

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 OR AMENDED (N) (A)

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

5. Covering Period 04 01 2022 through 06 30 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 07 06 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)

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.....	25659.01	
(c) Total Receipts (from Line 19) .....	16438.84	19913.63
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	42097.85	43039.79
7. Total Disbursements (from Line 31).....	- 558.06	383.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	42655.91	42655.91
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

Write or Type Committee Name

Health Alliance Plan PAC

Report Covering the Period: From: 04 / 01 / 2022 To: 06 / 30 / 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).....	14467.24	14617.24
(ii) Unitemized .....	1971.60	5296.39
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	16438.84	19913.63
(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) .....	16438.84	19913.63
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)).....▶	16438.84	19913.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	16438.84	19913.63

**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 .....	191.94	383.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	191.94	383.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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 .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	- 750.00	0.00
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)) ..	- 558.06	383.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	- 558.06	383.88

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	16438.84	19913.63
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16438.84	19913.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	191.94	383.88
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	191.94	383.88

**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 18
<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. 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 ▼ 650.00

Date of Receipt 06 / 24 / 2022  
**Transaction ID : AD1B895B051004342BD5**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 Payroll Deduction: \$50.00/Bi-Weekly

**B. 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 ▼ 585.00

Date of Receipt 06 / 24 / 2022  
**Transaction ID : A57C4E2AFA7A94A79AD5**  
 Amount of Each Receipt this Period 270.00  
 Memo Item  
 Payroll Deduction: \$45.00/Bi-Weekly

**C. 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 ▼ 455.00

Date of Receipt 06 / 24 / 2022  
**Transaction ID : AD1DA34D023FF4DC3B03**  
 Amount of Each Receipt this Period 210.00  
 Memo Item  
 Payroll Deduction: \$35.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	780.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 18
	<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. 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 ▼ 500.11

Date of Receipt 06 / 24 / 2022  
**Transaction ID : A95A6760F2B8B47CA906**  
 Amount of Each Receipt this Period 230.82  
 Memo Item  
 Payroll Deduction: \$38.47/Bi-Weekly

**B. 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 ▼ 455.00

Date of Receipt 06 / 24 / 2022  
**Transaction ID : AEE64CE7E411841B8B4C**  
 Amount of Each Receipt this Period 210.00  
 Memo Item  
 Payroll Deduction: \$35.00/Bi-Weekly

**C. 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 ▼ 455.00

Date of Receipt 06 / 24 / 2022  
**Transaction ID : A755BEAFF86584060A18**  
 Amount of Each Receipt this Period 210.00  
 Memo Item  
 Payroll Deduction: \$35.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.82
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 18
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<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. Germain, Carolyn, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3053 S Nichols Rd  
 City Lennon State MI Zip Code 48449-9328  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) AVP-Performance Improvement  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 440.00

Date of Receipt 05 / 27 / 2022  
**Transaction ID : ABC6B9F10AA13432FAA5**  
 Amount of Each Receipt this Period 160.00  
 Memo Item  
 Payroll Deduction: \$40.00/Bi-Weekly

**B. Genord, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1253 Tulberry Circle  
 City Rochester State MI Zip Code 48306-4821  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Corporate Offices Occupation (for Individual) EVP, HFHS & Pres & CEO, HAP  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2500.00

Date of Receipt 05 / 16 / 2022  
**Transaction ID : A64D7A199A1B5415AB05**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**C. Neubecker, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4692 Alton Drive  
 City Troy State MI Zip Code 48085-5002  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) AVP-Digital Self-Service  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 05 / 19 / 2022  
**Transaction ID : A9271D4AC1E7A4BCB96A**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3160.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 18
	<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. Peery, Lorraine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2584 Kerria Drive  
 City Howell State MI Zip Code 48855-6455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Community Care Services Occupation (for Individual) Dir-Pharm Drug Benefit Progrms  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 20 / 2022  
**Transaction ID : AB23C1F2BA04C40A2893**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

**B. Pirkola, Natalie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 43330 Cove Ct.  
 City Sterling Heights State MI Zip Code 48313-2339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Community Care Services Occupation (for Individual) VP- Amb Clinical Pharmacy Svcs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 05 / 25 / 2022  
**Transaction ID : A0175FA376F7042499BE**  
 Amount of Each Receipt this Period 800.00  
 Memo Item

**C. Billis-Gergics, Lori, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 373 Hillcrest Avenue  
 City Grosse Pointe Farms State MI Zip Code 48236-3151  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Medical Director-HCM  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 05 / 25 / 2022  
**Transaction ID : A2FD127B50CF0461096A**  
 Amount of Each Receipt this Period 450.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 18
<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. Moore, Kara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3644 Wakefield  
 City Berkley State MI Zip Code 48072-3454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir-FinancialPlanning&Analysis  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 27 / 2022  
**Transaction ID : A493527CF9D9E4B898AB**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 Payroll Deduction: \$400.00/Bi-Weekly

**B. Anderson, Margaret, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2920 Berkshire Drive  
 City Bloomfield Hills State MI Zip Code 48301-3403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) SVP- Chief Sales &Mktg Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 05 / 27 / 2022  
**Transaction ID : A2A24B2F063954CB496B**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item  
 Payroll Deduction: \$2000.00/Bi-Weekly

**C. Elinski, Jenifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3434 Essex Drive  
 City Troy State MI Zip Code 48084-2739  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Mgr- CM/UM Clinical Analytics  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 27 / 2022  
**Transaction ID : A9EB6DC38AAF343D2873**  
 Amount of Each Receipt this Period 275.00  
 Memo Item  
 Payroll Deduction: \$275.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2675.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 18
<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. 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 ▼ 260.00

Date of Receipt 06 / 24 / 2022  
**Transaction ID : AE127FCDFD5745AD8D5**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 Payroll Deduction: \$20.00/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 ▼ 275.00

Date of Receipt 06 / 24 / 2022  
**Transaction ID : AC661B853FF2944D792E**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 Payroll Deduction: \$25.00/Bi-Weekly

**C. Cerier, Martyanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16060 Buckingham Avenue  
 City Beverly Hills State MI Zip Code 48025-3310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Mgr- Compliance  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 27 / 2022  
**Transaction ID : AC2BBBD692E634B1684E**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 Payroll Deduction: \$300.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	435.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 18
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Health Alliance Plan PAC**

**A. Vereecke, Benjamin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22715 Doremus  
 City Saint Clair Shores State MI Zip Code 48080-3421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir- Risk Adjustment  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 05 / 27 / 2022  
**Transaction ID : A03E76F973DCB4F2D980**  
 Amount of Each Receipt this Period 450.00  
 Memo Item

**B. Frawley, Antoinette, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40517 Oakbrook Drive  
 City Sterling Heights State MI Zip Code 48310-1760  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir- Product Development & Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 31 / 2022  
**Transaction ID : A458BEC518665436DBFA**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Damschroder, Robin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 335 Meadow Creek Drive  
 City Ann Arbor State MI Zip Code 48105-3052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) EVP, Finance and Admin & CFO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 06 / 02 / 2022  
**Transaction ID : A8060FA0AD8234AFC8D5**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3450.00  
**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 13 OF 18
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<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. 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 ▼ 221.00

Date of Receipt 06 / 24 / 2022  
**Transaction ID : AD107D377E4034E1D8E4**  
 Amount of Each Receipt this Period 34.00  
 Memo Item  
 Payroll Deduction: \$17.00/Bi-Weekly

**B. Borschke, Frank, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1367 Whitehouse Court  
 City Rochester Hills State MI Zip Code 48306-3778  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Medical Director-HCM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 10 / 2022  
**Transaction ID : A7C586EA804B442E4BEE**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Payroll Deduction: \$500.00/Bi-Weekly

**C. Schneider, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 874 Bridgestone  
 City Rochester Hills State MI Zip Code 48309-1618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir- Support Svcs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 10 / 2022  
**Transaction ID : A57C01596AE5547ABB26**  
 Amount of Each Receipt this Period 17.50  
 Memo Item  
 Payroll Deduction: \$17.50/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	551.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 18
	<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. Marcath, Annette, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14691 24 Mile Road  
 City Shelby Township State MI Zip Code 48315-2101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP-Chief Information Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 10 / 2022  
**Transaction ID : A35E278C669F74FC2AF6**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Payroll Deduction: \$1000.00/Bi-Weekly

**B. 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 ▼ 208.00

Date of Receipt 06 / 24 / 2022  
**Transaction ID : AED34E70EA90D4B0BBA3**  
 Amount of Each Receipt this Period 16.00  
 Memo Item  
 Payroll Deduction: \$16.00/Bi-Weekly

**C. 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 ▼ 230.00

Date of Receipt 06 / 24 / 2022  
**Transaction ID : A73C373D47B4E4CC1AF2**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Payroll Deduction: \$40.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1056.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 18
	<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. 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 ▼ 230.76

Date of Receipt 06 / 24 / 2022  
**Transaction ID : A8693BE0E527E45B5A78**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 Payroll Deduction: \$76.92/Bi-Weekly

**B. 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 ▼ 208.00

Date of Receipt 06 / 24 / 2022  
**Transaction ID : A37118FBEA09A44C0BF8**  
 Amount of Each Receipt this Period 16.00  
 Memo Item  
 Payroll Deduction: \$16.00/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 ▼ 208.00

Date of Receipt 06 / 24 / 2022  
**Transaction ID : AEA06938A88E490AB71**  
 Amount of Each Receipt this Period 16.00  
 Memo Item  
 Payroll Deduction: \$16.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	108.92
<b>TOTAL</b> This Period (last page this line number only).....▶	14467.24

**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
0	4		1	1		2	0	2	2

FEC Identification Number

**C** [Redacted]  
**Transaction ID : B29EEE5209**  
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

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	0		2	0	2	2

FEC Identification Number

**C** [Redacted]  
**Transaction ID : BC11A9461F**  
Amount of Each Disbursement this Period  
[Redacted] 63.98

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

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	2	2

FEC Identification Number

**C** [Redacted]  
**Transaction ID : BA692A9BA**  
Amount of Each Disbursement this Period  
[Redacted] 63.98

Memo Item

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

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

1	9	1	9	4
---	---	---	---	---

1	9	1	9	4
---	---	---	---	---



**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. ANDREW FINK FOR STATE REPRESENTATIVE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2022

Mailing Address 64 E HALLETT ST

FEC Identification Number

**C** [ ]  
**Transaction ID : B6CE9EB58C**  
 Amount of Each Disbursement this Period  
 [ ] 500.00

City HILLSDALE State MI Zip Code 49242

Purpose of Disbursement  
Contribution to State Committee

[ ]  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼  
 State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**B. VanderWall Majority Fund**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		19		2022

Mailing Address 730 N. Hayford Ave

FEC Identification Number

**C** [ ]  
**Transaction ID : B226983F5EE**  
 Amount of Each Disbursement this Period  
 [ ] - 500.00

City Lansing State MI Zip Code 48912

Purpose of Disbursement  
VOID - Direct Contribution

[ ]  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2020  
 Primary  General  
 Other (specify) Other

Memo Item

Full Name (Last, First, Middle Initial)

**C. Martha G. Scott for Wayne County Commission**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		19		2022

Mailing Address 75 Rhode Island Street

FEC Identification Number

**C** [ ]  
**Transaction ID : B3827F8D82**  
 Amount of Each Disbursement this Period  
 [ ] - 250.00

City Highland Park State MI Zip Code 48023

Purpose of Disbursement  
VOID - Direct Contribution

[ ]  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼  
 State: District:

Memo Item

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

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

[ ] - 250.00  
 [ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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**

**A. Lasinski for Michigan PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 7206

City Ann Arbor State MI Zip Code 48107-7206

Purpose of Disbursement VOID - Direct Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2020  
 Primary  General  
 Other (specify) Other

Date of Disbursement: 04 / 19 / 2022

FEC Identification Number: C  
Transaction ID : B33A8E332F  
Amount of Each Disbursement this Period: - 500.00

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: / /

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: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	- 500.00
<b>TOTAL</b> This Period (last page this line number only).....	- 750.00