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Image# 202007149244562571

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or Other Than An Auth	Onzed Committee	Office Use Only
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		20 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2	(C) 12-Day PRF-Flection	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Q3	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (YE	Floation	on	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 04	01 / 2020	through 06	M / D D / Y Y Y Y Y Y 30 2020
I certify that I have examined this	s Report and to the best of r Lafferty, Rory, , ,	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasurer			
Signature of Treasurer Laffert	y, Rory, , ,	[Electronically Filed]	Date 07 / 14 / 2020
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

FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		***
Health Alliance Plan PAC		
Report Covering the Period: From:	04	To: 06 30 / 2020
	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	. 7419.80	
(c) Total Receipts (from Line 19)	. 3475.50	6454.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	. 10895.30	14439.24
7. Total Disbursements (from Line 31)	. 2963.94	6507.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	. 7931.36	7931.36
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 mu	Iticandidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll From 900 424 0520	

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write	or	Type	Committee	Name
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I	Неа	lth A	Allian	ce P	lan F	AC.
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Report Covering the Period: From:	01 / 2020 To	o: 06 / 30 / 2020		
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	0045.50			
(i) Itemized (use Schedule A)	2845.50	3931.50		
(ii) Unitermined	630.00	2523.00		
(ii) Unitemized(iii) TOTAL (add	000.00	2320.00		
Lines 11(a)(i) and (ii)	3475.50	6454.50		
211100 11(d)(i) dild (ii)	A9 A9 A9			
(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		0454.50		
Totals to Line 33, page 5)▶	3475.50	6454.50		
2. Transfers From Affiliated/Other		0.00		
Party Committees	0.00	0.00		
N. All Leave Bearing	0.00	0.00		
3. All Loans Received	0.00	0.00		
	0.00	0.00		
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		
6. Refunds of Contributions Made	45 45	4 4		
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		
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	3475.50	6454.50		
). Total Federal Receipts				
(subtract Line 18(c) from Line 19)▶	3475.50	6454.50		

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 School led 114)		Carried 1941 to Butto
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(i) Tederal Share	45 45 45	
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures		4 4
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures	0.00	
(use Schedule E)	0.00	0.00
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
<u> </u>	4 4	3.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To:	0.00	5.55
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	4 4	
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	7 7
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including	7 7	7 7
Non-Federal Donations)	2963.94	6507.88
	2000.04	4 4
Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
· ·	3.00	5.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid		
Entirely With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	7	3 0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2963.94	6507.88
Total Federal Disbursements	7 1 7	
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	2963.94	6507.88
from Line 31)	2963.94	6507.8

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	3475.50	6454.50
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3475.50	6454.50
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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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 Donovan, Buff, L, , Date of Receipt Mailing Address 22745 Power Rd. 30 2020 City Zip Code State Transaction ID: PR131868148993 MI Farmington 48336 Amount of Each Receipt this Period FEC ID number of contributing C 112.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Dir-CBHM 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. Schneider, Steven, , , Date of Receipt Mailing Address 874 Bridgestone 06 2020 City State Zip Code Transaction ID: PR133388248993 MI Rochester Hills 48309 Amount of Each Receipt this Period FEC ID number of contributing 122.50 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) Other (specify) 227.50 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Boyer, Julie, A, , Date of Receipt Mailing Address 9201 Downing Rd 30 2020 City State Zip Code Transaction ID: PR149941448993 MI Birch Run 48415 Amount of Each Receipt this Period FEC ID number of contributing C 119.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Mgr-Information Technology Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$17.00 Bi-Weekly) 221.00 Other (specify) 353.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 7 OF Use separate schedule(s) (check only one) **X** 11a 11b 12 11c

15

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 Harder, Christine, A.,, Date of Receipt Mailing Address 3060 Woodcreek Way 30 2020 City Zip Code State Transaction ID: PR149941748993 MI Bloomfield Hills 48304 Amount of Each Receipt this Period FEC ID number of contributing C 315.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **VP- Provider Operations** Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$45.00 Bi-Weekly) 585.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Germain, Carolyn, S,, Date of Receipt Mailing Address 3053 S Nichols Rd 06 2020 City State Zip Code Transaction ID: PR150218348993 MI Lennon 48449 Amount of Each Receipt this Period FEC ID number of contributing 280.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Dir-Perf Impr&Mgmt HEDIS Stars Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$40.00 Bi-Weekly) Other (specify) 520.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Barnes, William, R., Date of Receipt Mailing Address 1111 Iroquois Tr. 30 2020 City Zip Code State Transaction ID: PR152031648993 MI Oxford 48371 Amount of Each Receipt this Period FEC ID number of contributing C 175.00 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) 325.00 Other (specify) 770.00 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

FOR LINE NUMBER:					PAGE	=	8	OF		15	
(0	(check only one)										
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NAME OF COMMITTEE (In Full)

Health Alliance Plan PAC

NAME OF COMMITTEE (IN Full)				
Health Alliance Plan PAC				
Full Name of Individual (Last, First, Middle In Matthews, Irita, , ,	Date of Receipt			
Mailing Address 861 Whittier			06 30 2020	
City	State	Zip Code	Transaction ID : PR75326448993	
Grosse Pointe Park	MI	48230	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		322.00	
Name of Employer (for Individual) Health Alliance Plan	'	ation (for Individual) sociate General Counsel	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 598.00	P/R Deduction (\$46.00 Bi-Weekly)	
Full Name of Individual (Last, First, Middle In Zbytowski, Jennifer, Brooks, ,	nitial) or Full Orga	anization Name	Date of Receipt	
Mailing Address 49206 St. Nicholas			06 30 2020	
City	State	Zip Code	Transaction ID : PR75326648993	
Shelby Township	MI	48317	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	y ('			
Name of Employer (for Individual) Health Alliance Plan		ation (for Individual) rategic Prog Dev & Optim	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 325.00	P/R Deduction (\$25.00 Bi-Weekly)	
Full Name of Individual (Last, First, Middle In Calabria, John, David, ,	nitial) or Full Orga	anization Name	Date of Receipt	
Mailing Address 2030 Brinston			06 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: PR75330648993	
Troy	MI	48083	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		119.00	
Name of Employer (for Individual) Health Alliance Plan		ation (for Individual) lical Director	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 221.00	P/R Deduction (\$17.00 Bi-Weekly)	
SUBTOTAL of Receipts This Page (optional)			616.00	
TOTAL This Period (last page this line number	r only)			

15 FOR LINE NUMBER: PAGE 9 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 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 Koslakiewicz, Glen, P,, Date of Receipt Mailing Address 30431 John Hauk 30 2020 City Zip Code State Transaction ID: PR75332548993 MI Garden City 48135 Amount of Each Receipt this Period FEC ID number of contributing C 112.00 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) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ronan, Dianna, Lynn, , Date of Receipt Mailing Address 2156 Cumberland 06 2020 City State Zip Code Transaction ID : PR75334048993 MI **Brighton** 48114 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan **VP-Financial Services** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$50.00 Bi-Weekly) Other (specify) 650.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Ledesma, Sandra, Lee, Date of Receipt Mailing Address 22429 Provincial 30 2020 City Zip Code State Transaction ID: PR75336948993 MI Woodhaven 48183 Amount of Each Receipt this Period FEC ID number of contributing C 112.00 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) 208.00 Other (specify) 574.00 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

FOR LINE NUMBER: (check only one)

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(ch	ne	ck only	or	ne)							
[X	11a		11b		11c		12			
		13		14		15		16		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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hoffman, Cynthia, L,, Date of Receipt Mailing Address 5768 Whitehaven Dr 2020 30 City State Zip Code Transaction ID: PR75337448993 MI 48085 Troy Amount of Each Receipt this Period FEC ID number of contributing C 140.00 federal political committee. Name of Employer (for Individual) Memo Item 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) 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Vanderburg, Marc, , , Date of Receipt Mailing Address 25750 Ivanhoe 06 2020 Zip Code City State Transaction ID : PR75341048993 **Huntington Woods** MI 48070 Amount of Each Receipt this Period FEC ID number of contributing 140.00 federal political committee.

	Name of Employer (for Individual) Health Alliance Plan	Occupation (for Individual) VP- Acct Retention & Sales Ops	Memo Item				
	Receipt For: Primary General Other (specify) ▼	rimary General Aggregate rear-to-bate •					
C.	Full Name of Individual (Last, First, Middle In Lafferty, Rory, P., , Mailing Address 759 Cherry Stone Drive	Date of Receipt					
	#2D	State Zip Code	06 30 2020 Transaction ID : PR75341748993				
	Canton	MI 48188	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	140.00				
	Name of Employer (for Individual) Health Alliance Plan	Occupation (for Individual) Dir- Government&Lgsltv Affairs	Memo Item				
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi-Weekly)				
Ę	SUBTOTAL of Receipts This Page (optional)		420.00				

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

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

15 Use separate schedule(s) 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 Tiller, Vernal, Teresa,, Date of Receipt Mailing Address 813 Sandalwood Drive 30 2020 City Zip Code State Transaction ID: PR75343048993 MI Troy 48085 Amount of Each Receipt this Period FEC ID number of contributing C 112.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) AVP-Perf Impr, AppGriev, Qual Mg 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 Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 112.00 SUBTOTAL of Receipts This Page (optional)..... 2845.50 TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X)	lla: ::	awata aabaatatat	FOR LINE	R LINE NUMBER: PAGE 12 OF				
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only					
		Summary Page	21b 28a	22 23 28c x	26 27 29 30b			
Any information copied from such Reports and State	 ments may	not be sold or use	ed by any pers					
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. Comerica Bank				Date of Disburseme				
Mailing Address P.O. Box 75000				04 03	2020			
City	State	Zip Code		FEC Identification N	lumber			
Detroit Purpose of Disbursement	MI	48275						
Operating Expense			001	C				
Candidate Name			Category/	Transaction ID Amount of Each Di	: 12550944 sbursement this Period			
06			Type		30.00			
Office Sought: House Disburse Senate	ment For: Primary	General			30.00			
President	Other (spe			Op Memo Item	erating Expense			
State: District:				Memo item				
Full Name (Last, First, Middle Initial)								
B. Comerica Bank				Date of Disburseme	_			
Mailing Address P.O. Box 75000				04 09	2020			
City Detroit	State MI	Zip Code 48275		FEC Identification N	Number			
Purpose of Disbursement	1411	40273		С				
Operating Expense	001 Category/ Type			Transaction ID	· 12550945			
Candidate Name				Amount of Each Disbursement this Peri				
Office Sought: House Disburse					67.98			
Senate	Primary	General		Or	perating Expense			
President	Other (spe	cify)		Memo Item	3 1			
State: District:				ш				
Full Name (Last, First, Middle Initial) C. Ananich Senate Majority Fund				Date of Disburseme	ent			
Anamen Senate Majority Fund				M M M / D D	/ Y Y Y Y Y			
Mailing Address 932 Maxine Street				05 12	2020			
City	State	Zip Code		FEC Identification N	Jumber			
Flint	MI	48503			NUTING!			
Purpose of Disbursement Direct Contribution			011	C				
Candidate Name			Category/	Transaction ID Amount of Each Di	: 12594071 sbursement this Period			
			Type	Timoditi of Laori Di				
	ment For:	0			500.00			
Senate President	Primary Other (spe	General			rect Contribution			
State: District:	ouloi (ope	~,		Memo Item				
SUBTOTAL of Disbursements This Page (optional)					597.98			
TOTAL This Period (last page this line number only	·)							
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S 17

SCHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 13 OF			
		eparate schedule(s) ch category of the	(check onl		00		
		Detailed Summary Page			23 26 27 28c x 29 30b		
Any information conicd from such Departs and C			28a				
Any information copied from such Reports and Son for commercial purposes, other than using the							
NAME OF COMMITTEE (In Full)							
Health Alliance Plan PAC							
Full Name (Last, First, Middle Initial)	•••			Data of Diah	uuraamant		
A. House Republican Campaign Committee					pursement / Y Y Y Y Y Y		
Mailing Address PO Box 15035				05	27 2020		
City	State MI	Zip Code 48901		FEC Identific	cation Number		
Lansing Purpose of Disbursement	IVII	46901					
Direct Contribution	011	C					
Candidate Name			Category/	Transaction ID : 12620070 Amount of Each Disbursement this Period			
			Type	7 tilloditt of E	acir biobarocinicit tino i criod		
Office Sought: House Disbu	irsement For:			500.00			
Senate	General		Direct Contribution				
State: District:	Other (sp	oecify) ▼		Memo It	em		
Full Name (Last, First, Middle Initial)							
B. Compete Michigan PAC 2				Date of Disk	pursement		
Compete Michigan PAC 2					M M / D D / Y Y Y Y		
Mailing Address 106 W Allegan Suite				05	27 2020		
City	State	Zip Code		FEC Identific	cation Number		
Lansing Purpose of Disbursement	MI	48933					
Direct Contribution			011	C			
Candidate Name				1	tion ID: 12620071 Each Disbursement this Period		
			Category/ Type	Amount of E	ach disbursement this renou		
Office Sought: House Disbursement For:				11	500.00		
Senate Primary General				Direct Contribution			
President Other (specify)				Memo Item			
State: District:							
Full Name (Last, First, Middle Initial) C. Comerica Bank				Date of Disk			
Mailing Address P.O. Box 75000				05	04 2020		
City	State	Zip Code		CCC Identifie	cation Number		
Detroit	MI	48275		FEC Identilio	ation Number		
Purpose of Disbursement Operating Expense	•		001	C	tion ID : 12652566		
Candidate Name			Category/ Type		ach Disbursement this Period		
Office Sought: House Disbu	rsement For:		Type	1	30.00		
Senate	Primary	General		1	Operating Expense		
President	Other (sp	pecify) ▼		Memo It			
State: District:							
SUBTOTAL of Disbursements This Page (option	al)				1030.00		
TOTAL This Period (last page this line number of	only)						

S 17

SCHEDULE B (FEC Form 3X)			FOR LIN	FOR LINE NUMBER: PAGE 14 OF			
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page		nly one)			
				22 28b	23 26 27 28c x 29 30b		
Anni information conicd from such Deposits and Clab			288				
Any information copied from such Reports and Stator for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
Health Alliance Plan PAC							
Full Name (Last, First, Middle Initial)				D			
A. Comerica Bank					Date of Disbursement		
Mailing Address P.O. Box 75000	I			05	11 2020		
City Detroit	State MI	Zip Code 48275		FEC Identi	fication Number		
Purpose of Disbursement	1411	40273		C			
Operating Expense			001	Transaction ID : 12652567 Amount of Each Disbursement this Period			
Candidate Name			Category/				
Office Occupies			Type		37.98		
Office Sought: House Disburs Senate	Primary	nent For: Primary General			37.90		
President	Other (specify)			Operating Expense Memo Item			
State: District:				Memo	item		
Full Name (Last, First, Middle Initial)							
B. Compete Michigan PAC 2				Date of Di	sbursement		
Mailing Address 106 W Allegan Suite				06 /	29 2020		
City Lansing	State MI	Zip Code 48933		FEC Identi	fication Number		
Purpose of Disbursement	l	40000		C			
Direct Contribution			011		action ID : 12671615		
Candidate Name			Category/	Amount of	Each Disbursement this Period		
Office Sought: House Disburs	ement For:		Туре		500.00		
Senate Primary General				Direct Contribution			
President Other (specify)				Memo			
State: District:				L Memo	item		
Full Name (Last, First, Middle Initial)				Data of Di	aha aa aa		
c. CITIZENS TO ELECT HELENA S	Date of Disbursement						
Mailing Address PO BOX 21835				06	29 2020		
City	State	Zip Code		EEC Identi	fication Number		
Detroit	MI	48221			ilication Number		
Purpose of Disbursement Direct Contribution 011					Transaction ID : 12671616		
Candidate Name Category/				Amount of	Each Disbursement this Period		
Scott, Helena, , , Office Sought: House Disburs	ement For:		Туре		250.00		
Senate Disbuts	Primary	General			7 1 7 1 7		
President	Other (sp			Memo	Direct Contribution		
State: District:				L Ivieino	ILCIII		
SUBTOTAL of Disbursements This Page (optional)					787.98		
,				-			
TOTAL This Period (last page this line number only	v)						

SCHEDULE B (FEC Form 3X)	DULE B (FEC Form 3X) Use separate schedule(s) (check only one)							
TEMIZED DISBURSEMENTS		category of the	(check only		23 26 27			
	Detailed S	Summary Page	210 28a		28c x 29 30b			
Any information copied from such Reports and Statem	l nents mav n	ot be sold or use	d by any perso	n for the purp				
or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full)								
Health Alliance Plan PAC								
Full Name (Last, First, Middle Initial)								
A. Friends of Mayor Mykale Garrett		Date of Disbursement						
					D D / Y Y Y Y			
Mailing Address PO BOX 760528					29 2020			
City	State	Zip Code						
Lathrup Village	MI	48076		FEC Identific	cation Number			
Purpose of Disbursement				С				
Direct Contribution 011					Transaction ID : 12671619			
Candidate Name Category/					Each Disbursement this Period			
Garrett, Mykale, , , Office Sought: House Disbursem	ant For:		Туре		250.00			
Office Sought: House Disbursement For: Senate Primary General					20000			
	Other (spec			Memo I	Direct Contribution			
State: District:				Ivierno il	lem			
Full Name (Last, First, Middle Initial)								
3. Comerica Bank					Date of Disbursement 06 02 2020			
Mailing Address D.O.D. Troop								
Mailing Address P.O. Box 75000				00	02 2020			
City	State	Zip Code		FEC Identific	cation Number			
Detroit MI 48275 Purpose of Disbursement				C				
Operating Expense 001								
Candidate Name Category/					etion ID: 12693516 Each Disbursement this Period			
			Type	Amount of L	acii Disburscincii tilis i cilou			
Office Sought: Disbursement For:					30.00			
					Operating Expense			
State: District:	Other (spec	шу)		Memo It	tem			
Full Name (Last, First, Middle Initial)								
Comerica Bank				Date of Disk	oursement			
					D D / Y TY TY			
Mailing Address P.O. Box 75000				06	09 2020			
City	State	Zip Code		FF0.11 ***				
Detroit	MI	48275		FEC Identific	cation Number			
Purpose of Disbursement Operating Expense		·						
Candidate Name			001		ction ID : 12693522			
Candidate Name			Category/ Type	Amount of E	Each Disbursement this Period			
Office Sought: House Disbursem	nent For:		1,700		67.98			
Senate	Primary	General		7	Operating Expense			
	Other (spec	ify) ▼		Memo It	· · · · · · · · · · · · · · · · · · ·			
State: District:								
SUPTOTAL of Dishuraemente This Dage (entire)			_		347.98			
SUBTOTAL of Disbursements This Page (optional)			············· >		45 45			
TOTAL This Period (last page this line number only).				1	2763.94			