



**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"/>	<input type="text" value="7984.74"/>	<input type="text" value="7984.74"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="7419.80"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="3475.50"/>	<input type="text" value="6454.50"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="10895.30"/>	<input type="text" value="14439.24"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2963.94"/>	<input type="text" value="6507.88"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="7931.36"/>	<input type="text" value="7931.36"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2845.50	3931.50
(ii) Unitemized .....	630.00	2523.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3475.50	6454.50
(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) .....	3475.50	6454.50
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)).....▶	3475.50	6454.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3475.50	6454.50

**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).....	2963.94	6507.88
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)) ..	2963.94	6507.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2963.94	6507.88

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3475.50	6454.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3475.50	6454.50
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 15
<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. 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 ▼ 208.00

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR131868148993**  
 Amount of Each Receipt this Period 112.00  
 Memo Item  
 P/R Deduction (\$16.00 Bi-Weekly)

**B. 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 ▼ 227.50

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR133388248993**  
 Amount of Each Receipt this Period 122.50  
 Memo Item  
 P/R Deduction (\$17.50 Bi-Weekly)

**C. 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 ▼ 221.00

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR149941448993**  
 Amount of Each Receipt this Period 119.00  
 Memo Item  
 P/R Deduction (\$17.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	353.50
<b>TOTAL</b> 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 15
<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. 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 ▼ 585.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR149941748993**  
 Amount of Each Receipt this Period 315.00  
 Memo Item  
 P/R Deduction (\$45.00 Bi-Weekly)

**B. 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 ▼ 520.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR150218348993**  
 Amount of Each Receipt this Period 280.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. 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 ▼ 325.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR152031648993**  
 Amount of Each Receipt this Period 175.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	770.00
<b>TOTAL</b> 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 15
	<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. 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 ▼ 598.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR75326448993**  
 Amount of Each Receipt this Period 322.00  
 Memo Item  
 P/R Deduction (\$46.00 Bi-Weekly)

**B. Zbytowski, Jennifer, Brooks, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 49206 St. Nicholas  
 City Shelby Township State MI Zip Code 48317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP-Strategic Prog Dev & Optim  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR75326648993**  
 Amount of Each Receipt this Period 175.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. Calabria, John, David, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2030 Brinston  
 City Troy State MI Zip Code 48083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Sr Medical Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 221.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR75330648993**  
 Amount of Each Receipt this Period 119.00  
 Memo Item  
 P/R Deduction (\$17.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	616.00
<b>TOTAL</b> 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 9 OF 15
<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. Koslakiewicz, Glen, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30431 John Hauk  
 City Garden City State MI Zip Code 48135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir- Fin Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR75332548993**  
 Amount of Each Receipt this Period 112.00  
 Memo Item  
 P/R Deduction (\$16.00 Bi-Weekly)

**B. 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 ▼ 650.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR75334048993**  
 Amount of Each Receipt this Period 350.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. 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 ▼ 208.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR75336948993**  
 Amount of Each Receipt this Period 112.00  
 Memo Item  
 P/R Deduction (\$16.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	574.00
<b>TOTAL</b> 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 15
	<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. 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 ▼ 260.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR75337448993**  
 Amount of Each Receipt this Period 140.00  
 Memo Item  
 P/R Deduction (\$20.00 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 ▼ 260.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR75341048993**  
 Amount of Each Receipt this Period 140.00  
 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 ▼ 260.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR75341748993**  
 Amount of Each Receipt this Period 140.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	420.00
<b>TOTAL</b> 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 15
	<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.** 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 ▼  
208.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		30		2020

**Transaction ID : PR75343048993**

Amount of Each Receipt this Period  
112.00

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  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

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  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	112.00
<b>TOTAL</b> This Period (last page this line number only).....	2845.50

**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

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
04 / 03 / 2020

FEC Identification Number  
  
**Transaction ID : 12550944**  
Amount of Each Disbursement this Period  
  
Operating Expense

Memo Item

Full Name (Last, First, Middle Initial)

**B. Comerica Bank**

Mailing Address P.O. Box 75000

City Detroit State MI Zip Code 48275

Purpose of Disbursement  
Operating Expense

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
04 / 09 / 2020

FEC Identification Number  
  
**Transaction ID : 12550945**  
Amount of Each Disbursement this Period  
  
Operating Expense

Memo Item

Full Name (Last, First, Middle Initial)

**C. Ananich Senate Majority Fund**

Mailing Address 932 Maxine Street

City Flint State MI Zip Code 48503

Purpose of Disbursement  
Direct Contribution

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
05 / 12 / 2020

FEC Identification Number  
  
**Transaction ID : 12594071**  
Amount of Each Disbursement this Period  
  
Direct Contribution

Memo Item

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

**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

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. 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: 05 / 11 / 2020

FEC Identification Number: C

Transaction ID : 12652567

Amount of Each Disbursement this Period: 37.98

Operating Expense

Memo Item

**B. Compete Michigan PAC 2**

Full Name (Last, First, Middle Initial)

Mailing Address 106 W Allegan Suite

City Lansing State MI Zip Code 48933

Purpose of Disbursement Direct Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 29 / 2020

FEC Identification Number: C

Transaction ID : 12671615

Amount of Each Disbursement this Period: 500.00

Direct Contribution

Memo Item

**C. CITIZENS TO ELECT HELENA SCOTT**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 21835

City Detroit State MI Zip Code 48221

Purpose of Disbursement Direct Contribution

Candidate Name Scott, Helena, , ,

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 29 / 2020

FEC Identification Number: C

Transaction ID : 12671616

Amount of Each Disbursement this Period: 250.00

Direct Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 787.98

**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. Friends of Mayor Mykale Garrett**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 760528

City Lathrup Village State MI Zip Code 48076

Purpose of Disbursement Direct Contribution

Candidate Name **Garrett, Mykale, , ,**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 29 / 2020

FEC Identification Number: C

Transaction ID : 12671619

Amount of Each Disbursement this Period: 250.00

Direct Contribution

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: 06 / 02 / 2020

FEC Identification Number: C

Transaction ID : 12693516

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: 06 / 09 / 2020

FEC Identification Number: C

Transaction ID : 12693522

Amount of Each Disbursement this Period: 67.98

Operating Expense

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	347.98
<b>TOTAL</b> This Period (last page this line number only).....▶	2763.94