

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Health Alliance Plan PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="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 TO 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 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

Write or Type Committee Name

Health Alliance Plan PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2691.00	6622.50
(ii) Unitemized	288.00	2811.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2979.00	9433.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	2979.00	9433.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	2979.00	9433.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2979.00	9433.50

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	2043.94	8551.82
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2043.94	8551.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2043.94	8551.82

DETAILED SUMMARY PAGE
of Disbursements

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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)	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

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

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

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

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Selinsky, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28638 Oak Point Drive
 City Farmington Hills State MI Zip Code 48331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP-Product Strategy MrktngComm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 30 / 2020
Transaction ID : PR130556950377
 Amount of Each Receipt this Period 90.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

B. Donovan, Buff, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22745 Power Rd.
 City Farmington State MI Zip Code 48336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir-CBHM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt 09 / 30 / 2020
Transaction ID : PR131868150377
 Amount of Each Receipt this Period 96.00
 Memo Item
 P/R Deduction (\$16.00 Bi-Weekly)

C. Schneider, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 874 Bridgestone
 City Rochester Hills State MI Zip Code 48309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir- Support Svcs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 332.50

Date of Receipt 09 / 30 / 2020
Transaction ID : PR133388250377
 Amount of Each Receipt this Period 105.00
 Memo Item
 P/R Deduction (\$17.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	291.00
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Boyer, Julie, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9201 Downing Rd
 City Birch Run State MI Zip Code 48415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Mgr-Information Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 323.00

Date of Receipt 09 / 30 / 2020
Transaction ID : PR149941450377
 Amount of Each Receipt this Period 102.00
 Memo Item
 P/R Deduction (\$17.00 Bi-Weekly)

B. Harder, Christine, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3060 Woodcreek Way
 City Bloomfield Hills State MI Zip Code 48304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP- Provider Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 855.00

Date of Receipt 09 / 30 / 2020
Transaction ID : PR149941750377
 Amount of Each Receipt this Period 270.00
 Memo Item
 P/R Deduction (\$45.00 Bi-Weekly)

C. Bloom, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8308 Bridlewood Ct.
 City Clarkston State MI Zip Code 48348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) SVP & Chief Medical Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 30 / 2020
Transaction ID : PR149968050377
 Amount of Each Receipt this Period 90.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	462.00
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Germain, Carolyn, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3053 S Nichols Rd
 City Lennon State MI Zip Code 48449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir-Perf Impr&Mgmt HEDIS Stars
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 30 / 2020
Transaction ID : PR150218350377
 Amount of Each Receipt this Period 240.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. Barnes, William, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 Iroquois Tr.
 City Oxford State MI Zip Code 48371
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Deputy Gen Counsel- Ins Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 30 / 2020
Transaction ID : PR152031650377
 Amount of Each Receipt this Period 150.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. Matthews, Irita, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 861 Whittier
 City Grosse Pointe Park State MI Zip Code 48230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Sr. Associate General Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 874.00

Date of Receipt 09 / 30 / 2020
Transaction ID : PR75326450377
 Amount of Each Receipt this Period 276.00
 Memo Item
 P/R Deduction (\$46.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	666.00
TOTAL This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Ronan, Dianna, Lynn, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2156 Cumberland
 City Brighton State MI Zip Code 48114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP-Financial Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 30 / 2020
Transaction ID : PR75334050377
 Amount of Each Receipt this Period 300.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. Ledesma, Sandra, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22429 Provincial
 City Woodhaven State MI Zip Code 48183
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir- Application Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt 09 / 30 / 2020
Transaction ID : PR75336950377
 Amount of Each Receipt this Period 96.00
 Memo Item
 P/R Deduction (\$16.00 Bi-Weekly)

C. Hoffman, Cynthia, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5768 Whitehaven Dr
 City Troy State MI Zip Code 48085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir- eCommerce & Tech Planning
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2020
Transaction ID : PR75337450377
 Amount of Each Receipt this Period 120.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	516.00
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Hurley, Kevin, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45504 Morningside Rd.
 City Canton State MI Zip Code 48187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Mgr- Revenue Cycle & Recv Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 09 / 30 / 2020
Transaction ID : PR75339950377
 Amount of Each Receipt this Period 72.00
 Memo Item
 P/R Deduction (\$12.00 Bi-Weekly)

B. Vanderburg, Marc, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25750 Ivanhoe
 City Huntington Woods State MI Zip Code 48070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP- Acct Retention & Sales Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2020
Transaction ID : PR75341050377
 Amount of Each Receipt this Period 120.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. Lafferty, Rory, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 759 Cherry Stone Drive #2D
 City Canton State MI Zip Code 48188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir- Government&Lgsltv Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2020
Transaction ID : PR75341750377
 Amount of Each Receipt this Period 120.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	312.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tiller, Vernal, Teresa, ,

Mailing Address 813 Sandalwood Drive

City Troy State MI Zip Code 48085

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

Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) AVP-Perf Impr,AppGriev,Qual Mg

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt 09 / 30 / 2020
Transaction ID : PR75343050377

Amount of Each Receipt this Period 96.00

Memo Item

P/R Deduction (\$16.00 Bi-Weekly)

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

Mailing Address

City State Zip Code

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	96.00
TOTAL This Period (last page this line number only).....▶	2691.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Curt VanderWall for State Senate

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 4906 Rasmussen Road

M M M	/	D D D	/	Y Y Y Y Y
07		22		2020

City Ludington State MI Zip Code 49431

FEC Identification Number

Purpose of Disbursement
Direct Contribution

011
Category/ Type

C
Transaction ID : 12703900
Amount of Each Disbursement this Period
500.00
Direct Contribution

Candidate Name
VanderWall, Curt, , MI Sen.,

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

Memo Item

B. Friends of Dave Coulter

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 201703

M M M	/	D D D	/	Y Y Y Y Y
07		22		2020

City Ferndale State MI Zip Code 48220

FEC Identification Number

Purpose of Disbursement
Direct Contribution

011
Category/ Type

C
Transaction ID : 12703901
Amount of Each Disbursement this Period
500.00
Direct Contribution

Candidate Name
Coulter, Dave, , ,

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

Memo Item

C. Comerica Bank

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. Box 75000

M M M	/	D D D	/	Y Y Y Y Y
07		28		2020

City Detroit State MI Zip Code 48275

FEC Identification Number

Purpose of Disbursement
Operation Expense

001
Category/ Type

C
Transaction ID : 12713660
Amount of Each Disbursement this Period
30.00
Operation Expense

Candidate Name

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

Memo Item

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

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

1030.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Comerica Bank

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 75000

City Detroit State MI Zip Code 48275

Purpose of Disbursement Operating Expense

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 31 / 2020

FEC Identification Number: C

Transaction ID : 12733933

Amount of Each Disbursement this Period: 67.98

Operating Expense

Memo Item

B. Comerica Bank

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 75000

City Detroit State MI Zip Code 48275

Purpose of Disbursement Operating Expense

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 04 / 2020

FEC Identification Number: C

Transaction ID : 12788927

Amount of Each Disbursement this Period: 30.00

Operating Expense

Memo Item

C. Comerica Bank

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 75000

City Detroit State MI Zip Code 48275

Purpose of Disbursement Operating Expense

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 11 / 2020

FEC Identification Number: C

Transaction ID : 12788928

Amount of Each Disbursement this Period: 67.98

Operating Expense

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 165.96

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Dayna Polehanki for State Senate

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 51843

M M M	/	D D D	/	Y Y Y Y Y
09		22		2020

City Livonia State MI Zip Code 48151

FEC Identification Number

Purpose of Disbursement
Direct Contribution

C	011
Category/Type	

C	Transaction ID : 12791205
Amount of Each Disbursement this Period	
	500.00
Direct Contribution	
<input type="checkbox"/> Memo Item	

Candidate Name
Polehanki, Dayna, , MI Sen.,

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

B. Annette Glenn for Michigan

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 1128

M M M	/	D D D	/	Y Y Y Y Y
09		22		2020

City Midand State MI Zip Code 48641

FEC Identification Number

Purpose of Disbursement
Direct Contribution

C	011
Category/Type	

C	Transaction ID : 12791732
Amount of Each Disbursement this Period	
	250.00
Direct Contribution	
<input type="checkbox"/> Memo Item	

Candidate Name
Glenn, Annette, , MI Rep.,

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

C. Comerica Bank

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. Box 75000

M M M	/	D D D	/	Y Y Y Y Y
09		02		2020

City Detroit State MI Zip Code 48275

FEC Identification Number

Purpose of Disbursement
Operating Expense

C	001
Category/Type	

C	Transaction ID : 12823647
Amount of Each Disbursement this Period	
	30.00
Operating Expense	
<input type="checkbox"/> Memo Item	

Candidate Name

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

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

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

780.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Comerica Bank

Mailing Address P.O. Box 75000

City
Detroit

State
MI

Zip Code
48275

Purpose of Disbursement
Operating Expense

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	2	0

FEC Identification Number

C []

Transaction ID : 12823648

Amount of Each Disbursement this Period

[] 67.98

Operating Expense

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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

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

[] 67.98

[] 2043.94