PAGE 1 / 11

Image# 201806189113733285

**FEC** 

# **REPORT OF RECEIPTS AND DISBURSEMENTS**

FURINI 3A	For	Other Than An Au	thorized Comi	nittee	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	rd			
Check if diff than previou reported. (A	ısly . r	Detroit			MI 48.	202
2. FEC IDENTIFIC	ATION NUMB	<b>ER</b> ▼ CI	TY▲		STATE A	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)	May 20 (M5)  Jun 20 (M6)  Jul 20 (M7)	Aug 20 (Millian Sep 20 (Millian Oct 20 (Millian Sep 20 (Millia	(Non-Election Year Only)  Dec 20 (M12) (Non-Election Year Only)
July 15 Quarterl October Quarterl January	y Report (Q1)  y Report (Q2)  15 y Report (Q3)  31	(c) 12-Day PRE-Election Report for the:	Primary  Convention	(12P) tion (12C)	General (12G) Special (12S)	Runoff (12R) in the State of
July 31 Report ( Year Or	d Report (YE) Mid-Year (Non-election III) (MY) tion Report	(d) 30-Day POST-Election Report for the:	General on on	(30G)	Runoff (30R)	Special (30S) in the State of
5. Covering Period	M M M 05	01 / Y Y Y Y Y Y 2018	throu	gh 05		Y
I certify that I have e Type or Print Name of	L	eport and to the best o afferty, Rory, , ,	f my knowledge a	and belief it is tr	ue, correct and comp	plete.
Signature of Treasure	Lafferty, R	ory, , ,	[Electron	nically Filed] [	Date 06	18 2018
NOTE: Submission of	false, erroneous	or incomplete information	on may subject the	person signing t	his Report to the pen	alties of 52 U.S.C. § 30109
Office Use					FE	EC FORM 3X Rev. 05/2016

# **SUMMARY PAGE**

FEC Form 3X (Rev. 05/2016)	RECEIPTS AND DISBURSEMENTS	<b>Ⅰ</b> Page <b>2</b>
Write or Type Committee Name		. ago <b>_</b>
Health Alliance Plan PAC		
Tiodin / marios / lair / its		
Report Covering the Period: From: 05	/ 01 / 2018 To:	05 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, 2018		20249.90
(b) Cash on Hand at  Beginning of Reporting Period	23168.19	
(c) Total Receipts (from Line 19)	1223.30	7755.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	24391.49	28004.90
7. Total Disbursements (from Line 31)	5577.98	9191.39
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18813.51	18813.51
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 multicand	didate committee. (see FEC FORM 1M)	
Fo	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	Name
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I	Неа	lth A	Allian	ce P	lan F	AC.
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I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
•		
	440.20	3204.30
(i) Itemized (use Schedule A)	440.30	3204.30
(ii) Unitomized	783.00	4550.70
	4 4	7 7 1000.10
	1223.30	7755.00
o) 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	4000.00	7755.00
	1223.30	7755.00
	0.00	0.00
Party Committees	0.00	0.00
II Loons Dessived	0.00	0.00
ill Loans Received	0.00	4 4
	0.00	0.00
	0.00	0.00
	0.00	0.00
	4	0.00
	0.00	0.00
	4 4	4 4
Dividends, Interest, etc.)	0.00	0.00
ransfers from Non-Federal and Levin Funds	4 4	4 4
a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
F		
c) Levin Funds (from Schedule H5)	0.00	0.00
=		
c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Allocated Federal/Non-Federal     Activity (from Schedule H4)		Carsinal Isal to Batt
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	77.00	004.00
Expenditures(c) Total Operating Expenditures	77.98	391.39
(add 21(a)(i), (a)(ii), and (b))▶	77.98	391.39
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures	0.00	0.00
(use Schedule E)	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		
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	5500.00	8800.00
Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity (from Schedule H6)	0))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5577.98	9191.39
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	5577.98	9191.39

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	1223.30	7755.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1223.30	7755.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	77.98	391.39
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	77.98	391.39

Receipt For:

Primary

Other (specify)

General

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

Use separate schedule(s) for each category of the

FC	R LINE	E NU	IMBER	:	PAGE	6	OF	11
(ch	neck on	ly or	ne)					
[3	<b>1</b> 1a		11b		11c	12		
	13		14		15	16	,	17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name MacDermott, Alice, , , Date of Receipt Mailing Address 23141 Hollander 31 2018 City Zip Code State Transaction ID: PR133388035584 MI Dearborn 48128 Amount of Each Receipt this Period FEC ID number of contributing C 42.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Associate General Counsel Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$21.15 Bi-Weekly) 211.50 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Harder, Christine, , , Date of Receipt Mailing Address 3060 Woodcreek Way 05 2018 City State Zip Code Transaction ID : PR149941735584 Bloomfield Hills MI 48304 Amount of Each Receipt this Period FEC ID number of contributing 90.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan VP- Enroll, Billing, Paymt Ops Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$45.00 Bi-Weekly) Other (specify) 405.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Matthews, Irita, , , Date of Receipt Mailing Address 861 Whittier 31 2018 City Zip Code State Transaction ID: PR75326435584 MI Grosse Pointe Park 48230 Amount of Each Receipt this Period FEC ID number of contributing C 92.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Associate General Counsel

224.30 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

460.00

Aggregate Year-to-Date ▼

P/R Deduction (\$46.00 Bi-Weekly)

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

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

11

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 Zbytowski, Jennifer, Brooks, , Date of Receipt Mailing Address 49206 St. Nicholas 31 2018 City Zip Code State Transaction ID: PR75326635584 MI Shelby Township 48317 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Health Alliance Plan VP- Utilization Mgt & Case Mgt Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Bi-Weekly) 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ronan, Dianna, Lynn, , Date of Receipt Mailing Address 2156 Cumberland 05 2018 City State Zip Code Transaction ID: PR75334035584 MI **Brighton** 48114 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan VP - Financial Services Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$50.00 Bi-Weekly) Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Lipscomb, Deandre, Antwan, , Date of Receipt Mailing Address 29545 Greening St. 31 2018 City Zip Code State Transaction ID : PR87082335584 MI Farmington Hills 48334 Amount of Each Receipt this Period FEC ID number of contributing C 66.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan VP- Community Outreach Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$33.00 Bi-Weekly) 231.00 Other (specify) 216.00 SUBTOTAL of Receipts This Page (optional)..... 440.30 TOTAL This Period (last page this line number only).....

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Detailed Summary Page   28   28   28   28   28   28   28   2	IT	EMIZED DISBURSEMENTS			(OILCOIL		·			¬	_	٦٥-	
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 maine and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  Health Alliance Plan PAC  Full Name (Last, First, Middle Initial)  A. Comerica Bank  Mailing Address P.O. Box 75000  City Defroit Purpose of Disbursement Merchant Fee  Candidate Name  City Defroit State: Disbursement For: President State: Disbursement For: Disbursement State: Disbursement Merchant Fee  Merchant Fee  Merchant Fee Merchant Fee Merchant Fee Merchant Fee Merchant Fee Merchant Fee Merchant Fee Merchant Fee Merchant Fee Merchant Fee Merchant Fee Merchant Fee Merchant Fee Merchant Fee Merchant Fee Merchant Fee Merchant Fee Merchant Fee  Cardidate Name  Category/ Type  Transaction ID: 11250183 Amount of Each Disbursement Merchant Fee Merchant Fee Merchant Fee Cardidate Name  Category/ Type  Transaction ID: 11250183 Amount of Each Disbursement this Period  Transaction ID: 11250183 Amount of Each Disbursement this Period  Transaction ID: 11250183 Amount of Each Disbursement this Period  Transaction ID: 11250183 Amount of Each Disbursement this Period  Transaction ID: 11250183 Amount of Each Disbursement this Period  Transaction ID: 11250183 Amount of Each Disbursement this Period  Transaction ID: 11250183 Amount of Each Disbursement this Period  Transaction ID: 11250183 Amount of Each Disbursement this Period  Transaction ID: 11250183 Amount of Each Disbursement this Period  Transaction ID: 11250183 Amount of Each Disbursement this Period  Transaction ID: 11250183 Amount of Each Disbursement this Period  Transaction ID: 11250183 Amount of Each Disbursement this Period  Transaction ID: 11250183 Amount of Each Disbursement this Period  Transaction ID: 11250183 Amount of Each Disbursement this Period  Transaction ID: 11250183 Amount of Each Disbursement this Period  Transaction ID: 11250183 Amount of Each						L							
NAME OF COMMITTEE (in Part)  Health Alliance Plan PAC  Full Name (Last, First, Middle Initial)  Comerica Bank  Mailing Address P.O. Box 75000  City Detroit Purpose of Disbursement Merchant Fee Candidate Name  City Distroit Full Name (Last, First, Middle Initial)  Comerica Bank  Mailing Address P.O. Box 75000  City State Primary Office Sought: Full Name (Last, First, Middle Initial)  Comerica Bank  Mailing Address P.O. Box 75000  City State: Distroit Full Name (Last, First, Middle Initial)  City Detroit Full Name (Last, First, Middle Initial)  City State: District  Full Name (Last, First, Middle Initial)  City Detroit Full Name (Last, First, Middle Initial)  City State: District  Full Name (Last, First, Middle Initial)  City State: District  Full Name (Last, First, Middle Initial)  City State: District  Full Name (Last, First, Middle Initial)  City State: District  Full Name (Last, First, Middle Initial)  City State: District  Full Name (Last, First, Middle Initial)  City State: District  Full Name (Last, First, Middle Initial)  City State: District  Full Name (Last, First, Middle Initial)  City State: District  Full Name (Last, First, Middle Initial)  City State: District  Full Name (Last, First, Middle Initial)  City State: District  State: Distri	Λ :-	w information copied from such Deposits and Chates	nonto mo:	not be sold or							ing s		tions
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Mailing Address P.O. Box 75000   05	A.	Comerica Bank					Date of			ent 			
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Merchant Fee Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code Purpose of Disbursement  Candidate Name  Category/ Type  Transaction ID : 11250163  Amount of Each Disbursement this Period  Merchant Fee Memo Item  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)			IVII	48275				_	_		_		
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Senate President Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code Purpose of Disbursement  Candidate Name  Candidate Name  Office Sought: House Senate Primary General Other (specify) Memo Item  State: District:  State Tip Code FEC Identification Number  Category/ Type  Office Sought: House Senate Primary General Other (specify) Memo Item  State: District:  Subtotal Amount of Each Disbursement this Period  Memo Item  77.98						<b>'</b>	7 tillourit	OI Lu	011 151	iobai o	Cirio	it tillo	Onoa
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State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City  State  Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought:  House  Primary  Other (specify)  State:  State:  District:  Memo Item  Date of Disbursement  FEC Identification Number  Category/ Type  Amount of Each Disbursement this Period  Memo Item  Transport  Memo Item  Memo Item  Transport  Memo Item  Transport  Transport  Subtrottal of Disbursements This Page (optional)			•						Me	erchai	nt Fe	Э	
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Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify)  State: District:  SUBTOTAL of Disbursements This Page (optional)		City	State	Zip Code			FEC Ide	entifica	tion I	Numb	er		
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only	
	Detailed Summary Fage	28a	28b 28c <b>x</b> 29 30b
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NAME OF COMMITTEE (In Full) Health Alliance Plan PAC			
Full Name (Last, First, Middle Initial)  A. Vaupel Victory Values Leadership I	Fund		Date of Disbursement
Mailing Address PO Box 357			05 01 2018
Fowlerville	State Zip Code MI 48836		FEC Identification Number
Purpose of Disbursement Direct Contribution Candidate Name		011	Transaction ID : 11216876 Amount of Each Disbursement this Period
	ment For: Primary General Other (specify) ▼	Category/ Type	500.00  Direct Contribution  Memo Item
Full Name (Last, First, Middle Initial)  B. House Republican Campaign Com  Mailing Address PO Box 15035	nmittee		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Lansing Purpose of Disbursement Direct Contribution	State Zip Code MI 48901	011	FEC Identification Number  C  Transaction ID : 11216877
	nent For: Primary General Other (specify)	Category/ Type	Amount of Each Disbursement this Period  500.00  Direct Contribution  Memo Item
Full Name (Last, First, Middle Initial)  C. Daniela Garcia for State Senate  Mailing Address PO Box 1976			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 Holland Purpose of Disbursement Direct Contribution  Candidate Name Garcia, Daniela, , ,  Office Sought: House Senate	State Zip Code MI 49422  ment For: Primary General Other (specify)	011 Category/ Type	FEC Identification Number  C  Transaction ID: 11216878  Amount of Each Disbursement this Period  500.00  Direct Contribution  Memo Item
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NAME OF COMMITTEE (In Full)					
Health Alliance Plan PAC					
/					
Full Name (Last, First, Middle Initial)  A. Rebekah Warren for State Represe	ntativo			Date of Disbu	ırsement
" Nebekan Wanen for State Neprese	FIIIalive				D D / Y Y Y Y
Mailing Address 234 8th Street				05	01 2018
		I			
City Ann Arbor	State MI	Zip Code 48103		FEC Identifica	ation Number
Purpose of Disbursement	IVII	40103		С	
Direct Contribution			011		ID 44040070
Candidate Name			Category/		ion ID: 11216879 Ich Disbursement this Period
Warren, Rebekah, , ,			Type		
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	Primary	General		_	Direct Contribution
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Full Name (Last, First, Middle Initial)					
3. Committee to Elect Doug Tietz				Date of Disbu	ırsement
				M = M /	D D / Y Y Y Y
Mailing Address 5833 Bingham Drive				05	01 2018
City	State	Zip Code			
Troy	MI	48085		FEC Identifica	ation Number
Purpose of Disbursement				С	
Direct Contribution	011				on ID : 11216881
Candidate Name		'	Category/	Amount of Each Disbursement this Pe	
Tietz, Douglas, D, ,  Office Sought: House Disbursen	nont For:		Туре		250.00
	Primary	General			Direct Contribution
	Other (spec			Na	
State: District:				Memo Ite	m
Full Name (Last, First, Middle Initial)					
3. Bill Schuette for Governor				Date of Disbu	ırsement
Moiling Address DO Day 19207				M M / / 05	08 2018
Mailing Address PO Box 12307				UJ	2010
City	State	Zip Code		FEC Identifica	ation Number
Lansing	MI	48901		1.1	alon rambol
Purpose of Disbursement Bill Schuette, Governor MI			011	C	
Candidate Name					ion ID : 11229545
Schuette, Bill, , ,			Category/ Type	Amount of Ea	ch Disbursement this Period
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	Primary	General			Bill Schuette, Governor MI
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or	for commercial purposes, other than using the name	ne and addre	ess of any politic	al committe	tee to solicit contributions from such committee.				
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	nealth Alliance Plan PAC								
_	Full Name (Last, First, Middle Initial)				5. (8:1				
Α.	MAHP PAC				Date of Disbursement				
	Mailing Address 327 Seymour Avenue				05 08 2018				
	O.	0	7: 0 1						
	City Lansing	State MI	Zip Code 48901		FEC Identification Number				
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	Candidate Name			Category Type	y/ Amount of Each Disbursement this Period				
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В.					Date of Disbursement				
	Mailing Address				M M / D D / Y Y Y Y				
	City	State	Zip Code		FEC Identification Number				
	Purpose of Disbursement				C				
	Candidate Name	Category/ Type			y/ Amount of Each Disbursement this Period				
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	Senate	Primary	General						
	President State: District:	Other (spec	city)		Memo Item				
_	Full Name (Last, First, Middle Initial)								
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