PAGE 1 / 22

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

			Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Health Alliance Plan F	PAC		
ADDRESS (number and street)	2850 West Grand Boulevard		
▼ Check if different			
than previously reported. (ACC)	Detroit		MI 48202
2. FEC IDENTIFICATION N	UMBER ▼ CIT	Y 🛦	STATE ▲ ZIP CODE ▲
C C00410670	3. IS	THIS NEW (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M5	(Non-Election Year Only)
(a) Quarterly Reports:	Mar	20 (M3) Jun 20 (M6)	(Non-Election Year Only)
April 15 Quarterly Report (20 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report ((C) 12-Day	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (Fleekien	n on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	n on/	in the State of
5. Covering Period 0		through 06	30 2017
I certify that I have examined the	his Report and to the best of Lafferty, Rory, , ,	my knowledge and belief it is t	true, correct and complete.
Type or Print Name of Treasure			
Signature of Treasurer	erty, Rory, , ,	[Electronically Filed]	Date 07 / 19 / 2017
NOTE: Submission of false, error	neous, or incomplete information	may subject the person signing	this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name Health Alliance Plan PAC 01 01 2017 06 30 2017 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 16163.18 January 1, 2017 (b) Cash on Hand at 16163.18 Beginning of Reporting Period..... 13406.72 13406.72 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 29569.90 29569.90 6(a) and 6(c) for Column B)..... 9418.69 9418.69 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 20151.21 20151.21 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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) Page 3

Write or Type Committee Name

I	Неа	lth A	Allian	ce P	lan F	AC.
ı	ııca	IUI 7	ווומוו	ᅜᄄᆝ	ıaıı ı	\neg

port Covering the Period: From:	01 2017 To	o: 06 / 30 / Y 2017
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
• •		
(i) Itemized (use Schedule A)	10765.65	10765.65
(ii) Unitemized	2641.07	2641.07
Lines 11(a)(i) and (ii)	13406.72	13406.72
• •	0.00	0.00
(such as PACs)	0.00	0.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	13406.72	13406.72
	0.00	0.00
All Loans Received	0.00	0.00
Offsets To Operating Expenditures	0.00	0.00
(Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
Political Committees	0.00	0.00
· · · · · · · · · · · · · · · · · · ·		0.00
Transfers from Non-Federal and Levin Funds	0.00	0.00
(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
	I. Receipts Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	I. Receipts Contributions (other than loans) From: (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)		Caronaa I Sai to Bato
(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
Transfers to Affiliated/Other Party	4	
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d))		4 4
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds 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	0.00	0.00
(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	7 7 7	4 4 4
Non-Federal Donations)	8950.00	8950.00
Federal Election Activity (52 U.S.C. § 30101(2)	0))	4 4
(a) Allocated Federal Election Activity	0))	
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid	4 4	
Entirely With Federal Funds(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))	9418.69	9418.69
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)

1 20 1 0 m 0 m (1 io v. 0 i 20 i 0)		i age c					
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					

federal political committee.

Health Alliance Plan

Primary

Receipt For:

Name of Employer (for Individual)

General

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

F	OR	LINE	NU	MBER	:	PAGE	6	OF	22
(0	che	ck only	or	ne)					
	X	11a		11b		11c	12	2	
		13		14		15	16	6	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 Gramke, Mary, , , Date of Receipt Mailing Address 5436 Green Bank Dr. 2017 City Zip Code State Transaction ID: 10284988 MI **Grand Blanc** 48439 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Manager, Membership & Billing Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** VanDiver, Sammye, , , Date of Receipt Mailing Address 19170 Lancashire St 01 2017 City State Zip Code Transaction ID: 10351497 MI Detroit 48223-1348 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan IT Manager Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Giroux, Mark, , , Date of Receipt Mailing Address 2127 Woodland Avenue 30 2017 City State Zip Code Transaction ID: PR100554530337 MI Royal Oak 48073-3876 Amount of Each Receipt this Period FEC ID number of contributing C 260.00

Other (specify)	260.00		,	.,				,,		
SUBTOTAL of Receipts This Page (optional)	····	Ξ	- -	Ξ	I		_	860	.00	
TOTAL This Period (last page this line number	only)	Ξ	7	_	_	7	_	_	-	

Occupation (for Individual)

AVP- Provider Contracting

Aggregate Year-to-Date ▼

Memo Item

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

Use separate schedule(s)

		LINE	PAGE	7	OF	22			
(C	he	ck only	or	ne)					
	X	11a		11b		11c	12	2	
		13		14		15	16	6	17

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 Sullivan, Timothy, , , Date of Receipt Mailing Address 18331 Laraugh Drive 30 2017 City Zip Code State Transaction ID: PR100554830337 MI Northville 48168 Amount of Each Receipt this Period FEC ID number of contributing C 385.24 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VP- Healthcare Affrd & Prf Imp Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$30.77 Bi-Weekly) 385.24 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Smith, Stewart, Barry, , Date of Receipt Mailing Address 10844 Pardee Road 06 2017 City State Zip Code Transaction ID : PR110043330337 MI Taylor 48180 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 Dir-Operational Sol, Grp Svc, Tr Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) Other (specify) ▼ 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Hutchison, Todd, Eric, Date of Receipt Mailing Address 773 Whittier 30 2017 City State Zip Code Transaction ID: PR124815130337 MI Grosse Pointe Park 48230 Amount of Each Receipt this Period FEC ID number of contributing C 750.10 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan **SVP- Chief Finance Officer** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$57.70 Bi-Weekly) 750.10 Other (specify) 1395.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

Use separate schedule(s)

F	OR	LINE	NU	MBER	PAGE		8	OF		22		
(0	(check only one)											
	X	11a		11b		11c		12	:			
		13		14		15		16	;		17	

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 Lynch, Shane, , , Date of Receipt Mailing Address 15529 Longmeadow St 2017 City Zip Code State Transaction ID: PR130556630337 MI Dearborn 48120 Amount of Each Receipt this Period FEC ID number of contributing C 234.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Dir- Market Intelligence Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$18.00 Bi-Weekly) 234.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MacDermott, Alice, , , Date of Receipt Mailing Address 23141 Hollander 06 2017 City State Zip Code Transaction ID : PR133388030337 MI Dearborn 48128 Amount of Each Receipt this Period FEC ID number of contributing 249.99 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Associate General Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$19.23 Bi-Weekly) Other (specify) ▼ 249.99 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Navarra, Reina, Maria, Date of Receipt Mailing Address 43529 Bayfield Dr. 30 2017 City State Zip Code Transaction ID: PR133388130337 MI Clinton Twp 48038 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 Prog Compliance Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 260.00 Other (specify) 743.99 SUBTOTAL of Receipts This Page (optional).....

SCHEDULE A (FEC Form 3X)

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

Use separate schedule(s)

F	OR	LINE	NU	MBER	:	PAGE		9	OF		22	
(0	(check only one)											
	×	11a		11b		11c		12				
		13		14		15		16	;		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 Schneider, Steven, , , Date of Receipt Mailing Address 874 Bridgestone 30 2017 City Zip Code State Transaction ID: PR133388230337 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) Dir- Support Svcs Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$17.50 Bi-Weekly) 227.50 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Boyer, Julie, A,, Date of Receipt Mailing Address 9201 Downing Rd 06 2017 City State Zip Code Transaction ID : PR133394830337 MI Birch Run 48415 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 Senior Director Information Technology Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) Other (specify) ▼ 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Brandt, Marcia, L, , Date of Receipt Mailing Address 9493 Pine Needle Tr 30 2017 City State Zip Code Transaction ID: PR133394930337 MI Flushing 48433 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 Director Care Coordination & UR Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$16.00 Bi-Weekly) 208.00 Other (specify) 695.50 SUBTOTAL of Receipts This Page (optional).....

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

22

10 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 Germain, Carolyn, , , Date of Receipt Mailing Address 3053 S Nichols Rd 30 2017 City Zip Code State Transaction ID: PR133395030337 MI Lennon 48449 Amount of Each Receipt this Period FEC ID number of contributing C 375.05 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Senior Director Pharmacy Services Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$28.85 Bi-Weekly) 375.05 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Harrison, Todd, , , Date of Receipt Mailing Address 5875 Gilbert Lake Rd 2017 City State Zip Code Transaction ID : PR133395130337 MI Bloomfield Township 48301 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 **Director Human Resources** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) Other (specify) ▼ 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Matthews, Irita, , , Date of Receipt Mailing Address 861 Whittier 30 2017 City Zip Code State Transaction ID : PR75326430337 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 Associate General Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$46.00 Bi-Weekly) 598.00 Other (specify) 1233.05 SUBTOTAL of Receipts This Page (optional).....

22 FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c

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 30 2017 City Zip Code State Transaction ID: PR75326630337 MI Shelby Township 48317 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 VP- Utilization Mgt & Case Mgt Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 260.00 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 06 2017 City State Zip Code Transaction ID : PR75330630337 MI Troy 48083 Amount of Each Receipt this Period FEC ID number of contributing 500.00 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 (\$500.00 Bi-Weekly) Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Koslakiewicz, Glen, P., Date of Receipt Mailing Address 30431 John Hauk 30 2017 City Zip Code State Transaction ID : PR75332530337 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) 208.00 Other (specify) 968.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 ___

SCHEDULE A (FEC Form 3X)

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

22

ITEMIZED RECEIPTS 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 30 2017 City Zip Code State Transaction ID: PR75334030337 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) 650.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Walsh, Matthew, M,, Date of Receipt Mailing Address 5770 Kirkridge Trail 06 2017 City State Zip Code Transaction ID: PR75334730337 Oakland Township MI 48306 Amount of Each Receipt this Period FEC ID number of contributing 560.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan **SVP- Chief Operating Officer** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$480.00 Bi-Weekly) Other (specify) ▼ 560.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Powell, Rachel, A, , Date of Receipt Mailing Address 543 Thurber 30 2017 City Zip Code State Transaction ID : PR75336230337 MI Troy 48085 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) Health Alliance Plan Dir - MA Revenue Management Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$17.00 Bi-Weekly) 221.00 Other (specify) 1431.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

Other (specify)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)

FC	R	LINE	PAGE	1	13	OF	2	22			
(ch	nec	ck only	or	ne)							
[X	11a		11b		11c		12			
		13		14		15		16			17

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 Ledesma, Sandra, Lee, , Date of Receipt Mailing Address 22429 Provincial 30 2017 City Zip Code State Transaction ID: PR75336930337 MI Woodhaven 48183 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) **Dir- Application Development** Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$16.00 Bi-Weekly) 208.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Hoffman, Cynthia, L, , Date of Receipt Mailing Address 5768 Whitehaven Dr 06 2017 City State Zip Code Transaction ID: PR75337430337 MI Troy 48085 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 Dir- eCommerce & Tech Planning Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) Other (specify) ▼ 260.00 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 30 2017 City State Zip Code Transaction ID : PR75341730337 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)

SUBTOTAL of Receipts This Page (optional)		_	,		,		72	8.00)	
TOTAL This Period (last page this line number only)	_	_	7	_	 7	_		<u>.</u>	_	

260.00

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

22 14 OF Use separate schedule(s) 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 Tiller, Vernal, Teresa,, Date of Receipt Mailing Address 813 Sandalwood Drive 30 2017 City Zip Code State Transaction ID: PR75343030337 MI Troy 48085 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) AVP-Health & NetworkManagement Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$16.00 Bi-Weekly) 208.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Marcath, Annette, M, , Date of Receipt Mailing Address 14691 24 Mile Road 06 2017 City State Zip Code Transaction ID: PR77555730337 MI Shelby Township 48315 Amount of Each Receipt this Period FEC ID number of contributing 1500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan **VP-Chief Information Officer** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$1500.00 Bi-Weekly) Other (specify) 1500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Sullivan, Judith, Ann, , Date of Receipt Mailing Address 25905 Balsam Road 30 2017 City State Zip Code Transaction ID: PR78803930337 MI Franklin 48025 Amount of Each Receipt this Period FEC ID number of contributing C 222.77 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Lead Sector Consultant Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$16.00 Bi-Weekly) 222.77 Other (specify) 1930.77 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	•	15	OF	22		
	(che	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16		17

	Statements may not be sold or used by any pers	
	e name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
Full Name of Individual (Last, First, Middle Ir Champney, Dan, Ellis, , Mailing Address 9186 Hidden Oaks Dr	nitial) or Full Organization Name	Date of Receipt
	Tau -	06 30 2017
City Grand Blanc	State Zip Code MI 48439	Transaction ID : PR99462030337
FEC ID number of contributing federal political committee.	C 40439	Amount of Each Receipt this Period 780.00
Name of Employer (for Individual) Health Alliance Plan	Occupation (for Individual) Deputy General Counsel	Memo Item
Receipt For: Primary Other (specify) Other	Aggregate Year-to-Date ▼ 780.00	P/R Deduction (\$60.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle Ir Mailing Address	nitial) or Full Organization Name	Date of Receipt
City	State Zip Code	Amount of Fact Paracettic Paracettic
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
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 Ir	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)		780.00
TOTAL This Period (last page this line number	only)	10765.65

SCHEDULE B (FEC Form 3X)	Han		FOR LIN	E NUMBER:	•	PAGE 16 OF 22	
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check of			00	
		Summary Page	X 21 28		23 28c	26 27 29 30b	
Any information copied from such Paparta and Statem	onte mov s	not be cold or use					
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)				Data of	Disburseme	ant.	
A. Comerica Bank				M M	/ D D	/ Y Y Y Y	
Mailing Address P.O. Box 75000				03	09	2017	
,	state	Zip Code		FEC Ide	entification N	lumber	
Detroit Purpose of Disbursement	MI	48275					
Merchant Fee			001	C			
Candidate Name					nsaction ID	: 10397782 sbursement this Period	
			Category/ Type	Amount	or Lacii Di		
Office Sought: House Disbursem				7 L	7	47.98	
	Primary	General			Me	rchant Fee	
President State: District:	Other (spec	city) 🔻		Mei	no Item		
Full Name (Last, First, Middle Initial)							
B. Comerica Bank				Date of	Disburseme	ent	
				M = M	/ D D	/ Y = Y = Y = Y	
Mailing Address P.O. Box 75000				04	11	2017	
,	state	Zip Code		FEC Ide	entification N	lumber	
Detroit Purpose of Disbursement	MI	48275		C			
Merchant Fee			001		tion ID	. 40452700	
Candidate Name	Category/ Type				nsaction ID of Each Dis	sbursement this Period	
Office Sought: House Disbursem	ent For:			1 L	-45-1-1	47.98	
	Primary	General			Me	rchant Fee	
State: District:	Other (spec	city)		Mei	no Item		
Full Name (Last, First, Middle Initial)							
C. Comerica Bank					Disburseme		
Mailing Address P.O. Box 75000				04	04	2017	
City	state	Zip Code		FFC Ide	entification N	lumber	
Detroit Dishuraness	MI	48275					
Purpose of Disbursement Merchant Fee			001				
Candidate Name		Category/ Type			nsaction ID of Each Dis	: 10453797 sbursement this Period	
Office Sought: House Disbursem	ent For:		7.5-	 		30.00	
Senate	Primary	General			Me	erchant Fee	
	Other (spec	cify) ▼		Mei	no Item		
State: District:							
SUBTOTAL of Disbursements This Page (optional)	·····		······································		7	125.96	
TOTAL This Period (last page this line number only).							

S 17

SCHEDULE B (FEC Form 3X)	l		FOR LINE	INE NUMBER: PAGE 17 OF 22					
ITEMIZED DISBURSEMENTS		Use separate schedule(s) (check on for each category of the			<i>,</i>				
		Summary Page	X 21b 28a		23 26 27 28c 29 30b				
Any information conicd from such Deports and State	monto mov	not be cold or us							
Any information copied from such Reports and State or for commercial purposes, other than using the national state of the commercial purposes.									
NAME OF COMMITTEE (In Full)									
Health Alliance Plan PAC									
Full Name (Last, First, Middle Initial)				D (D: 1					
A. Comerica Bank				Date of Disk	D D / Y Y Y Y				
Mailing Address P.O. Box 75000				05	02 2017				
City	State	Zip Code		FEC Identific	cation Number				
Detroit Purpose of Disbursement	MI	48275							
Merchant Fee			001	C					
Candidate Name					tion ID: 10492801 Each Disbursement this Period				
			Category/ Type	Amount of E	ach disbursement this Feriod				
Office Sought: House Disburse	ment For:	I		1]]	30.00				
Senate	Primary General			Merchant Fee					
President	Other (spe	ecify) 🔻		Memo It					
State: District:				_					
Full Name (Last, First, Middle Initial) B. Comerica Bank				Date of Disk	nursement				
B. Comerica Bank				M M /	D D / Y Y Y Y				
Mailing Address P.O. Box 75000	Mailing Address P.O. Box 75000								
City	State	Zip Code		FFC Identific	cation Number				
Detroit Purpose of Disbursement	MI	48275							
Merchant Fee			001	C					
Candidate Name	Category/ Type ment For: Primary General				tion ID : 10501009				
				Amount of E	Each Disbursement this Period				
Office Sought: House Disburse				1]]	47.98				
Senate					Merchant Fee				
President	Other (spe	ecify)		Memo It	em				
State: District:									
Full Name (Last, First, Middle Initial) C. Comerica Bank				Date of Disk					
Mailing Address P.O. Box 75000				06	02 2017				
City	State	Zip Code		EEC Idontific	ootion Number				
Detroit	MI	48275		rec identific	cation Number				
Purpose of Disbursement Merchant Fee	Purpose of Disbursement Merchant Fee 001								
Candidate Name		etion ID: 10526741 each Disbursement this Period							
Office Sought: House Disburse	Type Office Sought: House Disbursement For:								
Senate	Primary	General		4	Merchant Fee				
President	Other (spe	ecify) 🔻		Memo It					
State: District:	·								
SUBTOTAL of Disbursements This Page (optional).			······		107.98				
TOTAL This Period (last page this line number only	N								

S П

S	CHEDULE B (FEC Form 3X)		FOR	TOTT LINE NOWBETT.						F 22		
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) (check or			•	only one)						
			Summary Page	×	21b 28a	28b		28c	Ш	29	30b	
Ar	y information copied from such Reports and Stater	 ments may r	not be sold or us	ed by any	perso	n for the	purpo	se of	f solic	citing (contribut	ions
	for commercial purposes, other than using the nar											
$ \setminus $	NAME OF COMMITTEE (In Full)											
/	Health Alliance Plan PAC											
_	Full Name (Last, First, Middle Initial)											
Α.	Comerica Bank					Date of	DISD				Y	V
	Mailing Address P.O. Box 75000					06]	09			2017	Y
	,	State	Zip Code			FEC Id	entific	ation	Num	ıber		
	Detroit Purpose of Disbursement	MI	48275				-		_		-	
	Merchant Fee			001		C		tion I	ID . 4	05981	E 4	
	Candidate Name			Categor	y/						nt this F	eriod
	Office Sought: House Disburse	ment For:		Туре							47.9	3
	Senate Signal	Primary	General								1 70	
	President	Other (spec	cify) 🔻			Ме	mo Ite		tercna	ant Fe	е	
	State: District:											
В.	Full Name (Last, First, Middle Initial)					Date of	f Disb	urser	nent			
						M = M	/	D 1		Υ	YY	Υ
	Mailing Address						IJ		_	L.		
	City	State	Zip Code			FEC Id	entific	ation	Num	nber		
	Purpose of Disbursement				_	С		-	_		-	
						U	_	_				
	Candidate Name			Categor	y/	Amount of Each Disbursement this Period					eriod	
	Office Sought: House Disburser	ment For:		Туре					_			\neg
	Senate	Primary	General								1 40	
	President	Other (spec	cify)			Me	mo Ite	em				
_	State: District:					Ш						
C.	Full Name (Last, First, Middle Initial)					Date of	f Disb	urser	nent			
						M M	/	D 1	D /	Υ	Y Y	Υ
	Mailing Address						Ш	_	_	Ь.		
	City	State	Zip Code			FEC Id	entific	ation	Num	nber		
	Purpose of Disbursement					С			_			
	·					U	-	-	_			
	Candidate Name			Categor	y/	Amoun	t of E	ach [)isbu	rseme	nt this F	eriod
	Office Sought: House Disburse	ment For:		Type								
	Senate	Primary	General				7			,	1 40	
	President	Other (spec	cify) ▼			Me	mo Ite	em				
	State: District:											
s	UBTOTAL of Disbursements This Page (optional)				•		1. 4			75	47.9	8
H					_						281.9	12
Т	OTAL This Period (last page this line number only))								,	201.8	~

ľ

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 19 OF				
ITEMIZED DISBURSEMENTS	for each category of the	check only one) 21b 22 23 26 27				
	Detailed Summary Page	28a 28b 28c x 29 30b				
		ed by any person for the purpose of soliciting contribution				
	ne and address of any politica	al committee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)						
Health Alliance Plan PAC						
Full Name (Last, First, Middle Initial)		Date of Disbursement				
A. MAHP PAC	MAHP PAC					
Mailing Address 327 Seymour Avenue		02 10 7 2017				
City	State Zip Code	FF0 11 117 11 11 1				
Lansing	MI 48901	FEC Identification Number				
Purpose of Disbursement		C				
Direct Contribution		011 Transaction ID : 10329827				
Candidate Name		Category/ Amount of Each Disbursement this Peri				
		Type				
Office Sought: House Disbursen		2500.00				
	Primary General Other (specify) ▼	Direct Contribution				
State: District:	other (specify) ▼	Memo Item				
Full Name (Last, First, Middle Initial)						
B. David Knezek for Senate		Date of Disbursement				
David Kilezek for Octiate	M M / D D / Y Y Y Y					
Mailing Address PO Box 867	Mailing Address PO Box 867					
,	State Zip Code	FEC Identification Number				
Dearborn Heights Purpose of Disbursement	MI 48127					
Direct Contribution		011 C				
Candidate Name		Transaction ID : 10363162				
Knezek, David, , ,		Category/ Amount of Each Disbursement this Peri				
Office Sought: House Disbursen	nent For:	1000.00				
Senate	Primary General	Direct Contribution				
	Other (specify)	Memo Item				
State: District:						
Full Name (Last, First, Middle Initial)						
C. Friends of Robert Wittenberg	Date of Disbursement					
Mailing Address 26131 Harding St	02 28 2017					
Cit.	Diata Zin Cada					
City Oak Park	State Zip Code MI 48237	FEC Identification Number				
Purpose of Disbursement	40237	C				
Direct Contribution						
Candidate Name	Transaction ID : 10366196 Category/ Amount of Each Disbursement this Peri					
Wittenberg, Robert, , MI Rep.,	Type					
Office Sought: House Disbursen		500.00				
	Primary General	Direct Contribution				
State: District:	Other (specify) ▼	Memo Item				
State. District.						
SUPTOTAL of Dishurasments This Dage (entires)		4000.00				
SUBTOTAL of Disbursements This Page (optional)						
TOTAL This Period (last page this line number only)						

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 Staten 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 Frank Liberati Mailing Address 9068 Quandt		Date of Disbursement O3	
Allen Park Purpose of Disbursement Direct Contribution Candidate Name Liberati, Frank, , MI Rep., Office Sought: House Disbursen	State Zip Code 48101 ment For: Primary General Other (specify)	O11 Category/ Type	FEC Identification Number C Transaction ID: 10384408 Amount of Each Disbursement this Period 250.00 Direct Contribution Memo Item
Full Name (Last, First, Middle Initial) B. Garcia Majority Fund Mailing Address PO Box 1234 City Holland Purpose of Disbursement	State Zip Code MI 49422		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ment For: Primary General Other (specify)	011 Category/ Type	Transaction ID: 10384409 Amount of Each Disbursement this Period 500.00 Direct Contribution Memo Item
Full Name (Last, First, Middle Initial) C. Tom Leonard for State Representa Mailing Address 14840 Robinwood Dr	ative		Date of Disbursement O O O O O O O O O O O O O
Lansing Purpose of Disbursement Direct Contribution Candidate Name Leonard, Tom, , MI Rep., Office Sought: House Disbursen Senate	State Zip Code 48906 ment For: Primary General Other (specify)	011 Category/ Type	FEC Identification Number C Transaction ID: 10384410 Amount of Each Disbursement this Period 1000.00 Direct Contribution Memo Item
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)			1750.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate sch		FOR LINE (check only	one)
	Detailed Summar		21b 28a	22 23 26 27 27 29 30b
Any information copied from such Reports and States or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC				
Full Name (Last, First, Middle Initial) A. Friends of Lorie Barnwell				Date of Disbursement
Mailing Address 30130 Gruenburg				03 23 2017
City Warren Purpose of Disbursement	State Zip Co MI 4809			FEC Identification Number
Direct Contribution Candidate Name		[011	Transaction ID : 10408741 Amount of Each Disbursement this Period
Barnwell, Lorie, , , Office Sought: House Senate President State: District:	ment For: Primary ☐ G Other (specify) ▼	General	Category/ Type	500.00 Direct Contribution Memo Item
B. Friends of Abdullah Hammoud Mailing Address PO Box 2719				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 Dearborn Purpose of Disbursement Direct Contribution	State Zip Co MI 4812		011	FEC Identification Number
Candidate Name Hammoud, Abdullah, , , Office Sought: House Disburse Senate President State: District:	ment For: Primary G Other (specify)	General	Category/ Type	Transaction ID: 10448295 Amount of Each Disbursement this Period 500.00 Direct Contribution Memo Item
Full Name (Last, First, Middle Initial) C. Michigan Values Leadership Fund	II			Date of Disbursement
Mailing Address PO Box 261 City	State Zip Co	nde		06 06 2017
DeWitt Purpose of Disbursement Direct Contribution	MI 48820			FEC Identification Number C Transaction ID : 10530243
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Senate President State: Disburse	ment For: Primary ☐ G Other (specify) ▼	General		Direct Contribution Memo Item
SUBTOTAL of Disbursements This Page (optional)				2000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	21b	one) 22 23 26 27		
		28a	28b 28c x 29 30b		
Any information copied from such Reports and Stater or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC					
Full Name (Last, First, Middle Initial)			Data of Dishar		
A. Knezek for Michigan PAC			Date of Disbursement		
Mailing Address 8033 ARNOLD ST			06 06 2017		
City DEARBORN HEIGHTS Purpose of Disbursement	State Zip Code MI 48127		FEC Identification Number		
Direct Contribution		011	C		
Candidate Name		Category/	Transaction ID: 10530244 Amount of Each Disbursement this Period		
Office Sought: House Disburser	ment For:	Type	1000.00		
	Primary General		Direct Contribution		
President State: District:	Other (specify) ▼		Memo Item		
Full Name (Last, First, Middle Initial)					
3.			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		Cotocord	Amount of Each Dishuracment this Davied		
		Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disburser Senate					
	Other (specify) General		Mama Itara		
State: District:			Memo Item		
Full Name (Last, First, Middle Initial)			Date of Disbursement		
			M = M / D = D / Y = Y = Y		
Mailing Address					
City	State Zip Code		FEC Identification Number		
Purpose of Disbursement			С		
Candidate Name					
		Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disburser					
Senate President	Primary General Other (specify) ▼		п., .		
State: District:	(-p-00)/ \		Memo Item		
			1000.00		
SUBTOTAL of Disbursements This Page (optional)		·····•	1000.00		
TOTAL This Period (last page this line number only)	·		8750.00		