

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Health Alliance Plan PAC

ADDRESS (number and street) 2850 West Grand Boulevard Check if different than previously reported. (ACC) Detroit MI 48202-2643

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00410670 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special Election on 11/08/2022 MI

5. Covering Period 10/01/2022 through 11/28/2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Lafferty, Rory, , , Type or Print Name of Treasurer

Signature of Treasurer Lafferty, Rory, , , [Electronically Filed] Date 12/08/2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Health Alliance Plan PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="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	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

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

DETAILED SUMMARY PAGE of Receipts

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Page 3

Write or Type Committee Name

Health Alliance Plan PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2022 To: M M / D D / Y Y Y Y Y Y
11 / 28 / 2022

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

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	207.15	822.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	207.15	822.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4258.08	4758.08
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	313.76	313.76
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	313.76	313.76
29. Other Disbursements (Including Non-Federal Donations).....	6000.00	7000.00
30. 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 Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10778.99	12894.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10778.99	12894.01

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Bloom, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8308 Bridlewood Ct.
 City Clarkston State MI Zip Code 48348-4373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) SVP & Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 19 / 2022
Transaction ID : A3AA520EA52174729A60
 Amount of Each Receipt this Period 60.00
 Memo Item
 Payroll Deduction: \$15.00/Bi-Weekly

B. Vargovich, Troy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41500 Ladywood Ct
 City Northville State MI Zip Code 48168-2342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir- Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 11 / 19 / 2022
Transaction ID : A827B8404A0E04004A55
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

C. Ledesma, Sandra, Lee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22429 Provincial
 City Woodhaven State MI Zip Code 48183-3782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir- Application Development
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.00

Date of Receipt 11 / 19 / 2022
Transaction ID : ABB9F0F17EC254B05B09
 Amount of Each Receipt this Period 64.00
 Memo Item
 Payroll Deduction: \$16.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	204.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Koslakiewicz, Glen, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30431 John Hauk
 City Garden City State MI Zip Code 48135-1463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir- Fin Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.00

Date of Receipt 11 / 19 / 2022
Transaction ID : A1766F233C8164F189EE
 Amount of Each Receipt this Period 64.00
 Memo Item
 Payroll Deduction: \$16.00/Bi-Weekly

B. Boyer, Julie, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9201 Downing Rd
 City Birch Run State MI Zip Code 48415-9734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Mgr-Information Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 306.00

Date of Receipt 11 / 19 / 2022
Transaction ID : A1A90A9D600E34CBB944
 Amount of Each Receipt this Period 0.00
 Memo Item
 Payroll Deduction: \$0.00/Bi-Weekly

C. Kelly, Catherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17050 Glenmoor Drive
 City Northville State MI Zip Code 48168-6511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir- Business Configuration Tm
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 11 / 19 / 2022
Transaction ID : A4DB950DCC1B443A4BB6
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	144.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Hibbett, Darryl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5434 Claridge Ln.
 City West Bloomfield State MI Zip Code 48322-3862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir- Labor Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 19 / 2022
Transaction ID : A384094F89B564E75B67
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction: \$25.00/Bi-Weekly

B. Zbytowski, Jennifer, Brooks, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 49206 St. Nicholas
 City Shelby Township State MI Zip Code 48317-6315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP-Strategic Prog Dev & Optim
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 11 / 19 / 2022
Transaction ID : ABA7EE3617B6D4E6DA03
 Amount of Each Receipt this Period 140.00
 Memo Item
 Payroll Deduction: \$35.00/Bi-Weekly

C. Hutchison, Todd, Eric, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 773 Whittier
 City Grosse Pointe Park State MI Zip Code 48230-1863
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP-Financial Planning&Analysis
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 11 / 19 / 2022
Transaction ID : A4CD84EA10ABB4A0B81E
 Amount of Each Receipt this Period 140.00
 Memo Item
 Payroll Deduction: \$35.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	380.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. De Ceuninck, Adriane, Jean, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 909 Still Valley Drive
 City Howell State MI Zip Code 48855-8360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Mgr-Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt 11 / 19 / 2022
Transaction ID : ADA177F59717840F7AB5
 Amount of Each Receipt this Period 48.00
 Memo Item
 Payroll Deduction: \$12.00/Bi-Weekly

B. Vanderburg, Marc, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25750 Ivanhoe
 City Huntington Woods State MI Zip Code 48070-1606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP- Commercial Bus & Sales Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 613.00

Date of Receipt 11 / 19 / 2022
Transaction ID : AA57EB4DDCEE14B67871
 Amount of Each Receipt this Period 156.00
 Memo Item
 Payroll Deduction: \$39.00/Bi-Weekly

C. Randle, Johnathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1867 Chipping Way
 City Bloomfield Hills State MI Zip Code 48302-1711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir-Gov't Programs Compliance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 11 / 19 / 2022
Transaction ID : AD7C4726D1C4F4182B1D
 Amount of Each Receipt this Period 200.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	404.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Palermo, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1820 Kenmore Dr.
 City Grosse Pointe Woods State MI Zip Code 48236-1982
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP- Claim Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 448.00

Date of Receipt 11 / 19 / 2022
Transaction ID : AAE9AB963478B417CB9D
 Amount of Each Receipt this Period 128.00
 Memo Item
 Payroll Deduction: \$32.00/Bi-Weekly

B. Kreis II, Kenneth, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 190 N. Youngs Rd.
 City Attica State MI Zip Code 48412-9683
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Mgr-Appl Devlpmt & eCommerce
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 266.00

Date of Receipt 11 / 19 / 2022
Transaction ID : A01049F9244884FBEAC6
 Amount of Each Receipt this Period 48.00
 Memo Item
 Payroll Deduction: \$12.00/Bi-Weekly

C. Bennett, Charity, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 Rosewood Ave Se
 City Grand Rapids State MI Zip Code 49506-2828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP-Transformation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 11 / 19 / 2022
Transaction ID : A29BD880688F04A07BC3
 Amount of Each Receipt this Period 240.00
 Memo Item
 Payroll Deduction: \$60.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	416.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Matthews, Irita, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 861 Whittier
 City Grosse Pointe Park State MI Zip Code 48230-1850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Senior Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 923.28

Date of Receipt 11 / 19 / 2022
Transaction ID : ADB70A74CFD92445C939
 Amount of Each Receipt this Period 153.88
 Memo Item
 Payroll Deduction: \$38.47/Bi-Weekly

B. Rajendra, Archana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1976 Belwood Drive
 City Okemos State MI Zip Code 48864-5969
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP-Deputy Gen Counsel Ins Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1076.88

Date of Receipt 11 / 19 / 2022
Transaction ID : A8AEB0A7BB0E04599A91
 Amount of Each Receipt this Period 307.68
 Memo Item
 Payroll Deduction: \$76.92/Bi-Weekly

C. Harder, Christine, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3060 Woodcreek Way
 City Bloomfield Hills State MI Zip Code 48304-1862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) SVP-Provider Network Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1290.00

Date of Receipt 11 / 19 / 2022
Transaction ID : A5F55C4AFCBAA40A3919
 Amount of Each Receipt this Period 300.00
 Memo Item
 Payroll Deduction: \$75.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	761.56
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 23
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. VanDuine, Dustin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1218 Lake Valley Ct
 City Fenton State MI Zip Code 48430-1241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Sales Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 670.00

Date of Receipt 11 / 19 / 2022
Transaction ID : AEBCF1B374ECC4557A73
 Amount of Each Receipt this Period 160.00
 Memo Item
 Payroll Deduction: \$40.00/Bi-Weekly

B. Selinsky, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28638 Oak Point Drive
 City Farmington Hills State MI Zip Code 48331-2706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP-Product Strategy MrktngComm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 11 / 19 / 2022
Transaction ID : AC58B07C81AC24219980
 Amount of Each Receipt this Period 140.00
 Memo Item
 Payroll Deduction: \$35.00/Bi-Weekly

C. Hausenfluck, Merrill, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4223 W Vasconia St
 City Tampa State FL Zip Code 33629-8418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) SVP- Chief Financial Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 532.00

Date of Receipt 11 / 19 / 2022
Transaction ID : A7707256425C54221A31
 Amount of Each Receipt this Period 304.00
 Memo Item
 Payroll Deduction: \$76.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	604.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Taylor, Jeffrey, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5153 Duffield Rd
 City Swartz Creek State MI Zip Code 48473-8601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Mgr-Performance Improvement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 19 / 2022
Transaction ID : A5C54F4B3012240C18A2
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. Lafferty, Rory, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 759 Cherry Stone Drive
 City Canton State MI Zip Code 48188-5304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir- Government&Lgsltv Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 19 / 2022
Transaction ID : ADB7556ACB00B4FDDB04
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction: \$25.00/Bi-Weekly

C. Ronan, Dianna, Lynn, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2156 Cumberland Dr.
 City Brighton State MI Zip Code 48114-8990
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP-Financial Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 19 / 2022
Transaction ID : A4B7A431DBC6447BBBCD
 Amount of Each Receipt this Period 200.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	340.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Donovan, Buff, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22745 Power Rd.
 City Farmington State MI Zip Code 48336-4019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir-Population Health CBHM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.00

Date of Receipt 11 / 19 / 2022
Transaction ID : A7F346FB49BF3490A8C8
 Amount of Each Receipt this Period 64.00
 Memo Item
 Payroll Deduction: \$16.00/Bi-Weekly

B. Hurley, Kevin, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45504 Morningside Rd.
 City Canton State MI Zip Code 48187-5610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Mgr- Revenue Cycle & Recv Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt 11 / 19 / 2022
Transaction ID : A7BE8147A96044622B6B
 Amount of Each Receipt this Period 48.00
 Memo Item
 Payroll Deduction: \$12.00/Bi-Weekly

C. Wilson, Deborah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5109 Corners Drive
 City West Bloomfield State MI Zip Code 48322-3934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir-Communications & Brand
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 11 / 19 / 2022
Transaction ID : ACE64767A8B07494AAAE
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	192.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Genord, Jill, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1253 Tulberry Cir
 City Rochester State MI Zip Code 48306-4821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Homemaker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 313.76

Date of Receipt 10 / 21 / 2022
Transaction ID : A4F198BD9EF0545BD823
 Amount of Each Receipt this Period 313.76
 Memo Item

B. Davis, Ron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6451 Kennesaw Rd
 City Canton State MI Zip Code 48187-1278
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir-Vendor Management
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 350.00

Date of Receipt 11 / 19 / 2022
Transaction ID : A6ED85A64608343F78C2
 Amount of Each Receipt this Period 150.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

C. Wejrandt, Shannon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21353 Flag Drive
 City Macomb State MI Zip Code 48042-4332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir-Provider Network Mgmt
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 260.00

Date of Receipt 11 / 19 / 2022
Transaction ID : A5C73FA8B10674E9F9F0
 Amount of Each Receipt this Period 60.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	523.76
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Treash, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 839 Ridgedale Ave
 City Birmingham State MI Zip Code 48009-5768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) SVP- Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 11 / 19 / 2022
Transaction ID : AAE7A101235414E438CF
 Amount of Each Receipt this Period 225.00
 Memo Item
 Payroll Deduction: \$75.00/Bi-Weekly

B. Holzhausen, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2523 Wheeler Drive
 City Chelsea State MI Zip Code 48118-9224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP-ProviderContracting&NtwkDev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 11 / 19 / 2022
Transaction ID : AB918040DB9EB42A180B
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll Deduction: \$40.00/Bi-Weekly

C. Rader, Tracie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3009 Grand Park
 City Rochester Hills State MI Zip Code 48307-5181
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir - Commercial Enrollment
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 19 / 2022
Transaction ID : A7056AE0E449F4182B15
 Amount of Each Receipt this Period 30.00
 Memo Item
 Payroll Deduction: \$30.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	335.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 17 OF 23
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tischer, Charles, , ,

Mailing Address 3095 Honor Drive

City Rochester Hills	State MI	Zip Code 48309-4013
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Health Alliance Plan	Occupation (for Individual) Dir- Mid Michigan Market
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	19	/	2022

Transaction ID : ACC7E9B9025A14FCCA9C

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction: \$15.00/Bi-Weekly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	4319.32

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Comerica Bank

Mailing Address PO Box 75000

City
Detroit

State
MI

Zip Code
48275-0001

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			12			2022			

FEC Identification Number

C [Redacted]

Transaction ID : B379FAD740

Amount of Each Disbursement this Period

[Redacted]	63.98
------------	-------

Memo Item

Full Name (Last, First, Middle Initial)

B. Comerica Bank

Mailing Address PO Box 75000

City
Detroit

State
MI

Zip Code
48275-0001

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2022			

FEC Identification Number

C [Redacted]

Transaction ID : B0105DCA1D

Amount of Each Disbursement this Period

[Redacted]	39.65
------------	-------

Memo Item

Full Name (Last, First, Middle Initial)

C. Comerica Bank

Mailing Address PO Box 75000

City
Detroit

State
MI

Zip Code
48275-0001

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2022			

FEC Identification Number

C [Redacted]

Transaction ID : BD38EF30B3

Amount of Each Disbursement this Period

[Redacted]	63.98
------------	-------

Memo Item

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

[Redacted]	167.61
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TOTAL This Period (last page this line number only)..... ▶

[Redacted]	
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Comerica Bank

Mailing Address PO Box 75000

City
Detroit

State
MI

Zip Code
48275-0001

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	4		2	0	2	2		

FEC Identification Number

C

Transaction ID : BC22E302F2I

Amount of Each Disbursement this Period

39.54

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

39.54

207.15

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. JOHN JAMES FOR CONGRESS, INC.

Mailing Address P.O. BOX 628

City
ST. CLAIR SHORES

State
MI

Zip Code
48080

Purpose of Disbursement
In-Kind: Event Supplies

Candidate Name

James, John, E., Mr.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: MI District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2022			

FEC Identification Number

C C00803502

Transaction ID : B4C6F5073A!

Amount of Each Disbursement this Period

313.76

Memo Item

Full Name (Last, First, Middle Initial)

B. JOHN JAMES FOR CONGRESS, INC.

Mailing Address P.O. BOX 628

City
ST. CLAIR SHORES

State
MI

Zip Code
48080

Purpose of Disbursement
Contribution to Committee

Candidate Name

James, John, E., Mr.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: MI District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2022			

FEC Identification Number

C C00803502

Transaction ID : B8465CDD48!

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Celebrity Catering

Mailing Address 75 W Long Lake Rd

City
Troy

State
MI

Zip Code
48098-4633

Purpose of Disbursement
In-Kind: Catering

Candidate Name

James, John, E., Mr.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: MI District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2022			

FEC Identification Number

C H2MI10150

Transaction ID : BE161CBCC

Amount of Each Disbursement this Period

2944.32

Memo Item

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

4258.08

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

4258.08

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Genord, Jill, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1253 Tulberry Cir

City Rochester State MI Zip Code 48306-4821

Purpose of Disbursement Refund of Contribution Made

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
11 / 08 / 2022

FEC Identification Number: C

Transaction ID : B8E533087A

Amount of Each Disbursement this Period: 313.76

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	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 Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Gretchen Whitmer for Governor		Date of Disbursement MM / DD / YYYY 10 / 07 / 2022
Mailing Address PO Box 15282		FEC Identification Number C Transaction ID : BC350BD8D7 Amount of Each Disbursement this Period 2500.00
City Lansing	State MI	
Zip Code 48901-5282	Purpose of Disbursement Contribution to State Committee	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Annette Glenn for State Senate		Date of Disbursement MM / DD / YYYY 10 / 04 / 2022
Mailing Address PO Box 1128		FEC Identification Number C Transaction ID : BEFCA13254I Amount of Each Disbursement this Period 250.00
City Midland	State MI	
Zip Code 48641-1128	Purpose of Disbursement Contribution to State Committee	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Friends of Warren C. Evans		Date of Disbursement MM / DD / YYYY 10 / 07 / 2022
Mailing Address PO Box 15127		FEC Identification Number C Transaction ID : B222DB02CE Amount of Each Disbursement this Period 2500.00
City Detroit	State MI	
Zip Code 48215-0127	Purpose of Disbursement Contribution to State Committee	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	5250.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Carol Glanville for State Representative

Mailing Address PO Box 140976

City
Grand Rapids

State
MI

Zip Code
49514-0976

Purpose of Disbursement
Contribution to State Committee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		04		2022

FEC Identification Number

C []

Transaction ID : B4980575D7

Amount of Each Disbursement this Period

[] 250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Central Michigan Conservative Leadership

Mailing Address 201 Townsend St
Ste 900

City
Lansing

State
MI

Zip Code
48933-1529

Purpose of Disbursement
Contribution to State Committee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		13		2022

FEC Identification Number

C []

Transaction ID : BAF228C730

Amount of Each Disbursement this Period

[] 500.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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

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

[] 750.00

[] 6000.00