Category Category Amount of Each Disbursement this Period Tell Name (Last, First, Middle Initial) Category Category Category Category Amount of Each Disbursement this Period Tell Name (Last, First, Middle Initial) Category Category Category Amount of Each Disbursement this Period Tell Name (Last, First, Middle Initial) Category Category Category Amount of Each Disbursement this Period Tell Name (Last, First, Middle Initial) Category Category Amount of Each Disbursement this Period Tell Name (Last, First, Middle Initial) Category Category Amount of Each Disbursement this Period Tell Name (Last, First, Middle Initial) Category Amount of Each Disbursement this Period Tell Name (Last, First, Middle Initial) Category Amount of Each Disbursement this Period Tell Name (Last, First, Middle Initial) Category Amount of Each Disbursement this Period Tell Name (Last, First, Middle Initial) Category Amount of Each Disbursement this Period Tell Name (Last, First, Middle Initial) Category Amount of Each Disbursement this Period Tell Name (Last, First, Middle Initial) Tell Name (Last, First,	Health Alliance Plan PAC								
Mailing Address PO Box 75000 City									
City Detroit MI Zip Code MI Ag275-0001 Purpose of Disbursement Bank Fees Candidate Name City State: Disbursement For: Galegory: Type Office Sought: Senate President Other (specify) ▼ Mailing Address City State: Disbursement For: Galegory: Type Office Sought: House Senate President Other (specify) Senate President Other (specify) B. Date of Disbursement Tor: Galegory: Amount of Each Disbursement this Period FEC Identification Number Candidate Name City State Zip Code FEC Identification Number Candidate Name City State Zip Code FEC Identification Number Candidate Name City State Zip Code FEC Identification Number Candidate Name City State Zip Code FEC Identification Number Candidate Name City State Zip Code FEC Identification Number Candidate Name Clast, First, Middle Initial) C. Amount of Each Disbursement this Period Category: Amount of Each Disbursement this Period City State Zip Code FEC Identification Number Candidate Name Clast, First, Middle Initial) C. Amount of Each Disbursement this Period City State Zip Code FEC Identification Number Candidate Name Clast, First, Middle Initial) C. Amount of Each Disbursement this Period Memo Item Substorial Number Category: Amount of Each Disbursement this Period Candidate Name Clast, First, Middle Initial) C. Amount of Each Disbursement this Period Memo Item Substorial Number Category: Amount of Each Disbursement this Period Memo Item Substorial Number Category: Amount of Each Disbursement this Period Category: Amount of Each Disbursement Tor: Amount of Each Disburs	A. Comerica Bank							TY TY TY	
Detroit Purpose of Disbursement Bank Fees Candidate Name Category/ Type Office Sought: House Primary General Purpose of Disbursement this Period Transaction ID: BC22E302F2I Amount of Each Disbursement this Period Trype Office Sought: House Primary General Category/ Type District: Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Primary General Other (specify) General Other (specify) District: Full Name (Last, First, Middle Initial) Category/ Type FEC Identification Number Category/ Type Amount of Each Disbursement this Period FEC Identification Number Category/ Type Amount of Each Disbursement this Period FEC Identification Number Category/ Type Amount of Each Disbursement this Period FEC Identification Number Category/ Type	Mailing Address PO Box 75000				11	14	4	2022	
Purpose of Disbursement Bank Fees Candidate Name Office Sought: House Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Primary General Office Sought: President Disbursement For: Candidate Name Office Sought: House Primary General Other (specify) Type Office Sought: President Other (specify) Type Office Sought: Primary General Other (specify) Type	•				FEC Ide	entificatior	Number		
Cardidate Name Category/ Office Sought: House		IVII	48275-0001					-	
Cardidate Name Office Sought: House State: District: Primary General President State: District: Senate President State: District: Poly State Zip Code Purpose of Disbursement Tor: Senate President State: District: Senate Primary General President State: District: Primary General President State: District: Primary General President State: District: Senate Primary General President State: District: Primary General President General President General President General President General Disbursement For: General Gene	· Process of the control of the cont			г					
Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Purpose of Disbursement Full Name (Last, First, Middle Initial) Candidate Name Office Sought: House Disbursement For: Senate President Other (specify) Type Date of Disbursement this Period FEC Identification Number Category/ Type Memo Item Parimary General Other (specify) Memo Item FEC Identification Number Category/ Type Date of Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate President Senate President Other (specify) State Zip Code FEC Identification Number Category/ Type Date of Disbursement Category/ Type Memo Item State: District: Senate Primary General Other (specify) Memo Item Substate: District: Memo Item Substate: District: Memo Item Substate: District: Memo Item Substate: District: Memo Item	Candidate Name			Category/			_		
State: District: Full Name (Last, First, Middle Initial) B. Mailing Address City Purpose of Disbursement Candidate Name Office Sought: House President President Other (specify) State: District: Full Name (Last, First, Middle Initial) Date of Disbursement Category/ Type Office Sought: House Primary General Other (specify) Memo Item Date of Disbursement this Period FEC Identification Number Category/ Type Other (specify) Date of Disbursement this Period Memo Item Date of Disbursement this Period Office Sought: State Zip Code Purpose of Disbursement Category/ Type Office Sought: House President Other (specify) Date of Disbursement Category/ Type Office Sought: House President Other (specify) Office Sought: House President Other (specify) Office Sought: House Disbursement For: Gategory/ Type Office Sought: House President Other (specify) Office Sought: House Disbursement For: Gategory/ Type Office Sought: House Disbursement Primary General President Disbursement This Page (optional)					7	0. 200	2.020.00		
State: District: Other (specify) B. Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) C. Category/ Type Office Sought: Amount of Each Disbursement this Period Office Sought: District: Date of Disbursement this Period Tother (specify) Full Name (Last, First, Middle Initial) C. Category/ Type Office Sought: State Zip Code Purpose of Disbursement Candidate Name Other (specify) General Date of Disbursement Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Senate Primary General Disbursement This Period Office Sought: House Disbursement For: Senate Primary General Primary General Disbursement This Page (optional) Substotal of Disbursements This Page (optional)		,						39.54	
State: District: Full Name (Last, First, Middle Initial) B. Mailing Address City		,							
B. Mailing Address City State Zip Code FEC Identification Number Candidate Name Office Sought: House Senate Primary General City State Zip Code FEC Identification Number Category/ Type Office Sought: Other (specify) Category/ Type Office Sought: President State: District: Mailing Address City State Zip Code FEC Identification Number Category/ Type Other (specify) Date of Disbursement this Period FEC Identification Number Category/ Type Other (specify) Date of Disbursement this Period Fec Identification Number Category/ Type Other (specify) FEC Identification Number Category/ Type Other (specify) Memo Item FEC Identification Number Category/ Type Other (specify) Memo Item Substruction Number Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) Senate Primary General Other (specify) Memo Item Substruction Number Category/ Type Amount of Each Disbursement this Period Memo Item Substruction Number Category/ Type Amount of Each Disbursement this Period		Other (spe	ecny) 🔻		Me	mo Item			
City	Full Name (Last, First, Middle Initial)								
City Purpose of Disbursement Candidate Name Category/ Office Sought: House Senate Primary General Other (specify) Fell Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Fec Identification Number Category/ Type Fec Identification Number Category/ Type Fec Identification Number Category/ Type Memo Item State: Disbursement For: Senate Primary General Office Sought: House Senate Primary General Office Sought: House Senate Primary General Office Sought: Number Other (specify) ▼ Substate: District: Substate: Disbursements This Page (optional)	B.				Date of	Disburse	ment		
City					M = M	/ D	D / Y	TY TY TY	
Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code FEC Identification Number Candidate Name Office Sought: House Disbursement For: Senate Primary General Other (specify) Memo Item FEC Identification Number Category/ Type Other (specify) Memo Item State: District: Memo Item State: District: Memo Item State: District: Memo Item Substate: District: Memo Item Substate: District: Memo Item Substate: District: Memo Item Substate: District: Memo Item	Mailing Address								
Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: Substrotal of Disbursements This Page (optional)	City	State	Zip Code		FEC Ide	entificatior	Number		
Candidate Name Office Sought: House Disbursement For: Senate Prisadent Other (specify) State: District: Memo Item Tull Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Category/ Typ	Purpose of Disbursement				C				
Office Sought: House Senate Primary General Primary General Disbursement For: Senate President District: District: Date of Disbursement Date of Date									
Office Sought:	Candidate Name				Amount	of Each	Disbursem	ent this Period	
Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code FEC Identification Number Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) Senate Primary General Memo Item State: District: Subtotal Amount of Each Disbursement this Period Memo Item 39.54	Office Sought: House Disburse	ment For		туре					
State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code FEC Identification Number Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Primary General Other (specify) State: District: Substrate: District: Memo Item Date of Disbursement FEC Identification Number Category/ Type Memo Item Amount of Each Disbursement this Period Memo Item 39.54		1	General			7	7	40	
State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code FEC Identification Number Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: Substate: District: Mailing Address FEC Identification Number Category/ Type Amount of Each Disbursement this Period Memo Item 39.54		Other (spe	ecify)		│	mo Item			
City State Zip Code FEC Identification Number Candidate Name Category/ Type Office Sought: House Primary General President State: District: Substortal of Disbursements This Page (optional)					Ц				
City State Zip Code FEC Identification Number Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Subtotal of Disbursements This Page (optional)	,				Date of	Disburse	ment		
City State Zip Code FEC Identification Number Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ State: District: Memo Item Substate: State: State: State: Disbursements This Page (optional)					M I M	/ D	D / Y	YYYY	
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Substrict: Memo Item Substrict: 1920 definition Number Category/ Type Amount of Each Disbursement this Period Memo Item 39.54	Mailing Address					J L.			
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: Substruct: Memo Item 39.54	City	State	Zip Code		FEC Ide	 entificatior	Number		
Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ Subtrotal of Disbursements This Page (optional)	Purpose of Disbursement				C				
Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)				l l					
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ SUBTOTAL of Disbursements This Page (optional)	Candidate Name				Amount	of Each	Disbursem	ent this Period	
State: District: Other (specify) SUBTOTAL of Disbursements This Page (optional)	Office Sought: House Disburse	ment For:			11:				
State: District: SUBTOTAL of Disbursements This Page (optional)						,,			
SUBTOTAL of Disbursements This Page (optional)		Other (spe	ecify) 🔻		Me	mo Item			
207.4E	State. DISTRICT:								
207.45	SUBTOTAL of Disbursements This Page (optional).							39.54	
							,	207.45	

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	FOR LINE (check only	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 28a	22 X 23 26 27 28b 28c 29 30b
Any information copied from such Reports and Staten 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. JOHN JAMES FOR CONGRESS, I	INC.		Date of Disbursement
Mailing Address P.O. BOX 628			10 21 2022
ST. CLAIR SHORES	State Zip Code MI 48080		FEC Identification Number
Purpose of Disbursement In-Kind: Event Supplies Candidate Name		Category/	C C00803502 Transaction ID : B4C6F5073A! Amount of Each Disbursement this Period
Senate	nent For: 2022 Primary	Туре	313.76 Memo Item
Full Name (Last, First, Middle Initial) B. JOHN JAMES FOR CONGRESS, Mailing Address P.O. BOX 628	INC.		Date of Disbursement 10
City ST. CLAIR SHORES Purpose of Disbursement Contribution to Committee	State Zip Code MI 48080		FEC Identification Number C C00803502
	nent For: 2022	Category/ Type	Transaction ID: B8465CDD48I Amount of Each Disbursement this Period
	Primary General Other (specify)		Memo Item
Full Name (Last, First, Middle Initial) Celebrity Catering			Date of Disbursement
Mailing Address 75 W Long Lake Rd			11 08 2022
City Troy Purpose of Disbursement In-Kind: Catering	State Zip Code MI 48098-4633		FEC Identification Number C H2MI10150 Transaction ID : BE161CBCC
Candidate Name James, John, E., Mr.,		Category/ Type	Amount of Each Disbursement this Period
Senate	nent For: 2022 Primary General Other (specify) Other		2944.32 Memo Item
SUBTOTAL of Disbursements This Page (optional)			4258.08
TOTAL This Period (last page this line number only)			4258.08

S 17

Any information copied from such Reports and Statements may Page 21b 22 20 20 20 30 300 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of a deliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Health Alliance Plan PAC Full Name (Last, First, Middle Initial) A Genord, Jilli, , , Mailing Address 1253 Tulberry Cir City State Zip Code FEC Identification Number Commercial purpose of Disbursement Made Category Type Office Sought: House Disbursement For: Gategory Type T	SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:		PAGE 21 OF 23		
Detailed Summary Page 280 280 280 290 300 300 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 confributions from such committee. NAME OF COMMITTEE (in Full) Health Alliance Plan PAC Full Name (last, First, Middle Initial) A. Genord, Jill, , , Mailing Address 1253 Tulberry Cir City State District Formary General Office Sought: House Disbursement For: Full Name (last, First, Middle Initial) B. Mailing Address City State President Disbursement Category/ Type Office Sought: House Disbursement Category/ Type Office Sought: House Disbursement Category/ Type Office Sought: Fec Identification Number Category/ Type Office Sought: Fec Identification Number Category/ Type Office Sought: Fec Identification Number Fec Identification Number Category/ Type Office Sought: Memory Identification Nu	ITEMIZED DISBURSEMENTS			1 · — ·					
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of seliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. Mailing Address Plan PAC									
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 personal part of the personal part	Any information conicd from such Poports and State	monte may	not be sold or use						
Health Alliance Plan PAC Full Name (Last, First, Middle Initial) A. Genord, Jill, , , ,									
Full Name (Last, First, Middle Initial) A. Genord, Jill, , ,	NAME OF COMMITTEE (In Full)								
A. Genord, Jill, , ,	Health Alliance Plan PAC								
Mailing Address 1253 Tuberry Cir City Rochester Purpose of Disbursement Refund of Contribution Made Candidate Name Office Sought:					Data of D	iohuroomont			
Mailing Address 1253 Tulberry Cir City Purpose of Disbursement Candidate Name City State Disbursement For: Senate President Candidate Name City State Disbursement For: Candidate Name Category/ City State Disbursement For: Category/ Category/ Type FEC Identification Number Category/ Amount of Each Disbursement this Period FEC Identification Number Category/ Category/ Amount of Each Disbursement this Period FEC Identification Number Category/ Category/ Amount of Each Disbursement this Period FEC Identification Number Category/ Category/ Amount of Each Disbursement this Period FEC Identification Number Category/ Category/ Amount of Each Disbursement this Period FEC Identification Number Category/ Category/ Amount of Each Disbursement this Period Date of Disbursement Candidate Name Category/ Category/ Category/ Date of Disbursement this Period Date of Disbursement Candidate Name City Date of Disbursement Candidate Name Category/ Category/ Date of Disbursement Candidate Name Category/ Category/ Date of Disbursement Candidate Name Category/ Category/ Amount of Each Disbursement this Period Memo Item Substortal Other (specify) Memo Item Substortal Other (specify) Memo Item Substortal Other (specify) Memo Item	Genora, Jili, , ,								
Rochester Purpose of Disbursement Refund of Contribution Made Candidate Name Category/ Type Office Sought: House Prisident Disbursement For: Senate President State: Disbursement Candidate Name Category/ Type Disbursement Full Name (Last, First, Middle Initial) B. Mailing Address City State: Disbursement Candidate Name Office Sought: House Disbursement For: Senate Prisident Disbursement For: Senate Prisident Disbursement Candidate Name Office Sought: House Disbursement For: Senate Prisident District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Disbursement For: Senate Prisident District: Full Name (Last, First, Middle Initial) Category/ Type Tect Identification Number Category/ Type Disbursement It is Period Tect Disbursement It is Period Tect Disbursement It is Period Tect Disbursement Category/ Type Tect Identification Number Tect Identification Number Tect Identification Number Category/ Type Tect Identification Number Tect Identification Numbe	Mailing Address 1253 Tulberry Cir								
Purpose of Disbursement Refund of Contribution Made Candidate Name Office Sought: House Senate Primary General State: District: Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Office Sought: Disbursement Candidate Name Office Sought: House Senate Primary General Office Sought: House Senate Primary General Office Sought: House Senate Primary General Office Sought: Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Office Sought: Disbursement Category/ Type Office Sought: House Senate Primary General Office Sought: Disbursement Candidate Name Category/ Type Office Sought: House Primary General Office Sought: House Primary General Office Sought: House Disbursement Candidate Name Office Sought: House Primary General Office Sought House Primary General Office S	•		·		FEC Ident	ification Nun	nber		
Refund of Contribution Made Cardidate Name Office Sought: House President Purpose of Disbursement Candidate Name Office Sought: House Purpose of Disbursement State: District: Senate President State: District: Senate President Candidate Name Office Sought: House Disbursement For: Senate President Other (specify) Transaction ID: B8E533087At Amount of Each Disbursement this Period Memo Item Date of Disbursement Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) State: District: District: Pull Name (Last, First, Middle Initial) Ct. Mailing Address City State Zip Code FEC Identification Number Category/ Type Date of Disbursement this Period Transaction ID: B8E533087At Amount of Each Disbursement this Period Memo Item Date of Disbursement this Period Transaction ID: Bate53087At Amount of Each Disbursement this Period Transaction ID: Bate53087At Amount of Each Disbursement this Period Transaction ID: Bate53087At Amount of Each Disbursement this Period Transaction ID: Bate53087At Amount of Each Disbursement this Period Transaction ID: Bate53087At Amount of Each Disbursement this Period Transaction ID: Bate53087At Amount of Each Disbursement this Period Transaction ID: Bate53087At Amount of Each Disbursement this Period Transaction ID: Bate53087At Amount of Each Disbursement this Period Transaction ID: Bate53087At Amount of Each Disbursement this Period Transaction ID: Bate53087At Amount of Each Disbursement this Period Transaction ID: Bate53087At Amount of Each Disbursement this Period Transaction ID: Bate53087At Amount of Each Disbursement this Period Transaction ID: Bate53087At Amount of Each Disbursement this Period Transaction ID: Bate53087At Amount of Each Disbursement this Period Transaction ID: Bate53087At Amount of Each Disbursement this Period Transaction ID: Bate53087At Amount of Each Disbursement this Period Transaction ID: Bate53087At Amount of Each Disbursement this Period Transaction ID: Bate53087A Amount of Each Disbursement this		IVII	48306-4821						
Cardidate Name Office Sought: House State: District: House Primary General President State: District: Senate President State: District: Senate President State: District: House Disbursement For: Senate President State: District: District: Amount of Each Disbursement this Period Type Office Sought: House Disbursement For: Senate Primary General President State: District: Di									
Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Purpose of Disbursement Full Name (Last, First, Middle Initial) Candidate Name Disbursement For: Senate President Other (specify) Memo Item Date of Disbursement Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) Category/ Type Date of Disbursement this Period Full Name (Last, First, Middle Initial) Category/ Type Date of Disbursement Type Category/ Type Date of Disbursement this Period Category/ Type Date of Disbursement Type FEC Identification Number Category/ Type Date of Disbursement Type Category/ Type Date of Disbursement Type Date of Disbursement Type FEC Identification Number Category/ Type Memo Item Substitute: District: Senate President Other (specify) Memo Item Substitute: District: Memo Item	Candidate Name	Candidate Name							
Senate President Other (specify) ▼ Memo Item Date of Disbursement Primary General Other (specify) ▼ Mailing Address Disbursement Date of Disbursem					Amount	Lacii Disbu	il sement this i enou		
State: District: Other (specify) B. Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President Primary General Purpose of Disbursement State: District: Date of Disbursement For: Senate Primary General Other (specify) Full Name (Last, First, Middle Initial) C. C. Date of Disbursement this Period Memo Item FEC Identification Number C. Date of Disbursement this Period Memo Item FEC Identification Number C. Date of Disbursement Candidate Name Office Sought: House Disbursement For: Senate Primary General Primary General Disbursement Candidate Name Office Sought: House Disbursement For: Senate Primary General Prim	Office Sought: House Disburse	ment For:	nent For:			70	313.76		
State: District: Full Name (Last, First, Middle Initial) B. Mailing Address City									
B. Mailing Address City Purpose of Disbursement Candidate Name Office Sought: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: District: Full Name (Last, First, Middle Initial) C. Amount of Each Disbursement this Period Disbursement Date of Disbursement Category/ Type Other (specify) Date of Disbursement Category/ Type Other (specify) Date of Disbursement this Period FEC Identification Number Category/ Type Date of Disbursement this Period Fec Identification Number Category/ Type Other (specify) FEC Identification Number Category/ Type Amount of Each Disbursement this Period Office Sought: House Disbursement For: Senate Primary General Other (specify) Memo Item Substract Substract Amount of Each Disbursement this Period		Other (spe	ecity) \blacktriangledown		Memo	Item			
Mailing Address City									
City Purpose of Disbursement Candidate Name Ciffice Sought: House	B.				Date of D	isbursement			
City						M M / D D / Y Y Y Y			
Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code FEC Identification Number Candidate Name Office Sought: House Disbursement For: Senate Primary General Other (specify) Memo Item FEC Identification Number Category/ Type Other (specify) Memo Item State: District: Memo Item State: District: Memo Item State: District: Memo Item Substitute: District: Memo Item	Mailing Address								
Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: Substrotal of Disbursements This Page (optional)	City	State	Zip Code		FEC Ident	ification Nun	nber		
Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Subtrotal of Disbursements This Page (optional)	Purpose of Disbursement								
Office Sought: House Senate Primary General Primary General Disbursement For: Senate President District: District: Date of Disbursement Date of Date of Disbursement Date of	·								
Office Sought:	Category/			Amount of Each Disbursement this Period					
Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code FEC Identification Number Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) Senate Primary General Memo Item State: District: Subtotal Anount of Each Disbursement this Period State: District: Memo Item	Office Sought: House Disburse	ment For:		Туре					
State: District: Other (specify) Memo Item Date of Disbursement Mailing Address City State Zip Code FEC Identification Number Candidate Name Candidate Name Category/ Type Office Sought: House Primary General Other (specify) State: District: Memo Item State: Disbursements This Page (optional)									
State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code FEC Identification Number Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: Substate: District: Mailing Address FEC Identification Number Category/ Type Amount of Each Disbursement this Period Memo Item 313.76					Mama Itam				
City State Zip Code FEC Identification Number Candidate Name Category/ Type Office Sought: House Primary General President State: District: Substortal of Disbursements This Page (optional)	State: District:	1			Memo	item			
City State Zip Code FEC Identification Number Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Subtotal of Disbursements This Page (optional)	,				Data of D	iahuraamant			
City State Zip Code FEC Identification Number Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: Substitute Disbursement For: State: Disbursements This Page (optional)	C.								
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Substrict: Memo Item Substrict: Amount of Each Disbursement this Period Memo Item 313.76	Mailing Address				W = W	D = D /			
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)	City	State Zip Code			FEC Identification Number				
Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ Subtrotal of Disbursements This Page (optional)	Purpose of Disbursement				C				
Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)				l l					
Senate Primary General Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)	Candidate Name				Amount of	Each Disbu	irsement this Period		
State: District: Other (specify) SUBTOTAL of Disbursements This Page (optional)		1				75			
State: District: SUBTOTAL of Disbursements This Page (optional)		_				,			
SUBTOTAL of Disbursements This Page (optional)		Other (spe	ecity) 🔻		Memo	Item			
342.76	State. District.								
242.70	SUBTOTAL of Disbursements This Page (optional).					45	313.76		
TOTAL This Period (last page this line number only)							313.76		

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 22 OF 23 (check only one)			
	Detailed Summary Page	28a	28b 28c x 29 30b		
Any information copied from such Reports and Statem or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC	and address of any pollt	- Committee to	The state of the s		
Full Name (Last, First, Middle Initial) A. Gretchen Whitmer for Governor	Date of Disbursement				
Mailing Address PO Box 15282			10 07 2022		
City Lansing Purpose of Disbursement	State Zip Code MI 48901-5282		FEC Identification Number		
Contribution to State Committee Candidate Name	Transaction ID : BC350BD8D7 Amount of Each Disbursement this Period				
Category Type Office Sought:			2500.00 Memo Item		
State: District: Full Name (Last, First, Middle Initial) B. Annette Glenn for State Senate Mailing Address PO Box 1128	Date of Disbursement 10 04 2022				
City State Zip Code Midland MI 48641-1128 Purpose of Disbursement			FEC Identification Number C Transaction ID: BEFCA13254I Amount of Each Disbursement this Period		
Contribution to State Committee Candidate Name	Category/ Type				
Senate	nent For: 2022 Primary x General Other (specify)		250.00 Memo Item		
Full Name (Last, First, Middle Initial) Friends of Warren C. Evans			Date of Disbursement		
Mailing Address PO Box 15127			10 07 2022		
City Detroit Purpose of Disbursement Contribution to State Committee Candidate Name		FEC Identification Number C Transaction ID : B222DB02CE			
		Category/ Type	Amount of Each Disbursement this Period		
	nent For: 2022 Primary General Other (specify)		2500.00 Memo Item		
SUBTOTAL of Disbursements This Page (optional)		······	5250.00		
TOTAL This Period (last page this line number only)					

17

SCHEDULE B (FEC Form 3X)	Hee compared as the state	\(\alpha\)	FOR LINE NUMBER: PAGE 23 OF 2			
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of the	1 (0110011 0111	(check only one)			
	Detailed Summary Pag		22 23 28c x	26 27 29 30b		
Any information copied from such Reports and Staten	nents may not be sold or					
or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)						
│						
Full Name (Last, First, Middle Initial)			Ī			
A. Carol Glanville for State Represent	Date of Disbursement					
·			M M / D D / Y Y Y Y			
Mailing Address PO Box 140976			10 04	2022		
City	State Zip Code		FFC Identification N	lumber		
Grand Rapids	MI 49514-097	6	FEC Identification Number			
Purpose of Disbursement Contribution to State Committee			C			
Candidate Name			Transaction ID Amount of Each Dis	: B4980575D79 sbursement this Period		
		Category/ Type	, another to Later bis			
Office Sought: House Senate President Disbursement For: 2022 Primary ✓ General Other (specify) ✓			250.00			
						State: District:
Full Name (Last, First, Middle Initial)						
B. Central Michigan Conservative Lea	Date of Disburseme	ent				
Mailing Address 201 Townsend St	10 13	2022				
Ste 900				2022		
,	State Zip Code MI 48933-152	-	FEC Identification N	lumber		
Lansing Purpose of Disbursement	<u> </u>	C				
Contribution to State Committee		Transaction ID	· BAE228C7201			
Candidate Name Categor				sbursement this Period		
Office Sought: House Disbursen	nont For: acce	Type		500.00		
	nent For: 2022 Primary Genera	al		300.00		
	Other (specify)	-	Momo Itom			
State: District:	Other		Memo Item			
Full Name (Last, First, Middle Initial)			Data of Diahura	ant.		
C.			Date of Disburseme	/ Y Y Y Y Y		
Mailing Address			- M / D = D			
Oih.	2: 0 !					
City	State Zip Code		FEC Identification N	lumber		
Purpose of Disbursement			C			
Condidate Name						
Candidate Name		Category/ Type	Amount of Each Dis	sbursement this Period		
Office Sought: House Disbursen	nent For:	Type				
	Primary Genera	al	4	4		
	Other (specify) ▼		Memo Item			
State: District:						
SUBTOTAL of Disbursements This Page (optional)				750.00		
CODITION DISDUISMENTS THIS Lage (optional)			1 1 1 1	7 7		
TOTAL This Period (last page this line number only)			1	6000.00		