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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or Other Than An Auth	onzeu dominitee	Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Health Alliance Plan PA	AC		
ADDRESS (number and street)	2850 West Grand Boulevard		
▼ Check if different			
than previously reported. (ACC)	Detroit		MI 48202 – – – – – – – – – – – – – – – – – –
2. FEC IDENTIFICATION NUI	MBER ▼ CITY	^	STATE ▲ ZIP CODE ▲
C C00410670	3. IS	THIS NEW (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (M6	(Non-Election Year Only)
April 15 Quarterly Report (Q1		0 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2	(c) 12-Day	Primary (12P)	K General (12G) Runoff (12R)
October 15 Quarterly Report (Q3	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (YE	Election	on 11 08	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	on	in the State of
5. Covering Period 10	01 2016	through 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined this	s Report and to the best of r Lafferty, Rory, , ,	ny knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasurer			
Signature of Treasurer Laffert	y, Rory, , ,	[Electronically Filed]	Date 10 / 25 / 2016
NOTE: Submission of false, erroned	ous, 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	П
	C Form 3X (Rev. 05/2016)		Page 2
-	pe Committee Name		
Health	Alliance Plan PAC		
Report Cov	vering the Period: From:	10	To: 10 / 19 / 2016
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
. (a) Cas	sh on Hand January 1, 2016		20684.71
` '	sh on Hand at Jinning of Reporting Period	11024.90	
(c) Tota	al Receipts (from Line 19)	559.46	13039.20
6(c)	ototal (add Lines 6(b) and for Column A and Lines and 6(c) for Column B)	11584.36	33723.91
. Total Dis	sbursements (from Line 31)	1077.98	23217.53
Reportin	Hand at Close of g Period t Line 7 from Line 6(d))	10506.38	10506.38
the Con	nd Obligations Owed TO mittee (Itemize all on e C and/or Schedule D)	0.00	
the Com	nd Obligations Owed BY mittee (Itemize all on e C and/or Schedule D)	0.00	
x This	committee has qualified as a multi-	candidate 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)

Nrite	or	Type	Committee	Name
/ V I I L C	OI.	IVDE	COMMITTEE	INAIIIC

Health Alliance Plan PAC

Report Covering the Period: From: 10	01 2016 To	10 19 2016
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	526.46	0555 22
(i) Itemized (use Schedule A)	320.40	9555.22
(ii) Unitemized	33.00	3483.98
(iii) TOTAL (add	4 4 4	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Lines 11(a)(i) and (ii)	559.46	13039.20
2.1100 11(4)(1) 4.114 (11)		
(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	550.40	42020.20
Totals to Line 33, page 5)	559.46	13039.20
2. Transfers From Affiliated/Other	200	0.00
Party Committees	0.00	0.00
2. All Lagra Dassived	0.00	0.00
3. All Loans Received	0.00	4
	0.00	0.00
1. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
5. Refunds of Contributions Made	0.00	0.00
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts	4 4	4 4
(Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds	4 4	4 4
(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
(c) Total Transfers (add 18(a) and 18(b)) 9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	559.46	13039.
Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	559.46	13039.20
,	4 4	

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) 		Carolinal Total to Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	77.98	1642.53
(c) Total Operating Expenditures	7 7 7	
(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	77.98	1642.53
Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	500.00	1000.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d))		45 45
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	500.00	20575.00
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))		1 1 1 1 1 1 1 1 1
בווסט טטעאָןווין, טטעאַןווין מווע טטעטין	0.00	0.00
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1077.00	20247.50
	1077.98	23217.53
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	1077.98	23217.53

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

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)	559.46	13039.20
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	559.46	13039.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	77.98	1642.53
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	77.98	1642.53

EOD LINE NUMBER: DAGE 6 Use separate schedule(s) for each category of the

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(che	ck only	or	ie)					
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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 Giroux, Mark, , , Date of Receipt Mailing Address 2127 Woodland Avenue 19 2016 City Zip Code State Transaction ID: PR100554525949 MI Royal Oak 48073-3876 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **AVP- Provider Contracting** Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Sullivan, Timothy, , , Date of Receipt Mailing Address 18331 Laraugh Drive 10 19 2016 City State Zip Code Transaction ID : PR100554825949 Northville MI 48168 Amount of Each Receipt this Period FEC ID number of contributing 30.77 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan VP- Healthcare Affrd & Prf Imp Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$30.77 Bi-Weekly) Other (specify) 615.40 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Kelmenson, Robin, D., Date of Receipt Mailing Address 5412 Tequesta Drive 19 2016 City State Zip Code Transaction ID: PR122949725949 MI West Bloomfield 48323 Amount of Each Receipt this Period FEC ID number of contributing C 16.00 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 (\$16.00 Bi-Weekly) 320.00 Other (specify)

66.77 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

F	OR	LINE	PAGE		7	OF		15			
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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 Hutchison, Todd, Eric, , Date of Receipt Mailing Address 773 Whittier 19 2016 City Zip Code State Transaction ID: PR124815125949 MI Grosse Pointe Park 48230 Amount of Each Receipt this Period FEC ID number of contributing C 57.70 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SVP- Chief Finance Officer Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$57.70 Bi-Weekly) 1154.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Zatek, Cristina, M,, Date of Receipt Mailing Address 1205 Mohawk Avenue 10 19 2016 City State Zip Code Transaction ID: PR130557125949 Royal Oak MI 48067 Amount of Each Receipt this Period FEC ID number of contributing 16.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Dir- Commercial Group Srvcs Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$16.00 Bi-Weekly) Other (specify) 304.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Donovan, Buff, L, , Date of Receipt Mailing Address 22745 Power Rd. 19 2016 City State Zip Code Transaction ID: PR131868125949 MI Farmington 48336 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Dir- CBHM Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) 300.00 Other (specify) 88.70 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

7 7

federal political committee.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

						PAGE		8	OF		15
(C	(check only one)										
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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 Mcinnis, Meghan, Sheedy,, Date of Receipt Mailing Address 5042 Avery Street 19 2016 City State Zip Code Transaction ID: PR131942625949 MI Detroit 48208 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Dir-Provider Services** Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Bi-Weekly) 425.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Matthews, Irita, , , Date of Receipt Mailing Address 861 Whittier 10 19 2016 City State Zip Code Transaction ID : PR75326425949 Grosse Pointe Park MI 48230 Amount of Each Receipt this Period FEC ID number of contributing 38.46 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 (\$38.46 Bi-Weekly) Other (specify) 769.20 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Calabria, John, David, Date of Receipt Mailing Address 2030 Brinston 10 19 2016 City Zip Code State Transaction ID: PR75330625949 MI Troy 48083 Amount of Each Receipt this Period FEC ID number of contributing

Name of Employer (for Individual) Health Alliance Plan		Occupation (for Individual) Sr Medical Director	Memo Item			
Receipt For: Primary General Other (specify)	Aggre	egate Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Bi-Weekly)			
SUBTOTAL of Receipts This Page (optional)		·····	83.46			
TOTAL This Period (last page this line number	only)					

20.00

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

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

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	X	11a		11b		11c		12			
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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 Koslakiewicz, Glen, P,, Date of Receipt Mailing Address 30431 John Hauk 19 2016 City Zip Code State Transaction ID: PR75332525949 MI Garden City 48135 Amount of Each Receipt this Period FEC ID number of contributing C 16.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Dir- Fin Operations** Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$16.00 Bi-Weekly) 320.00 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 10 19 2016 City State Zip Code Transaction ID: PR75334725949 Oakland Township MI 48306 Amount of Each Receipt this Period FEC ID number of contributing 75.00 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 (\$75.00 Bi-Weekly) Other (specify) 1500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Powell, Rachel, A, , Date of Receipt Mailing Address 543 Thurber 10 19 2016 City Zip Code State Transaction ID: PR75336225949 MI Troy 48085 Amount of Each Receipt this Period FEC ID number of contributing C 18.00 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 (\$18.00 Bi-Weekly) 360.00 Other (specify) 109.00 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 10 OF (check only one)

| The content of the page | PAGE 10 OF (check only one) | PAGE 10 O

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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 Hoffman, Cynthia, L, , Date of Receipt Mailing Address 5768 Whitehaven Dr 19 2016 City Zip Code State Transaction ID: PR75337425949 MI Troy 48085 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 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 (\$25.00 Bi-Weekly) 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Allen, Scott, T,, Date of Receipt Mailing Address 3066 Richmond Dr. 10 19 2016 City State Zip Code Transaction ID: PR75339425949 MI Clarkston 48348 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan AVP - Labor Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Bi-Weekly) Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Hurley, Kevin, Michael, Date of Receipt Mailing Address 45504 Morningside Rd. 10 19 2016 City State Zip Code Transaction ID: PR75339925949 MI Canton 48187 Amount of Each Receipt this Period FEC ID number of contributing C 11.53 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Mgr- Revenue Cycle & Recv Mgmt Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$11.53 Bi-Weekly) 230.60 Other (specify) 61.53 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

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

OF

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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 Siegmund, Donna, M,, Date of Receipt Mailing Address 9 Sylvan 19 2016 City Zip Code State Transaction ID: PR75340625949 Pleasant Ridge MI 48069 Amount of Each Receipt this Period FEC ID number of contributing C 12.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Sr Project Manager Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$12.00 Bi-Weekly) 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Lafferty, Rory, P., , Date of Receipt Mailing Address 759 Cherry Stone Drive 10 19 2016 #2D City State Zip Code Transaction ID : PR75341725949 MI Canton 48188 Amount of Each Receipt this Period FEC ID number of contributing 20.00 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) Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Lipscomb, Deandre, Antwan, , Date of Receipt Mailing Address 29545 Greening St. 19 2016 City State Zip Code Transaction ID: PR87082325949 MI Farmington Hills 48334 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan VP- Community Outreach Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$30.00 Bi-Weekly) 330.00 Other (specify) 62.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) for each category of the Detailed Summary Page

10	LLIIVE	ITAGE	-	-	01		. •		
(check only one)									
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	13	14		15		16			17

			person for the purpose of soliciting contributions e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC						
Full Name of Individual (Last, First, Middle Waddell, Kristy, , , Mailing Address 3454 Stoneway Ct	Date of Receipt					
City	State	Zip Code	Transaction ID : PR87082625949			
Champaign	IL	61822	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		15.00			
Name of Employer (for Individual) Health Alliance Plan Receipt For:	Occupati Dir- Marl	Memo Item				
Primary General Other (specify) ▼	Aggregate Year	r-to-Date ▼ 300.00	P/R Deduction (\$15.00 Bi-Weekly)			
Full Name of Individual (Last, First, Middle Champney, Dan, Ellis, , Mailing Address 9186 Hidden Oaks Dr	Initial) or Full Organ	ization Name	Date of Receipt 10 19 2016			
City	City.					
Grand Blanc	State	Zip Code 48439	Transaction ID: PR99462025949 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		40.00			
Name of Employer (for Individual) Health Alliance Plan		ion (for Individual) General Counsel	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Year	r-to-Date ▼ 800.00	P/R Deduction (\$40.00 Bi-Weekly)			
Full Name of Individual (Last, First, Middle	Initial) or Full Organ	ization 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)	Occupati	ion (for Individual)	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Year	r-to-Date ▼				
SUBTOTAL of Receipts This Page (optional))		55.00			
TOTAL This Period (last page this line numb	per only)		526.46			

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SCHEDULE B (FEC Form 3X)	lles :::	avoto oslasticis/ >					13 OF	15	
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	¬ oc	7 oc -	٦٥٦			
	Detailed Summary Page				23 28c	26	27 30b		
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NAME OF COMMITTEE (In Full)									
Health Alliance Plan PAC									
Full Name (Last, First, Middle Initial)				Data of D	: - le				
A. Comerica Bank	Date of Disbursement								
Mailing Address P.O. Box 75000					10 04 2016				
City	State	Zip Code		FEC Identification Number					
Detroit Dishuraneset	MI	48275							
Purpose of Disbursement merchant fee			001	C					
Candidate Name					action ID		-	ام ماند	
	Category/ Type	Amount o	f Each Dis	soursemen	it this Pei	liod			
Office Sought: House Disbursen	nent For:		30.00						
Senate	General		merchant fee						
	Other (spec	cify) 🔻		Memo Item					
State: District:				_					
Full Name (Last, First, Middle Initial) B. Comerica Bank				Date of D	iehureama	int			
B. Comerica Bank				Date of Disbursement					
Mailing Address P.O. Box 75000				10 12 2016					
								-	
,	State MI	Zip Code 48275		FEC Iden	tification N	umber			
Detroit Purpose of Disbursement									
merchant fee	C								
Candidate Name		action ID f Each Dis			riod				
			Category/ Type	7 tillount o	Luon Bio	, baroomon			
	ffice Sought: Disbursement For:				7	7-1	47.98		
	Senate Primary General				merchant fee				
President State: District:	Other (spec	сіту)	Memo	Item					
Full Name (Last, First, Middle Initial)									
C.				Date of D	isburseme	nt			
	M M	/ D D	/ Y	/	1				
Mailing Address						L.			
City	State	Zip Code		FEC Iden	tification N	lumber			
Purpose of Disbursement									
	C.								
Candidate Name Category/ Type					Amount of Each Disbursement this Period				
Office Sought: House Disbursen	nent For:				45	·	140		
Senate Primary General									
State: District:									
SUBTOTAL of Disbursements This Page (optional)			·····		- T		77.98		
					, .			一	
TOTAL This Period (last page this line number only)				1			77.98	. 1	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	FOR LINE NUMBER: PAGE 14 OF 15 (check only one)				
		Summary Page	21b 28a	22 X 23 28c	26 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. Moolenaar For Congress	Date of Disbursement						
Mailing Address 5915 Eastman Avenue Suite 100	10 18 2016						
Midland	State MI	Zip Code 48640		FEC Identification Number			
Purpose of Disbursement Direct Contribution Candidate Name	011	C C00561530 Transaction ID : 10136885					
Moolenaar, John, , Mr.,	Category/ Type	Amount of Each Disbursement this Period 500.00					
Senate President	ment For: 20 Primary Other (speci	✗ General	Direct Contribution Memo Item				
State: MI District: 04 Full Name (Last, First, Middle Initial) 3.				Date of Disbursen	nent		
Mailing Address	M = M / D = D / Y = Y = Y = Y						
City		FEC Identification Number					
Purpose of Disbursement	· -	C					
Candidate Name	Category/ Type	Amount of Each Disbursement this Period					
Office Sought: House Disbursel Senate President		Momo Itam					
State: District: Full Name (Last, First, Middle Initial)				Memo Item			
S.				Date of Disbursen			
Mailing Address							
•	State	Zip Code		FEC Identification	Number		
Purpose of Disbursement	C						
Candidate Name	Amount of Each Disbursement this Period						
Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼				Memo Item			
State: District:							
SUBTOTAL of Disbursements This Page (optional)			<u> </u>		500.00		
TOTAL This Period (last page this line number only))				500.00		

SCHEDULE B (FEC Form 3X)	Llaa aana	FOR LINE NUMBER: PAGE 15						
TEMIZED DISBURSEMENTS		category of the	(check only 21b	one)	26 27			
	Detailed S	Summary Page	28a	28b 28c x				
Any information copied from such Reports and Statem	nents may n	ot be sold or used	by any perso					
or for commercial purposes, other than using the name	ne and addre	ess of any political	committee to	solicit contributions fro	om such committee.			
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC								
Full Name (Last, First, Middle Initial)								
Mark Gaffney for Wayne State University		Date of Disbursement						
Mailing Address PO Box 20321		10 14 2016						
,	State	Zip Code		FEC Identification Number				
Ferndale Purpose of Disbursement	MI	48220						
Direct Contribution	011	C						
Candidate Name		'	Category/	Transaction ID: 10130694 Amount of Each Disbursement this Period				
Gaffney, Mark, , ,			Type					
Office Sought: House Disbursem				250.00				
	Senate Primary General President Other (specify) ▼							
State: District:	Other (spec	iiy) ▼		Memo Item				
Full Name (Last, First, Middle Initial)								
Rebekah Warren Envision Michiga		Date of Disbursement						
Mailing Address 234 8th Street				10 18	2016			
,	State MI	Zip Code		FEC Identification N	lumber			
Ann Arbor Purpose of Disbursement	IVII	48933		C				
Direct Contribution	011		4040004					
Candidate Name	Category/ Type	Transaction ID Amount of Each Dis	: 10136884 sbursement this Period					
	ffice Sought: Disbursement For:							
President State: District:	Other (spec	шу)		Memo Item				
Full Name (Last, First, Middle Initial)								
C.				Date of Disburseme	ent			
Matter a Address		M M / D D / Y Y Y Y						
Mailing Address								
City	State	Zip Code		FEC Identification N	lumber			
Purpose of Disbursement				С				
Candidate Name	Amount of Each Disbursement this Period							
Office Sought: House Disbursem	nent For:	I	Туре					
	Primary	General			,			
	Other (spec	ify) ▼		Memo Item				
State: District:								
SUBTOTAL of Disbursements This Page (optional)			·····•	7	500.00			
TOTAL This Period (last page this line number only).					500.00			