

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2017 through 06 / 30 / 2017

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

Signature of Treasurer Lafferty, Rory, , , [Electronically Filed] Date 07 / 19 / 2017

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Health Alliance Plan PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>		<input type="text" value="16163.18"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="16163.18"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="13406.72"/>	<input type="text" value="13406.72"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="29569.90"/>	<input type="text" value="29569.90"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="9418.69"/>	<input type="text" value="9418.69"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="20151.21"/>	<input type="text" value="20151.21"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Health Alliance Plan PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2017 To: M M / D D / Y Y Y Y 06 / 30 / 2017

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10765.65	10765.65
(ii) Unitemized	2641.07	2641.07
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	13406.72	13406.72
(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)	13406.72	13406.72
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	13406.72	13406.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	13406.72	13406.72

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	468.69	468.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	468.69	468.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	8950.00	8950.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	9418.69	9418.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9418.69	9418.69

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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	13406.72	13406.72
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13406.72	13406.72
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	468.69	468.69
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	468.69	468.69

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Gramke, Mary, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5436 Green Bank Dr.

City Grand Blanc	State MI	Zip Code 48439
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Health Alliance Plan	Occupation (for Individual) Manager, Membership & Billing
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		04		2017

Transaction ID : 10284988

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 19170 Lancashire St

City Detroit	State MI	Zip Code 48223-1348
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Health Alliance Plan	Occupation (for Individual) IT Manager
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		17		2017

Transaction ID : 10351497

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 2127 Woodland Avenue

City Royal Oak	State MI	Zip Code 48073-3876
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Health Alliance Plan	Occupation (for Individual) AVP- Provider Contracting
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

Transaction ID : PR100554530337

Amount of Each Receipt this Period
260.00

Memo Item

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	860.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Sullivan, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18331 Laraugh Drive
 City Northville State MI Zip Code 48168
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP- Healthcare Affrd & Prf Imp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 385.24

Date of Receipt 06 / 30 / 2017
Transaction ID : PR100554830337
 Amount of Each Receipt this Period 385.24
 Memo Item
 P/R Deduction (\$30.77 Bi-Weekly)

B. Smith, Stewart, Barry, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10844 Pardee Road
 City Taylor State MI Zip Code 48180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir-Operational Sol,Grp Svc,Tr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2017
Transaction ID : PR110043330337
 Amount of Each Receipt this Period 260.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. Hutchison, Todd, Eric, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 773 Whittier
 City Grosse Pointe Park State MI Zip Code 48230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) SVP- Chief Finance Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.10

Date of Receipt 06 / 30 / 2017
Transaction ID : PR124815130337
 Amount of Each Receipt this Period 750.10
 Memo Item
 P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 1395.34
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 22
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Lynch, Shane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15529 Longmeadow St
 City Dearborn State MI Zip Code 48120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir- Market Intelligence
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt **06 / 30 / 2017**
Transaction ID : PR130556630337
 Amount of Each Receipt this Period 234.00
 Memo Item
 P/R Deduction (\$18.00 Bi-Weekly)

B. MacDermott, Alice, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23141 Hollander
 City Dearborn State MI Zip Code 48128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Associate General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **06 / 30 / 2017**
Transaction ID : PR133388030337
 Amount of Each Receipt this Period 249.99
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

C. Navarra, Reina, Maria, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43529 Bayfield Dr.
 City Clinton Twp State MI Zip Code 48038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir-Government Prog Compliance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **06 / 30 / 2017**
Transaction ID : PR133388130337
 Amount of Each Receipt this Period 260.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	743.99
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 22
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Schneider, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 874 Bridgestone
 City Rochester Hills State MI Zip Code 48309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir- Support Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 227.50

Date of Receipt 06 / 30 / 2017
Transaction ID : PR133388230337
 Amount of Each Receipt this Period 227.50
 Memo Item
 P/R Deduction (\$17.50 Bi-Weekly)

B. Boyer, Julie, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9201 Downing Rd
 City Birch Run State MI Zip Code 48415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Senior Director Information Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2017
Transaction ID : PR133394830337
 Amount of Each Receipt this Period 260.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. Brandt, Marcia, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9493 Pine Needle Tr
 City Flushing State MI Zip Code 48433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Director Care Coordination & UR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 06 / 30 / 2017
Transaction ID : PR133394930337
 Amount of Each Receipt this Period 208.00
 Memo Item
 P/R Deduction (\$16.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	695.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Germain, Carolyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3053 S Nichols Rd
 City Lennon State MI Zip Code 48449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Senior Director Pharmacy Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : PR133395030337
 Amount of Each Receipt this Period 375.05
 Memo Item
 P/R Deduction (\$28.85 Bi-Weekly)

B. Harrison, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5875 Gilbert Lake Rd
 City Bloomfield Township State MI Zip Code 48301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Director Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : PR133395130337
 Amount of Each Receipt this Period 260.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. Matthews, Irita, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 861 Whittier
 City Grosse Pointe Park State MI Zip Code 48230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Associate General Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 598.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : PR75326430337
 Amount of Each Receipt this Period 598.00
 Memo Item
 P/R Deduction (\$46.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1233.05
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 11 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Zbytowski, Jennifer, Brooks, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 49206 St. Nicholas
 City Shelby Township State MI Zip Code 48317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP- Utilization Mgt & Case Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2017
Transaction ID : PR75326630337
 Amount of Each Receipt this Period 260.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. Calabria, John, David, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2030 Brinston
 City Troy State MI Zip Code 48083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Sr Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 30 / 2017
Transaction ID : PR75330630337
 Amount of Each Receipt this Period 500.00
 Memo Item
 P/R Deduction (\$500.00 Bi-Weekly)

C. Koslakiewicz, Glen, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30431 John Hauk
 City Garden City State MI Zip Code 48135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir- Fin Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 06 / 30 / 2017
Transaction ID : PR75332530337
 Amount of Each Receipt this Period 208.00
 Memo Item
 P/R Deduction (\$16.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 968.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Ronan, Dianna, Lynn, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2156 Cumberland
 City Brighton State MI Zip Code 48114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP - Financial Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2017
Transaction ID : PR75334030337
 Amount of Each Receipt this Period 650.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. Walsh, Matthew, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5770 Kirkrigde Trail
 City Oakland Township State MI Zip Code 48306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) SVP- Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 06 / 30 / 2017
Transaction ID : PR75334730337
 Amount of Each Receipt this Period 560.00
 Memo Item
 P/R Deduction (\$480.00 Bi-Weekly)

C. Powell, Rachel, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 543 Thurber
 City Troy State MI Zip Code 48085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir - MA Revenue Management
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 221.00

Date of Receipt 06 / 30 / 2017
Transaction ID : PR75336230337
 Amount of Each Receipt this Period 221.00
 Memo Item
 P/R Deduction (\$17.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1431.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Ledesma, Sandra, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22429 Provincial
 City Woodhaven State MI Zip Code 48183
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir- Application Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : PR75336930337
 Amount of Each Receipt this Period
 208.00
 Memo Item
 P/R Deduction (\$16.00 Bi-Weekly)

B. Hoffman, Cynthia, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5768 Whitehaven Dr
 City Troy State MI Zip Code 48085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir- eCommerce & Tech Planning
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : PR75337430337
 Amount of Each Receipt this Period
 260.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. Lafferty, Rory, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 759 Cherry Stone Drive #2D
 City Canton State MI Zip Code 48188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir- Government&Lgsltv Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : PR75341730337
 Amount of Each Receipt this Period
 260.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	728.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Tiller, Vernal, Teresa, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 813 Sandalwood Drive
 City Troy State MI Zip Code 48085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) AVP-Health & NetworkManagement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 06 / 30 / 2017
Transaction ID : PR753430337
 Amount of Each Receipt this Period 208.00
 Memo Item
 P/R Deduction (\$16.00 Bi-Weekly)

B. Marcath, Annette, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14691 24 Mile Road
 City Shelby Township State MI Zip Code 48315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP-Chief Information Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 30 / 2017
Transaction ID : PR77555730337
 Amount of Each Receipt this Period 1500.00
 Memo Item
 P/R Deduction (\$1500.00 Bi-Weekly)

C. Sullivan, Judith, Ann, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25905 Balsam Road
 City Franklin State MI Zip Code 48025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Lead Sector Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 222.77

Date of Receipt 06 / 30 / 2017
Transaction ID : PR78803930337
 Amount of Each Receipt this Period 222.77
 Memo Item
 P/R Deduction (\$16.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1930.77
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 15 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Champney, Dan, Ellis, ,

Mailing Address 9186 Hidden Oaks Dr

City Grand Blanc State MI Zip Code 48439

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

Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Deputy General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 780.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2017

Transaction ID : PR99462030337

Amount of Each Receipt this Period
 780.00

Memo Item

P/R Deduction (\$60.00 Bi-Weekly)

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	780.00
TOTAL This Period (last page this line number only).....▶	10765.65

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Comerica Bank

Mailing Address P.O. Box 75000

City Detroit State MI Zip Code 48275

Purpose of Disbursement
Merchant Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10397782
Amount of Each Disbursement this Period

Merchant Fee

Memo Item

Full Name (Last, First, Middle Initial)

B. Comerica Bank

Mailing Address P.O. Box 75000

City Detroit State MI Zip Code 48275

Purpose of Disbursement
Merchant Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10453796
Amount of Each Disbursement this Period

Merchant Fee

Memo Item

Full Name (Last, First, Middle Initial)

C. Comerica Bank

Mailing Address P.O. Box 75000

City Detroit State MI Zip Code 48275

Purpose of Disbursement
Merchant Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10453797
Amount of Each Disbursement this Period

Merchant Fee

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Comerica Bank

Mailing Address P.O. Box 75000

City Detroit State MI Zip Code 48275

Purpose of Disbursement Merchant Fee
Candidate Name
Category/Type 001

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

Date of Disbursement
MM / DD / YYYY
05 / 02 / 2017

FEC Identification Number
C
Transaction ID : 10492801
Amount of Each Disbursement this Period
30.00
Merchant Fee

Memo Item

Full Name (Last, First, Middle Initial)

B. Comerica Bank

Mailing Address P.O. Box 75000

City Detroit State MI Zip Code 48275

Purpose of Disbursement Merchant Fee
Candidate Name
Category/Type 001

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

Date of Disbursement
MM / DD / YYYY
05 / 09 / 2017

FEC Identification Number
C
Transaction ID : 10501009
Amount of Each Disbursement this Period
47.98
Merchant Fee

Memo Item

Full Name (Last, First, Middle Initial)

C. Comerica Bank

Mailing Address P.O. Box 75000

City Detroit State MI Zip Code 48275

Purpose of Disbursement Merchant Fee
Candidate Name
Category/Type 001

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

Date of Disbursement
MM / DD / YYYY
06 / 02 / 2017

FEC Identification Number
C
Transaction ID : 10526741
Amount of Each Disbursement this Period
30.00
Merchant Fee

Memo Item

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

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

107.98

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Comerica Bank

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 75000

City Detroit State MI Zip Code 48275

Purpose of Disbursement Merchant Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 09 / 2017

FEC Identification Number: C

Transaction ID : 10598154

Amount of Each Disbursement this Period: 47.98

Merchant Fee

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	47.98
TOTAL This Period (last page this line number only).....▶	281.92

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. MAHP PAC

Mailing Address 327 Seymour Avenue

City Lansing State MI Zip Code 48901

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : 10329827
Amount of Each Disbursement this Period

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. David Knezek for Senate

Mailing Address PO Box 867

City Dearborn Heights State MI Zip Code 48127

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name
Knezek, David, , ,

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

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : 10363162
Amount of Each Disbursement this Period

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Robert Wittenberg

Mailing Address 26131 Harding St

City Oak Park State MI Zip Code 48237

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name
Wittenberg, Robert, , MI Rep.,

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

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : 10366196
Amount of Each Disbursement this Period

Direct Contribution

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Friends of Frank Liberati		Date of Disbursement MM / DD / YYYY 03 / 09 / 2017
Mailing Address 9068 Quandt		FEC Identification Number C [REDACTED] Transaction ID : 10384408
City Allen Park	State MI	Zip Code 48101
Purpose of Disbursement Direct Contribution		Amount of Each Disbursement this Period [REDACTED] 250.00
Candidate Name Liberati, Frank, , MI Rep.,		Category/Type 011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Garcia Majority Fund		Date of Disbursement MM / DD / YYYY 03 / 09 / 2017
Mailing Address PO Box 1234		FEC Identification Number C [REDACTED] Transaction ID : 10384409
City Holland	State MI	Zip Code 49422
Purpose of Disbursement Direct Contribution		Amount of Each Disbursement this Period [REDACTED] 500.00
Candidate Name		Category/Type 011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Tom Leonard for State Representative		Date of Disbursement MM / DD / YYYY 03 / 09 / 2017
Mailing Address 14840 Robinwood Dr		FEC Identification Number C [REDACTED] Transaction ID : 10384410
City Lansing	State MI	Zip Code 48906
Purpose of Disbursement Direct Contribution		Amount of Each Disbursement this Period [REDACTED] 1000.00
Candidate Name Leonard, Tom, , MI Rep.,		Category/Type 011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1750.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Friends of Lorie Barnwell			Date of Disbursement M M / D D / Y Y Y Y Y Y 03 / 23 / 2017	
Mailing Address 30130 Gruenburg			FEC Identification Number C [] Transaction ID : 10408741 Amount of Each Disbursement this Period [] 500.00 Direct Contribution <input type="checkbox"/> Memo Item	
City Warren	State MI	Zip Code 48092	Category/ Type 011	
Purpose of Disbursement Direct Contribution			Amount of Each Disbursement this Period [] 500.00 Direct Contribution <input type="checkbox"/> Memo Item	
Candidate Name Barnwell, Lorie, , ,			Amount of Each Disbursement this Period [] 500.00 Direct Contribution <input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period [] 500.00 Direct Contribution <input type="checkbox"/> Memo Item	
State: District:			Amount of Each Disbursement this Period [] 500.00 Direct Contribution <input type="checkbox"/> Memo Item	
Full Name (Last, First, Middle Initial) B. Friends of Abdullah Hammoud			Date of Disbursement M M / D D / Y Y Y Y Y Y 04 / 13 / 2017	
Mailing Address PO Box 2719			FEC Identification Number C [] Transaction ID : 10448295 Amount of Each Disbursement this Period [] 500.00 Direct Contribution <input type="checkbox"/> Memo Item	
City Dearborn	State MI	Zip Code 48124	Category/ Type 011	
Purpose of Disbursement Direct Contribution			Amount of Each Disbursement this Period [] 500.00 Direct Contribution <input type="checkbox"/> Memo Item	
Candidate Name Hammoud, Abdullah, , ,			Amount of Each Disbursement this Period [] 500.00 Direct Contribution <input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period [] 500.00 Direct Contribution <input type="checkbox"/> Memo Item	
State: District:			Amount of Each Disbursement this Period [] 500.00 Direct Contribution <input type="checkbox"/> Memo Item	
Full Name (Last, First, Middle Initial) C. Michigan Values Leadership Fund II			Date of Disbursement M M / D D / Y Y Y Y Y Y 06 / 06 / 2017	
Mailing Address PO Box 261			FEC Identification Number C [] Transaction ID : 10530243 Amount of Each Disbursement this Period [] 1000.00 Direct Contribution <input type="checkbox"/> Memo Item	
City DeWitt	State MI	Zip Code 48820	Category/ Type 011	
Purpose of Disbursement Direct Contribution			Amount of Each Disbursement this Period [] 1000.00 Direct Contribution <input type="checkbox"/> Memo Item	
Candidate Name			Amount of Each Disbursement this Period [] 1000.00 Direct Contribution <input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period [] 1000.00 Direct Contribution <input type="checkbox"/> Memo Item	
State: District:			Amount of Each Disbursement this Period [] 1000.00 Direct Contribution <input type="checkbox"/> Memo Item	
SUBTOTAL of Disbursements This Page (optional)..... ▶			[] 2000.00	
TOTAL This Period (last page this line number only)..... ▶			[]	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Knezek for Michigan PAC

Full Name (Last, First, Middle Initial)
Mailing Address 8033 ARNOLD ST

City DEARBORN HEIGHTS State MI Zip Code 48127

Purpose of Disbursement Direct Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 06 / 2017

FEC Identification Number: C
Transaction ID : 10530244
Amount of Each Disbursement this Period: 1000.00
Direct Contribution
 Memo Item

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C
Amount of Each Disbursement this Period
 Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C
Amount of Each Disbursement this Period
 Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	8750.00