PAGE 1 / 16

**FEC** FORM 3X

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

TORWI OX	or Other Tha	an An Authoriz	ed Committe	ee		Office Use Only	
NAME OF TOWNS     COMMITTEE (in full)	YPE OR PRIN	_	example: If typin over the lines.	ng, type	12FE4M	5	
Health Alliance Plan PA	C						
ADDRESS (number and street)	2850 West Gra	and Boulevard					
▼ Check if different							
than previously reported. (ACC)	Detroit				MI	48202	
2. FEC IDENTIFICATION NUI	MBER ▼	CITY ▲		5	STATE <b>A</b>	ZIP COI	DE 🛦
C C00410670		3. IS THIS		NEW N) <b>OR</b>	AN (A)	MENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M		May 20 (M5)		20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (N	13)	Jun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1	,	Apr 20 (N	(4)	Jul 20 (M7)	Oct	20 (M10)	Jan 31 (YE)
July 15 Quarterly Report (Q2	(C) 12-L	E-Election	Primary (12F		General		Runoff (12R)
October 15 Quarterly Report (Q3	Rep	ort for the:	Convention (	(12C)	Special (	12S)	
January 31 Year-End Report (YE		Election on	M = M /	D   D /	Y	in the State of	
July 31 Mid-Year Report (Non-election Year Only) (MY)		Oay  ST-Election ort for the:	General (300	G)	Runoff (3	30R)	Special (30S)
Termination Report (TER)	Пер	Election on	M = M /	D D /	Y " Y " Y " Y	in the State of	
5. Covering Period 07	/ D D /	2020	through	M M M	30	2020	
I certify that I have examined this  Type or Print Name of Treasurer	Report and to Lafferty, Rory,		nowledge and I	belief it is tru	e, correct and	d complete.	
Type of Fillit Name of Heasurer							
Signature of Treasurer	y, Rory, , ,		[Electronicall	y Filed] D	ate 10	13	2020
NOTE: Submission of false, erroned	ous, or incomple	ete information may	subject the per-	son signing th	is Report to the	ne penalties of 52	U.S.C. § 30109
Office Use Only						FEC FOR Rev. 05/20	

### SUMMARY PAGE

PEC Form 3X (Rev. 05/2016)	F RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
Write or Type Committee Name		
Health Alliance Plan PAC		
Report Covering the Period: From: 07	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand  January 1,  2020		7984.74
(b) Cash on Hand at Beginning of Reporting Period	7931.36	
(c) Total Receipts (from Line 19)	2979.00	9433.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	10910.36	17418.24
7. Total Disbursements (from Line 31)	2043.94	8551.82
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	8866.42	8866.42
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
This committee has qualified as a multican	ndidate committee. (see FEC FORM 1M)	
F	or further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530 Local 202-694-1100	

### **DETAILED SUMMARY PAGE**

of Receipts

Page 3 FEC Form 3X (Rev. 05/2016)

<b>Vrite</b>	or	Type	Committee	Name
--------------	----	------	-----------	------

#### Health Alliance Plan PAC

I. Receipts  Intributions (other than loans) From: Individuals/Persons Other Than Political Committees  (i) Iterational (was Political A)	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Individuals/Persons Other Than Political Committees		
Than Political Committees		
(i) Itemized (use Schedule A)	2691.00	6622.50
	200.00	2044.00
(ii) Unitemized	288.00	2811.00
Lines 11(a)(i) and (ii)	2979.00	9433.50
Political Party Committees	0.00	0.00
Other Political Committees	7 7 7	
(such as PACs)	0.00	0.00
•		
	2979.00	9433.50
	20.000	4
	0.00	0.00
	0.00	0.00
Loans Heceived	0.00	0.00
an Repayments Received	0.00	0.00
	7 7	
	0.00	0.00
	0.00	0.00
	0.00	0.00
·	0.00	0.00
nsfers from Non-Federal and Levin Funds	4 4	4 4
Non-Federal Account		
(from Schedule H3)	0.00	0.00
Louis Fundo (from Cohadula 115)	0.00	0.00
Levin Funds (from Schedule H5)	0.00	0.00
Total Transfers (add 18(a) and 18(b))	0.00	0.00
	Political Party Committees Other Political Committees (such as PACs)	Political Party Committees

#### **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     Astricts (from Oak at the LIA)				
Activity (from Schedule H4)  (i) Federal Share	0.00	0.00		
(i) i ederal Strate				
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating  Expenditures	0.00	0.00		
(c) Total Operating Expenditures		0.00		
(add 21(a)(i), (a)(ii), and (b))	0.00	0.00		
Committees		0.00		
Contributions to     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))	0.00	0.00		
(use Schedule F)	0.00	0.00		
. Loan Repayments Made	0.00	0.00		
Loans Made		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	4 4	45 45 45		
(such as PACs)		0.00		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00		
Other Disbursements (Including				
Non-Federal Donations)	2043.94	8551.82		
. Federal Election Activity (52 U.S.C. § 3	0101(20))			
(a) Allocated Federal Election Activity				
(from Schedule H6) (i) Federal Share	0.00	2.22		
(i) i dudiai dilale	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	200		
(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), 2				
23, 24, 25, 26, 27, 28(d), 29 and 30(c)	2043.94	8551.82		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)				
10.11 Elilo 01/	2043.94	8551.82		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

1 = 0 1 01111 021 (11011 00:=010)		. ago 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)	2979.00	9433.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2979.00	9433.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

Use separate schedule(s) for each category of the

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

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Selinsky, Steven, , , Date of Receipt Mailing Address 28638 Oak Point Drive 30 2020 City Zip Code State Transaction ID: PR130556950377 MI Farmington Hills 48331 Amount of Each Receipt this Period FEC ID number of contributing C 90.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VP-Product Strategy MrktngComm Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) 285.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Donovan, Buff, L,, Date of Receipt Mailing Address 22745 Power Rd. 09 2020 City State Zip Code Transaction ID : PR131868150377 MI Farmington 48336 Amount of Each Receipt this Period FEC ID number of contributing 96.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Dir-CBHM Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$16.00 Bi-Weekly) Other (specify) 304.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Schneider, Steven, , , Date of Receipt Mailing Address 874 Bridgestone 30 2020 City State Zip Code Transaction ID: PR133388250377 MI Rochester Hills 48309 Amount of Each Receipt this Period FEC ID number of contributing C 105.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Dir-Support Svcs Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$17.50 Bi-Weekly) 332.50 Other (specify) 291.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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### SCHEDULE A (FEC Form 3X)

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

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

FO	PAGE		7	OF		16				
(check only one)										
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	13	14		15		16			17	

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Boyer, Julie, A,, Date of Receipt Mailing Address 9201 Downing Rd 30 2020 City Zip Code State Transaction ID: PR149941450377 MI Birch Run 48415 Amount of Each Receipt this Period FEC ID number of contributing C 102.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Mgr-Information Technology Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$17.00 Bi-Weekly) 323.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Harder, Christine, A., , Date of Receipt Mailing Address 3060 Woodcreek Way 09 2020 City State Zip Code Transaction ID : PR149941750377 Bloomfield Hills MI 48304 Amount of Each Receipt this Period FEC ID number of contributing 270.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan **VP- Provider Operations** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$45.00 Bi-Weekly) Other (specify) 855.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Bloom, Charles, , , Date of Receipt Mailing Address 8308 Bridlewood Ct. 30 2020 City State Zip Code Transaction ID: PR149968050377 MI Clarkston 48348 Amount of Each Receipt this Period FEC ID number of contributing C 90.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan SVP & Chief Medical Officer Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) 285.00 Other (specify) 462.00 SUBTOTAL of Receipts This Page (optional).....

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:						PAGE		8	OF		16
(check only one)											
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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 Germain, Carolyn, S,, Date of Receipt Mailing Address 3053 S Nichols Rd 30 2020 City Zip Code State Transaction ID: PR150218350377 MI Lennon 48449 Amount of Each Receipt this Period FEC ID number of contributing C 240.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Dir-Perf Impr&Mgmt HEDIS Stars Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$40.00 Bi-Weekly) 760.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Barnes, William, R, Date of Receipt Mailing Address 1111 Iroquois Tr. 09 2020 City State Zip Code Transaction ID : PR152031650377 MI Oxford 48371 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Deputy Gen Counsel- Ins Ops Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Bi-Weekly) Other (specify) 475.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Matthews, Irita, , , Date of Receipt Mailing Address 861 Whittier 30 2020 City Zip Code State Transaction ID : PR75326450377 MI Grosse Pointe Park 48230 Amount of Each Receipt this Period FEC ID number of contributing C 276.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Sr. Associate General Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$46.00 Bi-Weekly) 874.00 Other (specify) 666.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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### SCHEDULE A (FEC Form 3X)

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

Use separate schedule(s)

FOR LINE NUMBER:					PAGE		9	OF		16	
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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 Zbytowski, Jennifer, Brooks, , Date of Receipt Mailing Address 49206 St. Nicholas 30 2020 City Zip Code State Transaction ID: PR75326650377 MI Shelby Township 48317 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VP-Strategic Prog Dev & Optim Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Bi-Weekly) 475.00 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 09 2020 City State Zip Code Transaction ID : PR75330650377 MI Troy 48083 Amount of Each Receipt this Period FEC ID number of contributing 102.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Sr Medical Director Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$17.00 Bi-Weekly) Other (specify) 323.00 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 2020 City State Zip Code Transaction ID: PR75332550377 MI Garden City 48135 Amount of Each Receipt this Period FEC ID number of contributing C 96.00 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) 304.00 Other (specify) 348.00 SUBTOTAL of Receipts This Page (optional).....

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

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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 2020 City Zip Code State Transaction ID: PR75334050377 MI **Brighton** 48114 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) **VP-Financial Services** Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$50.00 Bi-Weekly) 950.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ledesma, Sandra, Lee, , Date of Receipt Mailing Address 22429 Provincial 09 2020 City State Zip Code Transaction ID : PR75336950377 Woodhaven MI 48183 Amount of Each Receipt this Period FEC ID number of contributing 96.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan **Dir- Application Development** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$16.00 Bi-Weekly) Other (specify) 304.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Hoffman, Cynthia, L, , Date of Receipt Mailing Address 5768 Whitehaven Dr 30 2020 City State Zip Code Transaction ID : PR75337450377 MI Troy 48085 Amount of Each Receipt this Period FEC ID number of contributing C 120.00 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) 380.00 Other (specify) 516.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

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

F	OR	LINE	NU	MBER	:	PAGE		11	OF		16
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	ny information copied from such Reports and St for commercial purposes, other than using the			
$\setminus$	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC			
Α.	Full Name of Individual (Last, First, Middle Initi Hurley, Kevin, Michael, ,	ial) or Full Or	ganization Name	Date of Receipt
	Mailing Address 45504 Morningside Rd.			09 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID : PR75339950377
	Canton	MI	48187	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		72.00
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
	Health Alliance Plan	Mgr-	Revenue Cycle & Recv Mgmt	_
	Receipt For:		Year-to-Date ▼	7
	Primary General	Aggregate	Teal-to-Date ¥	P/R Deduction (\$12.00 Bi-Weekly)
	Other (specify) ▼	17/ Deduction (#12.00 B) Weekly)		
_	Full Name of Individual (Last, First, Middle Initi	ial) or Full Or	ganization Name	
B.	Vanderburg, Marc, , ,	iai, or rail or	gamzaton namo	Date of Receipt
	Mailing Address 25750 Ivanhoe			
	Walling Address 25750 IVannoe			09 30 2020
	City	State	Zip Code	<del>-</del>
	•	MI	48070	Transaction ID : PR75341050377
	Huntington Woods	IVII	46070	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		120.00
	Name of Employer (for Individual) Health Alliance Plan		pation (for Individual) Acct Retention & Sales Ops	Memo Item
	Receipt For:	Aggregate \	Year-to-Date ▼	
	Primary General	199.19		P/R Deduction (\$20.00 Bi-Weekly)
	Other (specify) ▼		380.00	(**************************************
_	Full Name of Individual (Last, First, Middle Initi	ial) or Full Or	ganization Name	
C.	Lafferty, Rory, P., ,	iai, or rail or	gamzaton namo	Date of Receipt
•	Mailing Address 759 Cherry Stone Drive			M M / D D / Y Y Y Y
	#2D			09 30 2020
	City	State	Zip Code	Transaction ID : PR75341750377
	Canton	МІ	48188	Amount of Each Receipt this Period
	FEO ID asserb as at a satisfaction			Amount of Each receipt this I chou
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer (for Individual)	Memo Item		
	Health Alliance Plan		pation (for Individual) Government&LgsItv Affairs	
	Receipt For:	$\dashv$		
	Primary General	Aggregate	Year-to-Date ▼	D/D Doduction (#20.00 B; Wooldy)
	Other (specify)		380.00	P/R Deduction (\$20.00 Bi-Weekly)
	Strict (opcorry)			
s	SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	312.00
Т	OTAL This Period (last page this line number of	only)		

FOR LINE NUMBER: PAGE 12 OF 16 Use separate schedule(s) for each category of the (check only one) **X** 11a 11b 11c

12 Detailed Summary Page 13 14 15 16 17

	Statements may not be sold or used by any perse name and address of any political committee to				
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC					
Full Name of Individual (Last, First, Middle In Tiller, Vernal, Teresa, ,  Mailing Address 813 Sandalwood Drive  City	Date of Receipt    M = M				
Troy  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Health Alliance Plan	State Zip Code 48085  C  Occupation (for Individual) AVP-Perf Impr,AppGriev,Qual Mg	Amount of Each Receipt this Period  96.00  Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  304.00	P/R Deduction (\$16.00 Bi-Weekly)			
Full Name of Individual (Last, First, Middle In  Mailing Address  City					
FEC ID number of contributing federal political committee.  Name of Employer (for Individual)	Occupation (for Individual)	Amount of Each Receipt this Period  Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼				
Full Name of Individual (Last, First, Middle In Mailing Address  City  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)	State Zip Code  C Occupation (for Individual)	Date of Receipt  M M / D D / Y Y Y Y Y  Amount of Each Receipt this Period  Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼				
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	96.00			
TOTAL This Period (last page this line number	only)	2691.00			

SCHEDULE B ITEMIZED DISE	(FEC Form 3X)	Use sepa	arate schedule(s)	FOR LINE NUMBER: PAGE 13 (check only one)						
ITENIZED DISE	OURSEINIENTS		category of the Summary Page	21b	22	23 26 27				
				28a		28c <b>x</b> 29 30b				
	I from such Reports and State oses, other than using the na									
NAME OF COMMIT Health Alliand	, ,									
Full Name (Last, Fi					Date of Disk	pursement				
Curt VanderWall for State Senate  Mailing Address 4906 Rasmussen Road					M M / / 07	22 2020				
			T							
City Ludington		State MI	·			FEC Identification Number				
Purpose of Disburse Direct Contribution	rpose of Disbursement irrect Contribution 011			011	Transaction ID : 12703900					
			rimary General			Amount of Each Disbursement this Period				
						500.00  Direct Contribution				
State:	President District:	Other (spec	ony) ▼		Memo It	tem				
Full Name (Last, Fi	•				Date of Disk	pursement				
Mailing Address PO BOX 201703						07 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Ferndale		State MI	Zip Code 48220			cation Number				
Direct Contribution	Purpose of Disbursement Direct Contribution  Candidate Name  Coutler, Dave, , ,  Office Sought:  House Senate Primary Other (specify)  President  Other (specify)				Transaction ID : 12703901 Amount of Each Disbursement this Period  500.00  Direct Contribution					
State:	District:	]			Memo It	tem				
Full Name (Last, Fi C. Comerica Ba					Date of Disk	oursement				
Mailing Address P.	O. Box 75000				07	28 2020				
City Detroit		State MI	Zip Code 48275		FEC Identific	cation Number				
	Purpose of Disbursement Operation Expense 001				Transaction ID : 12713660					
Candidate Name  Category/ Type					Amount of Each Disbursement this Period					
Office Sought: House Disbursement For: Senate Primary General						30.00 Operation Expense				
State: [	President District:	Other (spec	eify) ▼		Memo It	·				
SUBTOTAL of Disbur	sements This Page (optional).			······		1030.00				
TOTAL This Period (I	TOTAL This Period (last page this line number only)									

	I lles concrete cohodule(s) I				FOR LINE NUMBER: PAGE 14 OF 1			
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only one)		□ 06 □ 07		
			Summary Page	21b 28a	22 23 28b 28c	26 27 29 30b		
Ar	y information copied from such Reports and Stater	nents may	not be sold or us			<b>~</b>		
	for commercial purposes, other than using the nan							
	NAME OF COMMITTEE (In Full)							
$ \rangle$	Health Alliance Plan PAC							
<u></u>	Full Name (Last, First, Middle Initial)							
Α.	Comerica Bank				Date of Disburse	ment		
	Mailing Address P.O. Box 75000				07 3			
	Walling Address 1.0. Box 70000				9.	2020		
	,	State MI	Zip Code		FEC Identification	n Number		
	Detroit Purpose of Disbursement	IVII	48275		C			
	Operating Expense			001	Transaction ID : 12733933			
	Candidate Name			Category/	11000000000	Disbursement this Period		
	Office Sought: House Disburser	ment For:		Type		67.98		
	Senate	Primary	General					
	President	Other (spe	ecify) 🔻		Memo Item	Operating Expense		
_	State: District:							
В.	Full Name (Last, First, Middle Initial)  Comerica Bank				Date of Disburse	ment		
Comenca Bank					M M / D D / Y Y Y Y			
	Mailing Address P.O. Box 75000	08 04 2020						
	City							
	City State Zip Code Detroit MI 48275				n Number			
	Purpose of Disbursement Operating Expense				C			
	Candidate Name	001 Cotogon				ID: 12788927		
				Category/ Type	Amount of Each Disbursement this Period			
	Office Sought: House Disburser					30.00		
	Senate   President	Primary General Other (specify)			Operating Expense			
	State: District:	Other (spe	city)		Memo Item			
	Full Name (Last, First, Middle Initial)							
C.	Comerica Bank				Date of Disburse			
	Mailing Address P.O. Box 75000				08 11 2020			
			T:					
	City :	State MI	Zip Code 48275		FEC Identification	n Number		
	Purpose of Disbursement				C			
	Operating Expense 001					ID : 12788928		
	Candidate Name	ate Name Category Type				Disbursement this Period		
	Office Sought: House Disburser		67.98					
	Senate	Primary	General		4	Operating Expense		
	President	Other (spe	ecify) 🔻		Memo Item	,		
г	State: District:							
s	UBTOTAL of Disbursements This Page (optional)					165.96		
F					7	7 7 7		
т	OTAL This Period (last page this line number only)	)			1			

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SCHEDULE B (FEC Form 3X)			NUMBER: PAGE 15 OF 16			
ITEMIZED DISBURSEMENTS	Use separate schedu for each category of	le(s) (check only	y one)			
	Detailed Summary Pa		22 23 26 27 28b 28c <b>x</b> 29 30b			
[A . (						
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar						
NAME OF COMMITTEE (In Full)	The same of the party of					
Health Alliance Plan PAC						
Health Alliance Flan FAC						
Full Name (Last, First, Middle Initial)						
A. Dayna Polehanki for State Senate	Dayna Polehanki for State Senate					
Mailing Address PO Box 51843			09 22 2020			
City	State Zin Code					
City Livonia	State Zip Code MI 48151		FEC Identification Number			
Purpose of Disbursement	10.01		C			
Direct Contribution	011					
Candidate Name		Category/	Transaction ID: 12791205  Amount of Each Disbursement this Period			
Polehanki, Dayna, , MI Sen.,		Type				
	ment For:		500.00			
Senate	Primary Gene	ral	Direct Contribution			
President	Other (specify) ▼		Memo Item			
State: District:			_			
	Full Name (Last, First, Middle Initial)					
B. Annette Glenn for Michigan			Date of Disbursement			
Mailing Address PO Box 1128	lailing Address PO Roy 1128					
	09 22 2020					
City	State Zip Code		FEC Identification Number			
Midand						
Purpose of Disbursement Direct Contribution	011					
Candidate Name		011	Transaction ID: 12791732			
Glenn, Annette, , MI Rep.,	Category/	Amount of Each Disbursement this Period				
	ment For:	Type	250.00			
Senate Senate	Primary Gene	ral	Direct Contribution			
President	Other (specify)					
State: District:	• • • • • • • • • • • • • • • • • • • •		Memo Item			
Full Name (Last, First, Middle Initial)						
C. Comerica Bank			Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address P.O. Box 75000			09 02 2020			
City	State Zip Code					
City Detroit	MI 48275		FEC Identification Number			
Purpose of Disbursement	C					
Operating Expense	Transaction ID : 12823647					
Candidate Name Category/			Amount of Each Disbursement this Period			
Senate	Primary Gene	Operating Expense				
President	Other (specify) ▼		Memo Item			
State: District:			_			
			700.00			
SUBTOTAL of Disbursements This Page (optional)		•••••••••••••••••••••••••••••••••••••••	780.00			
TOTAL TIV D						
TOTAL This Period (last page this line number only)	)					

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SCHEDULE B (FEC Form 3X)						PAGE 16 OF 16			
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only one)			26 27			
		Summary Page	28		28c	<b>x</b> 29 30b			
Any information copied from such Reports and Statem						of soliciting contributions			
or for commercial purposes, other than using the nam	e and addre	ess of any politic	al committee	to solicit co	ntributions	from such committee.			
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC									
Health Alliance Plan PAC									
Full Name (Last, First, Middle Initial)									
A. Comerica Bank					Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address P.O. Box 75000									
,	State	Zip Code		FEC Id	entificatior	n Number			
Detroit Purpose of Disbursement	MI 48275 001 Catego				C Transaction ID : 12823648				
Operating Expense			001						
Candidate Name			Category/			ch Disbursement this Period			
Office Sought: House Disbursem	ont For		Type		67.98				
	Primary	General							
	•	ner (specify) ▼			Operating Expense  Memo Item				
State: District:				<u> </u>					
Full Name (Last, First, Middle Initial) <b>B.</b>	Full Name (Last, First, Middle Initial)					Date of Disbursement			
<b>5.</b>				M M	/ D D / Y Y Y Y				
Mailing Address	Mailing Address								
City	City State Zip Code			FEC Identification Number					
Purpose of Disbursement	Purnose of Disbursement								
Talpool of Biobardonicin	T		C	Amount of Each Disbursement this Period					
Candidate Name			Category/				Amoun		
Office Cought: House Dishurser			Type						
	Office Sought:  House Disbursement For:  Senate Primary Other (specify)  General					7 7			
				I Ma	Memo Item				
State: District:						Memo Item			
Full Name (Last, First, Middle Initial)  C.	Full Name (Last, First, Middle Initial)					Date of Disbursement			
<b>.</b>				M M	/ D				
Mailing Address									
City	City State Zip Code				ontification	a Number			
District of Dishuraness					FEC Identification Number				
Purpose of Disbursement				Amount of Each Disbursement this Period					
Candidate Name	Category/						Amoun		
	Туре								
						4 4			
	Primary Other (spec	☐ General							
State: District:	CC. (0p00	,, •		Me Me	mo Item				
						07.00			
SUBTOTAL of Disbursements This Page (optional)			·····•			67.98			
TOTAL This Period (last page this line number only).						2043.94			