PAGE 1 / 24

Image# 202001289167402275

**FEC** 

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

FURINI 3X	For	Other Than An Aut	thorized Comi	mittee	Office	e Use Only
NAME OF COMMITTEE (in		E OR PRINT ▼	Example: If over the line	typing, type es.	12FE4M5	
Health Alliance	e Plan PAC					
ADDRESS (number ar		350 West Grand Boulevar	d			
Check if diff than previou reported. (A	ısly . r	Detroit			MI 48	3202
2. <b>FEC IDENTIFIC</b>	ATION NUMB	ER ▼ CI	TY▲		STATE ▲	ZIP CODE ▲
C C0041067	0		S THIS REPORT	NEW (N) <b>OR</b>	AMENDE (A)	ED
4. TYPE OF REI (Choose One)  (a) Quarterly Re	ports:	Report Due On: Ma	o 20 (M2) r 20 (M3) r 20 (M4)	May 20 (M5)  Jun 20 (M6)  Jul 20 (M7)	Aug 20 (M Sep 20 (M Oct 20 (M:	(Non-Election Year Only)  Dec 20 (M12) (Non-Election Year Only)
July 15 Quarterl October Quarterl	y Report (Q1)  y Report (Q2)  15 y Report (Q3)	(c) 12-Day PRE-Election Report for the:	Primary	(12P) tion (12C)	General (12G) Special (12S)	Runoff (12R)
Year-En July 31 Report Year Or	Mid-Year (Non-election (Iy) (MY) tion Report	(d) 30-Day POST-Election Report for the:	General	(30G)	Runoff (30R)	State of Special (30S)  in the State of
5. Covering Period	07	01 / 2019	throu	igh 12	/ D D / Y	Y Y Y 2019
I certify that I have e	L	eport and to the best o	f my knowledge	and belief it is tr	ue, correct and com	plete.
Signature of Treasure	Lafferty, R	ory, , ,	[Electron	nically Filed]	Date 01 /	28 / 2020
NOTE: Submission of	false, erroneous,	or incomplete information	on may subject the	e person signing t	this Report to the per	nalties of 52 U.S.C. § 30109
Office Use					FI	EC FORM 3X Rev. 05/2016

## SUMMARY PAGE

OI FEC Form 3X (Rev. 05/2016)	F RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
Write or Type Committee Name		
Health Alliance Plan PAC		
Report Covering the Period: From: 07	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2019		17096.25
(b) Cash on Hand at  Beginning of Reporting Period	14918.87	
(c) Total Receipts (from Line 19)	6578.50	12451.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	21497.37	29547.75
7. Total Disbursements (from Line 31)	13512.63	21563.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7984.74	7984.74
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 multican	didate committee. (see FEC FORM 1M)	
F	or 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)

Write or Type Committee N	Name
---------------------------	------

ı	100	طاءا	۸ 11	:	Dlan	$D^{\Lambda}$	$\sim$
r	теа	ITN	ΑII	iance	Plan	PA	ι,

не	port Covering the Period: From: 07	01 2019 To	D: 12 31 2019	
	I. Receipts	COLUMN B Calendar Year-to-Date		
	Contributions (other than loans) From:			
	(a) Individuals/Persons Other			
	Than Political Committees  (i) Itemized (use Schedule A)	5830.50	9751.50	
	(ii) Unitemized	748.00	2700.00	
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	6578.50	12451.50	
	(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)	6578.50	12451.50	
	Transfers From Affiliated/Other Party Committees	0.00	0.00	
3.	All Loans Received	0.00	0.00	
	Loan Repayments Received  Offsets To Operating Expenditures	0.00	0.00	
	(Refunds, Rebates, etc.)			
	(Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00	
	to Federal Candidates and Other			
	Political Committees	0.00	0.00	
	Other Federal Receipts			
3.	(Dividends, Interest, etc.)  Transfers from Non-Federal and Levin Funds	0.00	0.00	
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00	
	(IIOIII Schedule Fla)	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	

#### **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		
<ul> <li>Operating Expenditures:         <ul> <li>(a) Allocated Federal/Non-Federal</li> <li>Activity (from Schedule H4)</li> </ul> </li> </ul>		Calcinati I dal 10 Dato		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	517.40	4007.70		
Expenditures(c) Total Operating Expenditures	517.40	1067.78		
(add 21(a)(i), (a)(ii), and (b))▶	517.40	1067.78		
Transfers to Affiliated/Other Party Committees	0.00	0.00		
Contributions to Federal Candidates/Committees and Other Political Committees	1000.00	3000.00		
Independent Expenditures	200	0.00		
(use Schedule E) Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00	0.00		
(use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans MadeRefunds of Contributions To:	0.00	0.00		
(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		7 1 7 1 7		
(add Lines 28(a), (b), and (c))	0.00	0.00		
Other Disbursements (Including Non-Federal Donations)	44005.00	17495.23		
Non-rederal Donations)	11995.23	17495.23		
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	0.00	0.00		
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))	13512.63	21563.01		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	13512.63	21562.01		
· .	10012.00	21563.01		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)	or dispursements	Page <b>5</b>		
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)	6578.50	12451.50		
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6578.50	12451.50		
66. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	517.40	1067.78		
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
88. Net Operating Expenditures (subtract Line 37 from Line 36)	517.40	1067.78		

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

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

FOR LINE NUMBER:					PAGE	6	OF	24		
	(check only one)									
		X	11a		11b		11c	12	2	
			13		14		15	16	6	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 of Individual (Last, First, Middle Initial) or Full Organization Name Selinsky, Steven, , , Date of Receipt Mailing Address 28638 Oak Point Drive 31 2019 City Zip Code State Transaction ID: PR130556945549 MI Farmington Hills 48331 Amount of Each Receipt this Period FEC ID number of contributing C 195.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VP- Business Dev & Comm. Eng Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) 255.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Donovan, Buff, L,, Date of Receipt Mailing Address 22745 Power Rd. 2019 City State Zip Code Transaction ID: PR131868145549 MI Farmington 48336 Amount of Each Receipt this Period FEC ID number of contributing 208.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Dir-CBHM Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$16.00 Bi-Weekly) Other (specify) 416.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Schneider, Steven, , , Date of Receipt Mailing Address 874 Bridgestone 31 2019 City Zip Code State Transaction ID: PR133388245549 MI Rochester Hills 48309 Amount of Each Receipt this Period FEC ID number of contributing C 227.50 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Dir-Support Svcs Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$17.50 Bi-Weekly) 297.50 Other (specify) 630.50 SUBTOTAL of Receipts This Page (optional).....

## SCHEDULE A (FEC Form 3X)

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

Use separate schedule(s)

FOR LINE NUMBER:					PAGE		7	OF	24	
(0	(check only one)									
	X	11a		11b		11c		12	2	
		13		14		15		16	6	17

ITEMIZED RECEIPTS 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 Boyer, Julie, A,, Date of Receipt Mailing Address 9201 Downing Rd 31 2019 City Zip Code State Transaction ID: PR149941445549 MI Birch Run 48415 Amount of Each Receipt this Period FEC ID number of contributing C 221.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Mgr-Information Technology Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$17.00 Bi-Weekly) 289.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Harder, Christine, A., , Date of Receipt Mailing Address 3060 Woodcreek Way 2019 City State Zip Code Transaction ID : PR149941745549 Bloomfield Hills MI 48304 Amount of Each Receipt this Period FEC ID number of contributing 585.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan **VP- Provider Operations** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$45.00 Bi-Weekly) Other (specify) 765.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Bloom, Charles, , , Date of Receipt Mailing Address 8308 Bridlewood Ct. 2019 City State Zip Code Transaction ID: PR149968045549 MI Clarkston 48348 Amount of Each Receipt this Period FEC ID number of contributing C 195.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan VP Utilization Management Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) 255.00 Other (specify) 1001.00 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER:					PAGE		8	OF	24	
(0	(check only one)									
	X	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) Health Alliance Plan PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Germain, Carolyn, S,, Date of Receipt Mailing Address 3053 S Nichols Rd 31 2019 City Zip Code State Transaction ID: PR150218345549 MI Lennon 48449 Amount of Each Receipt this Period FEC ID number of contributing C 520.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Dir-Perf Impr&Mgmt HEDIS Stars Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$40.00 Bi-Weekly) 680.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Barnes, William, R, Date of Receipt Mailing Address 1111 Iroquois Tr. 2019 City State Zip Code Transaction ID : PR152031645549 MI Oxford 48371 Amount of Each Receipt this Period FEC ID number of contributing 325.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Deputy Gen Counsel- Ins Ops Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Bi-Weekly) Other (specify) 650.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Matthews, Irita, , , Date of Receipt Mailing Address 861 Whittier 31 2019 City Zip Code State Transaction ID : PR75326445549 MI Grosse Pointe Park 48230 Amount of Each Receipt this Period FEC ID number of contributing C 598.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Sr. Associate General Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$46.00 Bi-Weekly) 782.00 Other (specify) 1443.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

7

\_\_\_

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

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

24

9 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 Zbytowski, Jennifer, Brooks, , Date of Receipt Mailing Address 49206 St. Nicholas 31 2019 City Zip Code State Transaction ID: PR75326645549 MI Shelby Township 48317 Amount of Each Receipt this Period FEC ID number of contributing C 325.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VP-Strategic Prog Dev & Optim Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Bi-Weekly) 425.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Calabria, John, David, , Date of Receipt Mailing Address 2030 Brinston 2019 City State Zip Code Transaction ID : PR75330645549 MI Troy 48083 Amount of Each Receipt this Period FEC ID number of contributing 221.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Sr Medical Director Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$17.00 Bi-Weekly) Other (specify) 289.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Koslakiewicz, Glen, P., Date of Receipt Mailing Address 30431 John Hauk 31 2019 City Zip Code State Transaction ID : PR75332545549 MI Garden City 48135 Amount of Each Receipt this Period FEC ID number of contributing C 208.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Dir- Fin Operations Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$16.00 Bi-Weekly) 272.00 Other (specify) 754.00 SUBTOTAL of Receipts This Page (optional).....

7

\_\_\_

FOR LINE NUMBER: PAGE 10 OF 24 Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

for each category of the 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 Ronan, Dianna, Lynn, , Date of Receipt Mailing Address 2156 Cumberland 31 2019 City Zip Code State Transaction ID: PR75334045549 MI **Brighton** 48114 Amount of Each Receipt this Period FEC ID number of contributing C 650.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **VP-Financial Services** Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$50.00 Bi-Weekly) 850.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ledesma, Sandra, Lee, , Date of Receipt Mailing Address 22429 Provincial 2019 City State Zip Code Transaction ID : PR75336945549 Woodhaven MI 48183 Amount of Each Receipt this Period FEC ID number of contributing 208.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan **Dir- Application Development** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$16.00 Bi-Weekly) Other (specify) 272.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Hoffman, Cynthia, L, , Date of Receipt Mailing Address 5768 Whitehaven Dr 31 2019 City State Zip Code Transaction ID: PR75337445549 MI Troy 48085 Amount of Each Receipt this Period FEC ID number of contributing C 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Dir- eCommerce & Tech Planning Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 520.00 Other (specify) 1118.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 - - -

FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one) **X** 11a 11b 12 11c

for each category of the 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 Hurley, Kevin, Michael, , Date of Receipt Mailing Address 45504 Morningside Rd. 2019 City Zip Code State Transaction ID: PR75339945549 MI Canton 48187 Amount of Each Receipt this Period FEC ID number of contributing C 156.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Mgr- Revenue Cycle & Recv Mgmt Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$12.00 Bi-Weekly) 204.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Vanderburg, Marc, , , Date of Receipt Mailing Address 25750 Ivanhoe 2019 City State Zip Code Transaction ID : PR75341045549 MI **Huntington Woods** 48070 Amount of Each Receipt this Period FEC ID number of contributing 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan VP- Acct Retention & Sales Ops Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) Other (specify) 340.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Lafferty, Rory, P., , Date of Receipt Mailing Address 759 Cherry Stone Drive 2019 City State Zip Code Transaction ID : PR75341745549 MI Canton 48188 Amount of Each Receipt this Period FEC ID number of contributing C 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Dir- Government&Lgsltv Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 340.00 Other (specify) 676.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 \_\_\_

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

FOR LINE NUMBER:					PAGE	_ ′	12	OF	24	
(0	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16	;	17

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any part name and address of any political committee	person for the purpose of soliciting contributions to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC							
Full Name of Individual (Last, First, Middle In Tiller, Vernal, Teresa, ,  Mailing Address 813 Sandalwood Drive	Date of Receipt						
City	12 31 2019						
Troy	State Zip Code MI 48085	Transaction ID : PR75343045549  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	ame of Employer (for Individual)  ealth Alliance Plan  Occupation (for Individual)  AVP-Health & NetworkManagement						
Name of Employer (for Individual)  Health Alliance Plan  Receipt For:							
Primary General  Other (specify) ▼							
Full Name of Individual (Last, First, Middle In Mailing Address	nitial) or Full Organization Name	Date of Receipt					
City	State Zip Code	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	Table 1 de la companie					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼						
Full Name of Individual (Last, First, Middle In	nitial) or Full Organization Name	Date of Receipt					
Mailing Address		M = M / D = D / Y = Y = Y					
City	State Zip Code	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼						
SUBTOTAL of Receipts This Page (optional)		208.00					
TOTAL This Period (last page this line number	r only)	5830.50					

### S 17

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:		PAG	E 13 OF 24
ITEMIZED DISBURSEMENTS		Use separate schedule(s) (check only of the		' —	٦ ٥٥ - ٦		
		d Summary Page	<b>X</b> 21b 28a	22 28b	23 28c	26 29	27 30b
Anni information coming from such Demants and Otate							
Any information copied from such Reports and State or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
Health Alliance Plan PAC							
Full Name (Last, First, Middle Initial)				5			
A. Comerica Bank				Date of D	/ D D		Y
Mailing Address P.O. Box 75000				07	02		2019
City Detroit	State MI	Zip Code 48275		FEC Iden	tification	Number	
Purpose of Disbursement	IVII	46275					-
Merchant Fee			001	C.			
Candidate Name			Category/			<b>D : 12036</b> 4 Disburseme	126 ent this Period
			Type	7 0			
Office Sought: House Disburse	ement For:				95		30.00
Senate	Primary	General			М	erchant Fo	ee
State: District:	Other (sp	ecity) $\blacktriangledown$		Memo	Item		
Full Name (Last, First, Middle Initial)							
B. Comerica Bank				Date of D	isbursem		YYY
Mailing Address P.O. Box 75000				07	09		2019
City	State	Zip Code		FEC Iden	tification	Number	
Detroit Purpose of Disbursement	MI	48275					
Merchant Fee			001	C			
Candidate Name			Category/ Type			<b>D : 12036</b> 4 Disburseme	ent this Period
Office Sought: House Disburse	ement For:	I	71				65.48
Senate	Primary	General			M	lerchant F	ee
President	Other (sp	ecify)		Memo	Item		
State: District:				_			
Full Name (Last, First, Middle Initial)  C. Comerica Bank				Date of D			
Mailing Address P.O. Box 75000				08	02		2019
City	State	Zip Code		FEC Iden	tification	Number	
Detroit	MI	48275			incauon	- varibei	
Purpose of Disbursement Merchant Fee			001	C	saction I	D : 12054	595
Candidate Name			Category/ Type	Amount o	f Each D	isburseme	ent this Period
Office Sought: House Disburse	ement For:				7	-	30.00
Senate	Primary	General			N	lerchant F	ee
President	Other (sp	ecify) 🔻		Memo	Item		
State: District:							
SUBTOTAL of Disbursements This Page (optional)			·····•		7	-	125.48
TOTAL This Period (last page this line number only	<b>Λ</b> )						

### S 17

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:		PAGE	14 OF 24
ITEMIZED DISBURSEMENTS		Use separate schedule(s) (check only for each category of the		′ — ′ —	7.00 F	٦ ٦	
		Summary Page	<b>X</b> 21b 28a	22 28b	23 28c	26 29	27 30b
Any information coming from such Deposits and Otate							
Any information copied from such Reports and State or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
Health Alliance Plan PAC							
Full Name (Last, First, Middle Initial)						_	
A. Comerica Bank				Date of D	D D		Y Y Y
Mailing Address P.O. Box 75000		1		08	09		2019
City Detroit	State MI	Zip Code 48275		FEC Ident	ification N	Number	
Purpose of Disbursement	IVII	40273					-
Merchant Fee			001				
Candidate Name			Category/		action ID		ant this Period
			Type	7 6			
Office Sought: House Disburse	ment For:				95	-95-1	67.98
Senate	Primary	General			Me	rchant Fe	ee
State: District:	Other (sp	ecity) $\blacktriangledown$		Memo	Item		
Full Name (Last, First, Middle Initial)							
B. Comerica Bank				Date of D	isburseme		Y . Y . Y
Mailing Address P.O. Box 75000				09	04	J L	2019
City	State	Zip Code		FEC Ident	ification N	Number	
Detroit Purpose of Disbursement	MI	48275					-
Merchant Fee			001	C			
Candidate Name			Category/ Type		action ID Each Dis		39 ent this Period
Office Sought: House Disburse	ment For:		.,,,,,	1			30.00
Senate	Primary	General			Me	erchant Fe	ee
President	Other (sp	ecify)		Memo	Item		
State: District:				_			
Full Name (Last, First, Middle Initial)  C. Comerica Bank				Date of D			
Mailing Address P.O. Box 75000				09	10		2019
City	State	Zip Code		FEC Ident	ification N	Jumber	
Detroit	MI	48275			modulon 1	<b>T</b>	-
Purpose of Disbursement Merchant Fee			001	C	action ID	: 121387	760
Candidate Name			Category/ Type	Amount of	Each Di	sburseme	ent this Period
Office Sought: House Disburse	ement For:				4		67.98
Senate	Primary	General			Me	erchant Fe	ее
President	Other (sp	ecify) $\blacktriangledown$		Memo	Item		
State: District:							
SUBTOTAL of Disbursements This Page (optional).			·····•			-	165.96
TOTAL This Period (last page this line number only	<i>(</i> )						

### S 17

Temized Disbursement   Substrate Schodule(s)   Subs	SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:		PAGE	15 OF 24
Detailed Summary Page   28   28   28   28   29   30   30   30   30   30   30   30   3	ITEMIZED DISBURSEMENTS			(CILCON OII	<i>'</i>	<b>□ .</b>	¬ ₀₀	07
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in PLAC  Full Name (Last, First, Middle Initial)  A. Comerica Bank  Mailing Address P.O. Box 75000  City Derroit Purpose of Disbursement Merchant Fee Candidate Name  Other (specify)  Type  District  Full Name (Last, First, Middle Initial)  B. Comerica Bank  Mailing Address P.O. Box 75000  City Derroit Primary General District  Full Name (Last, First, Middle Initial)  Comerica Bank  Mailing Address P.O. Box 75000  City Option  Candidate Name  Comerica Bank  Mailing Address P.O. Box 75000  City Option  State Disbursement For:  State Disbursement Disbursement Disbursement Merchant Fee  Merchant Fee  Merchant Fee  Merchant Fee  Merchant Fee  Committee to Solicit contributions from such committee to Solicit contributions  Date of Disbursement in								
NAME OF COMMITTEE (in Pital Milliance Plan PAC  Full Name (Last, First, Middle Initial)  A. Comerica Bank  Mailing Address P.O. Box 75000  City State Primary General Other (specily) ▼  State Distoursement  Mailing Address P.O. Box 75000  City State Primary General Other (specily) ▼  State Distoursement  Mailing Address P.O. Box 75000  City State Primary General Other (specily) ▼  State Distoursement  Mailing Address P.O. Box 75000  City State Primary General Disbursement For:  Sonate Primary General Other (specily)  Comerica Bank  Mailing Address P.O. Box 75000  City State Primary General Disbursement For:  Full Name (Last, First, Middle Initial)  C. Comerica Bank  Mailing Address P.O. Box 75000  City State Primary General Disbursement For:  Full Name (Last, First, Middle Initial)  C. Comerica Bank  Mailing Address P.O. Box 75000  City State Primary General Disbursement For:  Full Name (Last, First, Middle Initial)  C. Comerica Bank  Mailing Address P.O. Box 75000  City State Distoursement  Mill 48275  Purpose of Disbursement  Mill 48275  Merchant Fee  Merc	Anninformation conied from such Departs and Otal							
Health Alliance Plan PAC  Full Name (Last, First, Middle Initial)  Comerica Bank  Mailing Address P.O. Box 75000  City Detroit Mil 48275  Purpose of Disbursement Merchant Fee  Candidate Name  Citice Sought: House Disbursement For: General Primary General Merchant Fee  Comerica Bank  Mailing Address P.O. Box 75000  City State: Disbursement For: General Primary General Merchant Fee  City Detroit Purpose of Disbursement Merchant Fee  Comerica Bank  Mailing Address P.O. Box 75000  City State: Disbursement Merchant Fee  Comerica Bank  Mailing Address P.O. Box 75000  City State: Disbursement Merchant Fee  Comerica Bank  Mailing Address P.O. Box 75000  City State: Disbursement Merchant Fee  Comerica Bank  Mailing Address P.O. Box 75000  City State: Disbursement Merchant Fee  Memo Item  Category' Type  Citice Sought: House Disbursement For: Gr.98  Merchant Fee  Memo Item  Category' Type  Citice Sought: House Disbursement For: Gr.98  Merchant Fee  Memo Item  Date of Disbursement  Merchant Fee  Memo Item  Transaction ID: 1234689  Amount of Each Disbursement  Merchant Fee  Memo Item  Transaction ID: 1234689  Amount of Each Disbursement  Merchant Fee  Memo Item  Transaction ID: 1234689  Amount of Each Disbursement  Transaction ID: 1234689  Amount of Each Disbursement Tor:  Transaction ID: 1234689  A								
Full Name (Last, First, Middle Initial)  A. Comerica Bank  Mailing Address P.O. Bax 75000  City	NAME OF COMMITTEE (In Full)							
A. Comerica Bank  Mailing Address P.O. Box 75000  City Detroit Mi 48275  Purpose of Disbursement Merchant Fee Candidate Name  Coffice Sought:   House   Disbursement For:   Senate   Primary   General   Category/ Type  City   State   Zip Code   Min   48275  Amount of Each Disbursement this Period  City   State   Disbursement For:   30.00   Merchant Fee  Memo Item  Date of Disbursement   Fell Mame (Last, First, Middle Initial)  B. Comerica Bank  Mailing Address P.O. Box 75000  City   State   Zip Code   Min   48275  Purpose of Disbursement   Primary   General   Category/ Type  Office Sought:   House   Disbursement For:   Gr.98   Merchant Fee  Candidate Name  Office Sought:   House   Disbursement For:   Gr.98   Merchant Fee  Transaction ID : 12194680  Annount of Each Disbursement Inis Period  Transaction ID : 12194680  Annount of Each Disbursement Inis Period  Transaction ID : 12194680  Annount of Each Disbursement Inis Period  Transaction ID : 12194680  Annount of Each Disbursement Inis Period  Transaction ID : 12194680  Annount of Each Disbursement Inis Period  Transaction ID : 12194680  Annount of Each Disbursement Inis Period  Transaction ID : 12194680  Annount of Each Disbursement Inis Period  Transaction ID : 12194680  Annount of Each Disbursement Inis Period  Transaction ID : 12194680  Annount of Each Disbursement Inis Period  Transaction ID : 12194680  Annount of Each Disbursement Inis Period  Transaction ID : 12194680  Annount of Each Disbursement Inis Period  Transaction ID : 12194680  Annount of Each Disbursement Inis Period  Transaction ID : 12194680  Annount of Each Disbursement Inis Period  Merchant Fee  Office Sought:   House   Disbursement For:   Gr.98  Merchant Fee  Candidate Name  Office Sought:   House   Disbursement For:   Gr.98  Merchant Fee  Transaction ID : 12194680  Annount of Each Disbursement Inis Period  Merchant Fee  Merch	Health Alliance Plan PAC							
City Detroit House Disbursement For: Senate President Disbursement For: Senate Disbursement For: Senate President Disbursement For: Senate President Disbursement For: Senate President Disbursement For: Senate Primary General Category/ Type Office Sought: House Disbursement For: Senate Primary General Disbursement For: Senate Disbursement For: Senate Primary General Disbursement Merchant Fee Marchant Fee Disbursement Merchant Fee General Disbursement District D	_				Data of I	Diala		
City Detroit Nume (Last, First, Middle Initial)  B. Comerica Bank Mailing Address P.O. Box 75000  City Detroit Full Name (Last, First, Middle Initial)  Candidate Name  Category'  Name (Last, First, Middle Initial)  Category'  Transaction ID: 12236489  Amount of Each Disbursement Ibis Peniod  FEC Identification Number  Candidate Name  Category'  Transaction ID: 12236489  Amount of Each Disbursement Ibis Peniod  Merchant Fee	A. Comerica Bank							YYY
Detroit MI 48275 Purpose of Disbursement Merchant Fee Candidate Name Office Sought: House Primary General Disbursement For: Senate President Other (specify) ▼ State: District: District: Purpose of Disbursement For: Senate Primary General Other (specify) Type  Office Sought: House Disbursement For: Merchant Fee  Candidate Name  City State Zip Code Merchant Fee Candidate Name  Office Sought: House Disbursement For: Senate Primary General Other (specify) Type  Office Sought: House Disbursement For: Senate President District: Distric	Mailing Address P.O. Box 75000				10	02	_ 20	19
Purpose of Disbursement Merchant Fee Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District:  Full Name (Last, First, Middle Initial)  B. Comerica Bank  Mailing Address P. O. Box 75000  City Detroit Merchant Fee Candidate Name Office Sought: House Disbursement For: Senate Merchant Fee  Candidate Name Office Sought: House Disbursement For: Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C. Comerica Bank  Mailing Address P. O. Box 75000  City Detroit House Disbursement For: Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C. Comerica Bank  Mailing Address P. O. Box 75000  City Detroit Mailing Address P. O. Box 75000  City Detroit Merchant Fee  Candidate Name Category/ Type  Merchant Fee  Merchan	•				FEC Ider	ntification !	Number	
Merchant Fee Candidate Name  Category/ Office Sought: House President Primary General Merchant Fee  Memo Item  Disbursement For:  Full Name (Last, First, Middle Initial)  B. Comerica Bank  Mailing Address P.O. Box 75000  City Detroit Sanate President General Primary General General Primary General Pr		MI	48275					
Candidate Name  Office Sought: House Senate President Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  B. Comerica Bank  Mailing Address P.O. Box 75000  City Detroit MI 48275  Other (specify) ■ Category/ Type  Other (specify) ■ Category/ Type  Office Sought: House President Other (specify) ■ Disbursement Tris Period  Transaction ID: 12194680  Amount of Each Disbursement  Merchant Fee  Candidate Name  Other (specify) ■ General Primary General Other (specify)  Transaction ID: 12194680  Amount of Each Disbursement  Date of Disbursement Tris Period  FEC Identification Number  Category/ Type  Other (specify)  Merchant Fee  Category/ Type  Other (specify) ▼  Merchant Fee  Category/ Type  Other (specify) ▼  Merchant Fee  Merchant Fee  Merchant Fee  Merchant Fee  Category/ Type  Other (specify) ▼  Merchant Fee  Merchant Fee  Merchant Fee  Category/ Type  Other (specify) ▼  Merchant Fee	•			001	C			
Office Sought: House Senate President State: District: Substruction State: District: Substructio	Candidate Name							
Senate President Other (specify)    State: District:  Full Name (Last, First, Middle Initial)  B. Comerica Bank  Mailing Address P.O. Box 75000  City Detroit Merchant Fee  Candidate Name  Office Sought: House President President Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  Date of Disbursement  Merchant Fee  Candidate Name  Office Sought: House President Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C. Comerica Bank  Mailing Address P.O. Box 75000  City Detroit Marchant Fee  Candidate Name  Office Sought: State Zip Code Memo Item  Date of Disbursement this Period  Transaction ID: 12194680  Amount of Each Disbursement  Merchant Fee  Memo Item  FEC Identification Number  Comerica Bank  Mailing Address P.O. Box 75000  City Detroit Marchant Fee  Candidate Name  Office Sought: House Senate President Other (specify)  Office Sought: House Senate Primary General Primary General Other (specify)  Transaction ID: 1223649  Amount of Each Disbursement this Period  Merchant Fee  Memo Item  Merchant Fee					Amount	of Each Di	isbursement	this Period
State: District:	Office Sought: House Disburs	ement For:	I		11			
State: District: Full Name (Last, First, Middle Initial)  B. Comerica Bank  Mailing Address P.O. Box 75000  City Detroit Mil 48275  Furpose of Disbursement Merchant Fee Candidate Name  Office Sought: House President Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought: House President Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C. Comerica Bank  Mailing Address P.O. Box 75000  City Detroit Mil 48275  Fec Identification Number  Category/ Type  Merchant Fee Memo Item  Fec Identification Number  Category/ Type  Date of Disbursement this Period  Fec Identification Number  Category/ Type  Transaction ID: 12236489 Amount of Each Disbursement  Merchant Fee  Candidate Name  City Detroit Merchant Fee  Candidate Name  City Detroit Merchant Fee  Candidate Name  City Detroit Merchant Fee  Comididate Name  City Detroit Merchant Fee  Comididate Name  Category/ Type  Transaction ID: 12236489 Amount of Each Disbursement this Period  Merchant Fee	Senate	Primary	General			M	erchant Fee	
Full Name (Last, First, Middle Initial)  B. Comerica Bank  Mailing Address P.O. Box 75000  City Detroit State Zip Code MI 48275  Purpose of Disbursement Merchant Fee  Candidate Name  Office Sought: House Disbursement For: Senate Primary General State: Disbursement MI 48275  City Detroit State Zip Code MI 48275  District: Senate Primary General Other (specify)  State Zip Code MI 48275  FEC Identification Number  Category/ Type  Transaction ID : 12194680  Amount of Each Disbursement this Period  Merchant Fee Memo Item  Date of Disbursement  FEC Identification Number  Comerica Bank  Merchant Fee Memo Item  Date of Disbursement  FEC Identification Number  Category/ Type  Transaction ID : 12236489  Amount of Each Disbursement  Merchant Fee Memo Item  FEC Identification Number  Category/ Type  Transaction ID : 12236489  Amount of Each Disbursement this Period  Merchant Fee Memo Item  Memo Ite		Other (sp	ecify) 🔻		Mem			
B. Comerica Bank  Mailing Address P.O. Box 75000  City Detroit Mil 48275  Purpose of Disbursement Merchant Fee Candidate Name  Other (specify)  City Detroit Primary General Other (specify)  City Detroit Purpose of Disbursement Hoise Primary General Other (specify)  City Detroit Purpose of Disbursement For:  State: District:  Full Name (Last, First, Middle Initial)  C. Comerica Bank  Mailing Address P.O. Box 75000  City Detroit Mil 48275  Category/ Type  Office Sought: House Disbursement For:  Comerica Bank  Mailing Address P.O. Box 75000  City Detroit Mil 48275  Category/ Type  Office Sought: House Disbursement For:  Crandidate Name Category/ Type  Office Sought: House Disbursement For:  Category/ Type  Office Sought: House Disbursement For:  Category/ Type  Office Sought: House Disbursement For:  Senate President Other (specify) Mil 48275  FEC Identification Number  Category/ Type  Merchant Fee Memo Item					_			
Mailing Address P.O. Box 75000  City Detroit Purpose of Disbursement Merchant Fee Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  C. Comerica Bank  Mailing Address P.O. Box 75000  City Detroit Mil 48275  FEC Identification Number  Category/ Type  Merchant Fee Memo Item  Date of Disbursement  Mailing Address P.O. Box 75000  City Detroit Mil 48275  Purpose of Disbursement Merchant Fee  Candidate Name  Office Sought: House Disbursement For:  Comerica Bank  Mailing Address P.O. Box 75000  City Detroit Mil 48275  Purpose of Disbursement Merchant Fee  Candidate Name  Office Sought: House Disbursement For:  Purpose of Disbursement Merchant Fee  Candidate Name  Office Sought: House Primary General Other (specify) ▼  State: District:  Substortal of Disbursements This Page (optional)					Date of I	Disbursem	ent	
City Detroit Detroit Detroit Purpose of Disbursement Merchant Fee Candidate Name  Category/ Office Sought: Full Name (Last, First, Middle Initial) C. Comerica Bank  Mailing Address P.O. Box 75000  City Detroit Mailing Address P.O. Box 75000  City Detroit Purpose of Disbursement Merchant Fee Candidate Name  Category/ Type  FEC Identification Number  C Transaction ID : 12194680 Amount of Each Disbursement this Period  Merchant Fee Memo Item  FEC Identification Number  C Transaction ID : 12194680 Amount of Each Disbursement this Period  Merchant Fee  C Interpose of Disbursement Merchant Fee Candidate Name  Category/ Type  Office Sought: Senate Primary General Other (specify)  Transaction ID : 12194680 Amount of Each Disbursement this Period  Merchant Fee  Memo Item  Merchant Fee Memo Item  Senate Primary General Other (specify)  Merchant Fee Memo Item  Merchant Fee Memo Item	- Comenca Bank							YYY
Detroit Purpose of Disbursement Merchant Fee Candidate Name  Candidate Name  Candidate Name  Candidate Name  Disbursement For: Senate Primary Other (specify)  Category/ Type  Category/ Type  Condidate Name  Comerica Bank  Mailing Address P.O. Box 75000  City Detroit Purpose of Disbursement Merchant Fee  Candidate Name  Candidate Name  Category/ Type  Date of Disbursement  MI 48275  FEC Identification Number  Category/ Type  FEC Identification ID: 12194680  Amount of Each Disbursement this Period  Merchant Fee  Merchant Fee  Date of Disbursement  Min 48275  FEC Identification ID: 12194680  Amount of Each Disbursement  Merchant Fee  Candidate Name  Category/ Type  Condidate Name	Mailing Address P.O. Box 75000				7 1 1			
Purpose of Disbursement Merchant Fee Candidate Name Office Sought: House Senate Primary General Other (specify) State: District:  Full Name (Last, First, Middle Initial) C. Comerica Bank Mailing Address P.O. Box 75000  City Detroit Purpose of Disbursement Merchant Fee Candidate Name  Category/ Type  Date of Disbursement  Fec Identification Number  Fec Identification Number  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify)  Fec Identification Number  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify)  State: District:  Subtrotal of Disbursements This Page (optional)		1	1 '		FEC Ider	ntification !	Number	
Merchant Fee Candidate Name  Category/ Type  Office Sought: House Senate Primary General Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C. Comerica Bank  Mailing Address P.O. Box 75000  City Detroit Purpose of Disbursement Merchant Fee  Candidate Name  Category/ Type  Transaction ID : 12194680  Amount of Each Disbursement this Period  Merchant Fee  Memo Item  FEC Identification Number  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Subtrotal of Disbursements This Page (optional)		MI	48275					
Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C. Comerica Bank  Mailing Address P.O. Box 75000  City Detroit MI 48275  Purpose of Disbursement Merchant Fee  Candidate Name  Category/ Type  Transaction ID : 12194680  Amount of Each Disbursement this Period  Merchant Fee  Memo Item  FEC Identification Number  Category/ Type  Office Sought: House Disbursement For: Senate President Other (specify) ▼  State: District:  Subtrotal of Disbursements This Page (optional)	•			001	C			
Office Sought: House Senate Primary General Merchant Fee Memo Item    State   District:   District   Date of Disbursement   Date o	Candidate Name							thic Pariod
Senate President Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C. Comerica Bank  Mailing Address P.O. Box 75000  City State Zip Code MI 48275  Purpose of Disbursement Merchant Fee  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)   State: District:  State: District: Merchant Fee					Amount	n Each Di	isbursement	IIIS Pellou
State: District:  Full Name (Last, First, Middle Initial)  C. Comerica Bank  Mailing Address P.O. Box 75000  City Detroit Purpose of Disbursement Merchant Fee  Candidate Name  Candidate Name  Office Sought: House Priesident State: District:  Piresident Other (specify)  Memo Item  Date of Disbursement  Mailing Address P.O. Box 75000  FEC Identification Number  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify)  Merchant Fee  Memo Item  Merchant Fee  Memo Item  127.98	Office Sought: House Disburs	ement For:	I		11			67.98
State: District:  Full Name (Last, First, Middle Initial)  C. Comerica Bank  Mailing Address P.O. Box 75000  City Detroit Purpose of Disbursement Merchant Fee  Candidate Name  Candidate Name  Disbursement For: Senate President State: District:  Substock Disbursement For: Senate Primary General Other (specify)  State:  Substock Disbursement For: Senate Primary General Other (specify)  Merchant Fee Memo Item  Date of Disbursement  FEC Identification Number  Category/ Type  Merchant Fee Memo Item  Date of Disbursement  Memo Item  Date of Disbursement  FEC Identification Number  Category/ Type  Merchant Fee Memo Item		,				M	erchant Fee	
Full Name (Last, First, Middle Initial)  C. Comerica Bank  Mailing Address P.O. Box 75000  City Detroit Purpose of Disbursement Merchant Fee Candidate Name  Office Sought: House Senate President State: District:  District:  District:  Date of Disbursement  MM		Other (sp	ecify)		Mem	o Item		
C. Comerica Bank  Mailing Address P.O. Box 75000  City Detroit Purpose of Disbursement Merchant Fee Candidate Name  Category/ Type  Office Sought: House President State: District:  Date of Disbursement  Mailing Address P.O. Box 75000  FEC Identification Number  Category/ Type  Merchant Fee Merchant Fee Merchant Fee Merchant Fee Memo Item  127.98					_			
City Detroit Purpose of Disbursement Merchant Fee Candidate Name  Office Sought: House President State: District:  Substate Zip Code MI 48275  FEC Identification Number  Category/ Type  Category/ Type  Merchant Fee  Memo Item  Merchant Fee  Memo Item  127.98	C. Comerica Bank				Date of I	Disbursem		
Detroit Purpose of Disbursement Merchant Fee  Candidate Name  Category/ Type  Office Sought: House Senate President State: District:  MI 48275  Category/ Type  Category/ Type  Other (specify) ▼  Substrict:  FEC Identification Number  Category/ Type  Category/ Type  Merchant Fee  Memo Item  127.98	Mailing Address P.O. Box 75000				7 1 1			
Detroit Purpose of Disbursement Merchant Fee  Candidate Name  Category/ Type  Office Sought: House Senate President State: District:  MI 48275  Category/ Type  Category/ Type  Other (specify) ▼  Substrict:  FEC Identification Number  Category/ Type  Category/ Type  Merchant Fee  Memo Item  127.98	City	State	Zip Code		FFC	4161 - 41	NII	
Merchant Fee  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify) ▼  State: District:  Merchant Fee  Merchant Fee  Merchant Fee  Memo Item  127.98					FEC Ider	itification I	number	_
Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) Merchant Fee  State: District:  Substract Of Disbursements This Page (optional)				001		anation II	. 40000400	
Office Sought: House Disbursement For:  Senate Primary General Merchant Fee  State: District:  Subtrotal of Disbursements This Page (optional)	Candidate Name							
Senate Primary General Other (specify) Memo Item  State: District: Memo Item  SUBTOTAL of Disbursements This Page (optional)	Office Sought: House Disburs	ement For:		.,,,,				30.00
State: District: Other (specify)   SUBTOTAL of Disbursements This Page (optional)	Senate	Primary	General			M	erchant Fee	4
State: District:  SUBTOTAL of Disbursements This Page (optional)	President	Other (sp	ecify) 🔻		Mem		Cronant i CC	
SOBTOTAL OF DISDUISEMENTS THIS Fage (Optional)	State: District:							
TOTAL This Posted (last years this line sympton only)	SUBTOTAL of Disbursements This Page (optional)	)		·····				127.98
	TOTAL This Dark 1 ft	L.A		<u> </u>	-			

SCHEDULE B (FEC Form 3X)	lles :::	avoto oslasticis()	I .	NUMBER:	PAGE 16 OF	24
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		(check only		00 00 07	
		Summary Page	<b>X</b> 21b 28a	22 28b	23 26 27 28c 29 30b	
Any information copied from such Reports and Staten	l nents may i	not he sold or us				
or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)						
Health Alliance Plan PAC						
Full Name (Last, First, Middle Initial)				Date of Dis	hursement	
A. Comerica Bank				Date of Dis	bursement	
Mailing Address P.O. Box 75000				11	12 2019	
,	State	Zip Code		FEC Identifi	cation Number	
Detroit Purpose of Disbursement	MI	48275				
Operating Expense			001	C		
Candidate Name			Category/	110000	<b>ction ID : 12298865</b> Each Disbursement this Peric	od
			Type	ount of t		_
Office Sought: House Disbursen					67.98	
	Primary	General			Operating Expense	
State: District:	Other (spec	ony) ▼		Memo I	Item	
Full Name (Last, First, Middle Initial)						
B. Comerica Bank				Date of Dis	bursement	
				M = M /	D D / Y Y Y Y Y	
Mailing Address P.O. Box 75000		T		12	03 2019	
City Detroit	State MI	Zip Code 48275		FEC Identifi	cation Number	
Purpose of Disbursement	IVII	402/0		C		
Operating Expense			001		ction ID : 12302103	
Candidate Name			Category/ Type		Each Disbursement this Perio	od
Office Sought: House Disbursen	nent For:				30.00	
	Primary	General			Operating Expense	
President State: District:	Other (spec	CITY)		Memo I	Item	
Full Name (Last, First, Middle Initial)						
C.				Date of Dis	bursement	
Mailing Address				M M /	D D / Y Y Y Y	
mailing Address						
City	State	Zip Code		FEC Identifi	cation Number	
Purpose of Disbursement				С		
Candidate Name			Category/ Type	Amount of I	Each Disbursement this Perio	od
Office Sought: House Disbursen					<u> </u>	
	Primary	General				
State: District:	Other (spec	CIIY) 🔻		Memo I	Item	
State. District.						_
SUBTOTAL of Disbursements This Page (optional)					97.98	
					<del>y</del> 1 <del>2</del> 1 1 4 1	=
TOTAL This Period (last page this line number only)				1	517.40	

SCHEDULE B (FEC Form 3X)	Han see	and and a strate ( )	FOR LINE NUMBER: PAGE 17				OF 24		
ITEMIZED DISBURSEMENTS		rate schedule(s) ategory of the		(check only one)					
		Summary Page		21b 2	2 <b>x</b> 8b	23 28c	26 29	27 30b	
Any information copied from such Departs and Chateren	onte mau =	ot ho gold or							tions
Any information copied from such Reports and Statem 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 Moolenaar For Congress						isburser			
Mailing Address 5915 Eastman Avenue Suite 100					08	14		2019	Y
City	State	Zip Code		EE.	: Iden	tification	Number		
Midland	MI	48640			Jiden	incation	INGILIDO		
Purpose of Disbursement Direct Contribution			011		C	056153	0		
Candidate Name				_   _			D : 1207		Davia -
Moolenaar, John, , Mr.,			Category/ Type	Am	ount o	ı ⊨acn I	Spurser	ment this	Period
	nent For: 20	020	71					500.0	00
Senate x	Primary	General				Г	Direct Cor	ntribution	
	Other (speci	ify) 🔻			Memo		001 001		
State: MI District: 04									
Full Name (Last, First, Middle Initial)  B. Brenda Lawrence For Congress				Dat	e of D	isburser	ment		
B. Brenda Lawrence For Congress				М	.C OI D	/ D		YY	Υ
Mailing Address PO Box 3060				IVI	10	03		2019	
,	State	Zip Code		FF	C Iden	tification	Number		
Southfield Purpose of Disbursement	MI	48037				-			
Direct Contribution			011		CC	055258	8		
Candidate Name				A			D : 1217	6549 ment this	Poriod
Lawrence, Brenda, , ,			Category/ Type	Am	ourit o	i Eacii i	Jisburser	nent this	Period
	nent For: 20	020						500.0	00
	Primary	General					Direct Cor	ntribution	
	Other (speci	fy)		ΗП	Memo	Item			
State: MI District: 14  Full Name (Last, First, Middle Initial)									
C.				Dat	e of D	isburser	ment		
				M	M	/ D	D / Y	YY	Y
Mailing Address									
City	State	Zip Code		FE(	C Iden	tification	Number		
Purpose of Disbursement				C	Г.				
						-			
Candidate Name			Category/ Type	Am	ount o	f Each I	Disburser	ment this	Period
Office Sought: House Disbursen									
	Primary	General							
	Other (speci	ity) 🔻			Memo	Item			
State: District:									
SUBTOTAL of Disbursements This Page (optional)						-		1000.	00
COSTOTAL OF DISDUISEMENTS THIS Page (Optional)		•••••		<u> </u>	$\Rightarrow$	7	17		-
TOTAL This Period (last page this line number only).								1000.	00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separ	ate schedule(s)	FOR LINE N	
HEMIZED DISBURSEMENTS		ategory of the summary Page	21b 28a	22 23 26 27 28b 28c <b>x</b> 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  Health Alliance Plan PAC	e and addre	as of any politica	ar committee to	SOIICH CONTRIBUTIONS HOTH SUCH COMMITTEE.
Full Name (Last, First, Middle Initial)  A. MI Leaders of Tomorrow				Date of Disbursement
Mailing Address 27328 Lawrence Drive				07 15 2019
Dearborn Heights	State MI	Zip Code 48127		FEC Identification Number
Purpose of Disbursement Direct Contribution Candidate Name			011 Category/	Transaction ID : 12016677 Amount of Each Disbursement this Period
	nent For: Primary Other (speci	General fy) ▼	Type	500.00  Direct Contribution  Memo Item
Full Name (Last, First, Middle Initial)  B. Curt VanderWall for State Senate  Mailing Address 4906 Rasmussen Road				Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Ludington Purpose of Disbursement Direct Contribution  Candidate Name	State MI	Zip Code 49431	011 Category/	FEC Identification Number  C  Transaction ID: 12018473  Amount of Each Disbursement this Period
	nent For: Primary Other (speci	General fy)	Type	500.00  Direct Contribution  Memo Item
Full Name (Last, First, Middle Initial)  C. Friends of Tom Barrett				Date of Disbursement
Mailing Address PO Box 121				07 26 2019
City S Charlotte Purpose of Disbursement Direct Contribution	State MI	Zip Code 48813	011	FEC Identification Number  C  Transaction ID : 12039051
President	nent For: Primary Other (speci	General fy) ▼	Category/ Type	Amount of Each Disbursement this Period  250.00  Direct Contribution  Memo Item
State: District:				1050.00
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only).				1250.00

information and them are by Danish and Otal	Detailed Summary Page	21b 28a	22 23 26 27 28b 28c <b>x</b> 29 30b
for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)			on for the purpose of soliciting contributions o solicit contributions from such committee.
Health Alliance Plan PAC			
Full Name (Last, First, Middle Initial)  Michael's Store			Date of Disbursement
Mailing Address 41904 Ford Road			08 06 2019
City Canton	State Zip Code 48187		FEC Identification Number
Purpose of Disbursement In Kind for Purchase of Gift Basket		011	Transaction ID : 12062794
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburs Senate President	ement For:  Primary General  Other (specify) ▼		In Kind for Purchase of Gift Basi
State: District:  Full Name (Last, First, Middle Initial)  Target			Date of Disbursement
Mailing Address 47330 Michigan Ave			08
City Canton	State Zip Code MI 48188		FEC Identification Number
Purpose of Disbursement In Kind for Purchase of Gift Basket		011	C Transaction ID : 12062796
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)		910.34  In Kind for Purchase of Gift Bas  Memo Item
Full Name (Last, First, Middle Initial)  Compete Michigan PAC 2			Date of Disbursement
Mailing Address 106 W Allegan Suite			09 05 2019
City Lansing Purpose of Disbursement Direct Contribution	State Zip Code MI 48933	011	FEC Identification Number  C  Transaction ID : 12115905
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought:  Senate  President  State:  Disburs	ement For: Primary General Other (specify) ▼		1250.00  Direct Contribution  Memo Item
JBTOTAL of Disbursements This Page (optional	)		2228.25

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate scl		FOR LINE I	
	for each category Detailed Summa		21b 28a	22 23 26 27 28b 28c <b>x</b> 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				
Full Name (Last, First, Middle Initial)  A. Friends of Jim Ananich				Date of Disbursement
Mailing Address PO Box 16195				09 05 2019
Lansing	State Zip Co MI 4890			FEC Identification Number
Purpose of Disbursement Direct Contribution Candidate Name			011	Transaction ID : 12115911
Ananich, Jim, , ,  Office Sought: House Disbursen	nent For:	(	Category/ Type	Amount of Each Disbursement this Period 500.00
President	Primary	General		Direct Contribution  Memo Item
State: District:  Full Name (Last, First, Middle Initial)  B. Friends of Robert Wittenberg				Date of Disbursement
Mailing Address 26131 Harding St				09 18 2019
Oak Park	State Zip Co MI 4823			FEC Identification Number
Purpose of Disbursement Direct Contribution  Candidate Name		[	011	Transaction ID : 12140784
		General	Category/ Type	Amount of Each Disbursement this Period  500.00  Direct Contribution  Memo Item
Full Name (Last, First, Middle Initial)  Graham Filler for State Representa	ıtive			Date of Disbursement
Mailing Address 12130 Airport Road				09 18 2019
City Dewitt Purpose of Disbursement Direct Contribution	State Zip Co MI 4882		011	FEC Identification Number
Candidate Name Filler, Graham, , MI Rep.,			Category/ Type	Transaction ID : 12140786  Amount of Each Disbursement this Period
Office Sought:  House  Senate  President  State:  Disbursen		General		Direct Contribution  Memo Item
SUBTOTAL of Disbursements This Page (optional)				1500.00
TOTAL This Period (last page this line number only)				

# ľ

Transaction ID: 12156552 Amy information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution for commercial purpose, 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. Crite to Re-Elect Benny Napoleon Sheriff  Mailing Address PO Box 32974  City Detroit  Candidate Name  Charlield Majority Fund  Mailing Address PO Box 1013  City East Lansing East Lansing Purpose of Disbursement Direct Contribution  Candidate Name  Charlield Majority Fund  Mailing Address PO Box 1013  City East Lansing Senate Purpose of Disbursement Direct Contribution  Candidate Name  Charlield Majority Fund  Mailing Address PO Box 1013  City East Lansing Senate Purpose of Disbursement Direct Contribution  Candidate Name  Charlield Majority Fund  Mailing Address PO Box 1013  City East Lansing Senate Purpose of Disbursement Direct Contribution  Candidate Name  Charlield Majority Fund  Mailing Address PO Box 1013  City East Lansing Senate Purpose of Disbursement Direct Contribution  Candidate Name  Charlield Majority Fund  Mailing Address PO Box 1013  City East Lansing Senate Purpose of Disbursement Direct Contribution  Candidate Name  Charlield Majority Fund  Mailing Address PO Box 1013  City East Lansing Senate Purpose of Disbursement Direct Contribution  Candidate Name  Charlield Majority Direct Contribution  Direct Contribution  Malling Address 1731 Blue Grass Road  City Lansing Purpose of Disbursement Direct Contribution  Mailing Address 1731 Blue Grass Road  City Lansing Purpose of Disbursement Direct Contribution  Date of Disbursement Direct Contribution  Malling Address 1731 Blue Grass Road  City Lansing Purpose of Disbursement Direct Contribution  Transaction ID: 12186548	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
NAME OF COMMITTEE (In Full)  Health Alliance Plan PAC  Full Name (Last, First, Middle Initial)  City	HEMIZED DISBURSEMENTS	for each category of the	21b	22 23 26 27
NAME OF COMMITTEE (in Full) Health Alliance Plan PAC  Full Name (Last, First, Middle Initial) A. Crite to Re-Elect Benny Napoleon Sheriff  Mailing Address PO Box 32974  City				
A. Crite to Re-Elect Benny Napoleon Sheriff  Mailing Address PO Box 32974  City Detroit  City Detroit Direct Contribution  Candidate Name  Napoleon, Benny, , Office Sought:  Full Name (Last, First, Middle Initial)  Chaffield Majority Fund  Mailing Address PO Box 1013  City East Lansing Purpose of Disbursement Direct Contribution  Candidate Name  Chaffield Majority Fund  Mailing Address PO Box 1013  City East Lansing Direct Contribution  Candidate Name  Other (specify)  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  Direct Contribution  Candidate Name  Category/ Type  FEC Identification Number  Category/ T	, ,			
Mailing Address PO Box 32974   State   Zip Code   Amount of Each Disbursement this Pe   Son.00	_	Shariff		Date of Disbursement
Detroit Purpose of Disbursement Direct Contribution Candidate Name Napoleon, Benny, , Office Sought: House President President Direct Contribution State: District: Full Name (Last, First, Middle Initial) Chatfield Majority Fund Mailing Address PO Box 1013  City State Zip Code Hull Assee Purpose of Disbursement Direct Contribution Candidate Name Office Sought: House Disbursement For: Sought: Direct Contribution Candidate Name Office Sought: House Disbursement For: Senate President Direct Contribution  Candidate Name Office Sought: House Disbursement For: Senate Primary General President Direct Contribution  Candidate Name Office Sought: House Disbursement For: Senate Primary General Direct Contribution  Candidate Name  City State Zip Code Hull Assee Disbursement For: Senate Primary General Direct Contribution  Candidate Name  City State Disbursement Direct Contribution  Candidate Name Disbursement For: Sought: House Disbursement For: Sought: Date of Disbursement Tip Primary General Direct Contribution  Candidate Name  City State Zip Code Hull Name (Last, First, Middle Initial)  Candidate Name Direct Contribution  Candidate Name  City State Zip Code Hull Name (Last, First, Middle Initial)  Category' Type  Date of Disbursement  Transaction ID : 12176651  Amount of Each Disbursement  Comparison Number Contribution  FEC Identification Number Comparison Number Co				
Direct Contribution  Candidate Name  Napoleon, Benny, ,  Office Sought: House Senate Primary General President  State: District: General Primary General Primary General Purpose of Disbursement For:  Category/ Type  Direct Contribution  Mailing Address PO Box 1013  City State Alansing Purpose of Disbursement Direct Contribution  Candidate Name  Office Sought: House Disbursement For:  Office Sought: House President Direct Contribution  Candidate Name  Office Sought: House Primary General Primary General President Direct Contribution  Candidate Name  Category/ Type  District: Full Name (Last, First, Middle Initial)  Category Direct Contribution  Candidate Name  Category Direct Contribution  Date of Disbursement  Direct Contribution  Memo Item  FEC Identification Number  Category Direct Contribution  FEC Identification Number  Category Direct Contribution  Date of Disbursement  Direct Contribution  Memo Item  FEC Identification Number  Category/ Type  Office Sought: House Disbursement For:  Soulding Experience Now PAC (BEN PAC)  Mailing Address 1731 Blue Grass Road  City Lansing Purpose of Disbursement  Direct Contribution  Date of Disbursement  Category/ Type  Office Sought: House Disbursement For:  Soulding Experience Now Pac (BEN PAC)  Mailing Address 1731 Blue Grass Road  City Category/ Type  Office Sought: House Disbursement For:  Soulding Experience Now Pac (BEN PAC)  Mailing Address 1731 Blue Grass Road  City Category Direct Contribution  Date of Disbursement  Transaction ID: 12189548  Amount of Each Disbursement bis Pe  Soulding Experience Now Pac (BEN Pac)  Transaction ID: 12189548  Amount of Each Disbursement bis Pe  Soulding Experience Now Pac (BEN Pac)  Transaction ID: 12189548  Amount of Each Disbursement bis Pe  Soulding Experience Now Pac (BEN Pac)  Transaction ID: 12189548  Amount of Each Disbursement bis Pe  Soulding Experience Now Pac (BEN Pac)  Transaction ID:	,			FEC Identification Number
Category/ Napoleon, Benny, , , Office Sought: House President State: Disbursement For:  Full Name (Last, First, Middle Initial) B. Chatfield Majority Fund  Mailing Address PO Box 1013  City East Lansing MI 48826  Purpose of Disbursement Direct Contribution  Candidate Name  Office Sought: House Disbursement For:  Senate Primary General Disbursement Initial Direct Contribution  State: District:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought: House Disbursement For:  Senate Primary General Direct Contribution  State: District:  Full Name (Last, First, Middle Initial)  C. Building Experience Now PAC (BEN PAC)  Mailing Address 1731 Blue Grass Road  City State Zip Code Also Disbursement For:  Mailing Address 1731 Blue Grass Road  City State Zip Code Also Disbursement Direct Contribution  Candidate Name  Office Sought: House Disbursement For:  Sonate Primary General Disbursement Direct Contribution  Office Sought: House Disbursement For:  State Zip Code Also Disbursement Direct Contribution  Date of Disbursement  Transaction ID: 1218548  Amount of Each Disbursement this Pe Sonate Primary General Direct Contribution	Direct Contribution		011	
Senate President Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  B. Chatfield Majority Fund  Mailing Address PO Box 1013  City East Lansing MI 48826  Purpose of Disbursement Direct Contribution  Candidate Name  Coffice Sought: House Primary General Other (specify)  Full Name (Last, First, Middle Initial)  C. Building Experience Now PAC (BEN PAC)  Mailing Address PO Box 1013  Date of Disbursement  Direct Contribution  Field Indiana Address PO Box 1013  FEC Identification Number  Category/ Type  Formary General Other (specify)  Direct Contribution  Direct Contribution  Direct Contribution  Direct Contribution  Direct Contribution  Direct Contribution  Fell Name (Last, First, Middle Initial)  C. Building Experience Now PAC (BEN PAC)  Mailing Address 1731 Blue Grass Road  City Lansing Number  Category/ Type  FEC Identification Number  Fell Indiana Address 1731 Blue Grass Road  FEC Identification Number  Transaction ID : 12189548  Amount of Each Disbursement this Pell Category/ Type  FEC Identification Number  Direct Contribution  FEC Identification Number  Category/ Type  Fec Identification Number  Cat	Napoleon, Benny, , ,			Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial)  B. Chatfield Majority Fund  Mailing Address PO Box 1013  City East Lansing Purpose of Disbursement Direct Contribution  Candidate Name  Office Sought:  Fee Identification Number  Category/ Type  Disbursement For: Senate Primary Other (specify)  Mailing Address 1731 Blue Grass Road  City Lansing Purpose of Disbursement District:  Fee Identification Number  Category/ Type  Direct Contribution  Transaction ID: 12189548  Amount of Each Disbursement  Direct Contribution  Transaction ID: 12189548  Amount of Each Disbursement this Pe  Transaction ID: 12189548  Amount of Each Disbursement this Pe  Transaction ID: 12189548  Amount of Each Disbursement this Pe  Transaction ID: 12189548  Direct Contribution  Direct Contribution  Direct Contribution  Direct Contribution  Direct Contribution  Direct Contribution	Senate	Primary General		Direct Contribution
East Lansing Purpose of Disbursement Direct Contribution  Candidate Name  Office Sought: House Senate Primary General Other (specify)  Full Name (Last, First, Middle Initial)  Calegory/ Type  Full Name (Last, First, Middle Initial)  City State Zip Code Hasing MI 48906  Purpose of Disbursement Direct Contribution  City Lansing MI 48906  Purpose of Disbursement Direct Contribution  Category/ Type  Office Sought: House Disbursement For:  Category/ Type  Office Sought: House Disbursement For:  Office Sought: House Disbursem	Full Name (Last, First, Middle Initial)  B. Chatfield Majority Fund			M = M / D = D / Y = Y = Y
Category/ Type  Office Sought: House	East Lansing Purpose of Disbursement	'	011	C
State: District: Memo Item  State: District: Memo Item  Co. Building Experience Now PAC (BEN PAC)  Mailing Address 1731 Blue Grass Road  City Lansing Purpose of Disbursement Direct Contribution  Candidate Name  Office Sought: House Senate President  Direct Contribution  Other (specify)  Memo Item  Date of Disbursement  Date of Disbursement  MI		ment For:		Amount of Each Disbursement this Period
Date of Disbursement  Mailing Address 1731 Blue Grass Road  City Lansing Purpose of Disbursement Direct Contribution Candidate Name  Office Sought:  House Senate President  Date of Disbursement  M	President			
City Lansing Purpose of Disbursement Direct Contribution Candidate Name  Office Sought:  House President  Direct Contribution  Disbursement For:  Senate President  Direct Contribution  Tansaction ID : 12189548  Amount of Each Disbursement this Pe  Direct Contribution  Direct Contribution  Direct Contribution  Memo Item	_	EN PAC)		
Lansing Purpose of Disbursement Direct Contribution  Candidate Name  Office Sought:  House Primary President  Direct Contribution  Disbursement For:  Senate Primary Other (specify)  MI  48906  C  Transaction ID: 12189548  Amount of Each Disbursement this Pe  Direct Contribution  Direct Contribution  Memo Item	Mailing Address 1731 Blue Grass Road			
Direct Contribution  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  Direct Contribution  Transaction ID : 12189548  Amount of Each Disbursement this Pe	Lansing	'		
Office Sought:    House	Direct Contribution			
State: District:	Senate President	Primary General		Direct Contribution
	State: District:			

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b 28a	
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	, ,		
Full Name (Last, First, Middle Initial)  A. Liberty Freedom Fund			Date of Disbursement
Mailing Address 620 N Kane Rd			10 16 2019
Webberville	State Zip Code MI 48892		FEC Identification Number
Purpose of Disbursement Direct Contribution  Candidate Name		011	Transaction ID : 12193989 Amount of Each Disbursement this Period
Office Sought: House Disbursen	nent For: Primary General	Category/ Type	500.00  Direct Contribution
State: District:	Other (specify) ▼		Memo Item
B. Dr. Henry Vaupel for State Representation Mailing Address PO BOX 363	entative		Date of Disbursement  10 22 2019
City S Fowlerville	State Zip Code MI 48836		FEC Identification Number
Purpose of Disbursement Henry Vaupel, STATE HOUSE 47th MI Candidate Name		011 Category/	Transaction ID: 12207996 Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)	Туре	500.00  Henry Vaupel, STATE HOUSE 47  MI  Memo Item
Full Name (Last, First, Middle Initial)  C. Barrett Brigade Leadership Fund P	AC		Date of Disbursement
Mailing Address PO BOX 121			10 22 2019
City Suppose of Disbursement Suppose of Disbursement	State Zip Code MI 48813	011	FEC Identification Number  C  Transaction ID: 12207998
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify) ▼		Memo Item
SUBTOTAL of Disbursements This Page (optional)			1500.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		rate schedule(s)	FOR LINE (check only	one)
	Detailed S	Summary Page	21b 28a	22 23 26 27 28b 28c <b>x</b> 29 30b
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan				
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		- · ·		
Full Name (Last, First, Middle Initial)  A. Gretchen Whitmer for Governor				Date of Disbursement
Mailing Address PO Box 15282				11 14 2019
City Lansing Purpose of Disbursement	State MI	Zip Code 48901		FEC Identification Number
Direct Contribution  Candidate Name			011	Transaction ID : 12248359
Whitmer, Gretchen, , ,  Office Sought: House Disburser	ment For:		Category/ Type	Amount of Each Disbursement this Period 3000.00
Senate President	Primary Other (speci	General ify) ▼		Direct Contribution  Memo Item
State: District:  Full Name (Last, First, Middle Initial)  B. Friends of Frank Liberati				Date of Disbursement
Mailing Address 9068 Quandt				11 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Allen Park	State MI	Zip Code 48101		FEC Identification Number
Purpose of Disbursement Direct Contribution			011	C Transaction ID : 12253457
Candidate Name  Liberati, Frank, , MI Rep.,  Office Sought: House Disburser	ment For:		Category/ Type	Amount of Each Disbursement this Period
Senate President State: District:	Primary Other (speci	General		Direct Contribution  Memo Item
Full Name (Last, First, Middle Initial)  C. VanderWall Majority Fund				Date of Disbursement
Mailing Address 730 N. Hayford Ave				11 15 7 2019
City  Lansing  Purpose of Disbursement  Direct Contribution	State MI	Zip Code 48912		FEC Identification Number
Candidate Name			O11 Category/ Type	Transaction ID: 12253458 Amount of Each Disbursement this Period
Office Sought:  House Senate President State:  Disburser	ment For: Primary Other (speci	General ify) ▼	.,,,,	Direct Contribution  Memo Item
SUBTOTAL of Disbursements This Page (optional)			<b>&gt;</b>	3750.00
TOTAL This Period (last page this line number only)	)			

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	for each ca	te schedule(s) tegory of the immary Page	FOR LINE N (check only 21b	one) 22 23 26 27
			28a	28b 28c <b>x</b> 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		·		
Full Name (Last, First, Middle Initial)  - Comerica Bank				Date of Disbursement
Mailing Address P.O. Box 75000				12 10 2019
City Detroit Purpose of Disbursement	State Z MI	Zip Code 48275		FEC Identification Number
Operating Expense  Candidate Name			001	Transaction ID : 12375751  Amount of Each Disbursement this Period
			Category/ Type	
	nent For: Primary Other (specify	General /) ▼		266.98  Operating Expense  Memo Item
State: District:				Welle lell
Full Name (Last, First, Middle Initial)  3.				Date of Disbursement
Mailing Address				
City	State	Zip Code		FEC Identification Number
Purpose of Disbursement				C
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary Other (specify	General		Mome Here
State: District:		· 		Memo Item
Full Name (Last, First, Middle Initial)				Date of Disbursement
Mailing Address				M - M / D - D / Y - Y - Y
City	State	Zip Code		FEC Identification Number
Purpose of Disbursement				C
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary Other (specify	General /) ▼		Memo Item
State: District:				L Mone ton
SUBTOTAL of Disbursements This Page (optional)			······	266.98
TOTAL This Period (last page this line number only).				11995.23