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### 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 NU	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 (Q		20 (M4) Jul 20 (M7	Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q	(C) 12-Day	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Q	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (Y	Floation	on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	M = M / D = D	in the State of
5. Covering Period 07	01 2017	through 12	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined thi	Lafferty, Rory, , ,	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasurer			
Signature of Treasurer  Laffer	ty, Rory, , ,	[Electronically Filed]	Date 01 / 23 / 2018
NOTE: Submission of false, errone	eous, 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

PEC Form 3X (Rev. 05/2016)	SUMMARY PAGE OF 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 TO	: 12 / 31 / 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
5. (a) Cash on Hand  January 1,  2017		16163.18
(b) Cash on Hand at  Beginning of Reporting Period	20151.21	
(c) Total Receipts (from Line 19)	11599.41	25006.13
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	31750.62	41169.31
7. Total Disbursements (from Line 31)	11500.72	20919.41
3. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	20249.90	20249.90
Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
O. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
This committee has qualified as a multicar	ndidate committee. (see FEC FORM 1M)	
F	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530	

Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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port Covering the Period: From:	01 2017 To	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
` '		
(i) Itemized (use Schedule A)	11521.41	22287.06
(ii) Unitemized(iii) TOTAL (add	78.00	2719.07
Lines 11(a)(i) and (ii)	11599.41	25006.13
. ,	0.00	0.00
(such as PACs)	0.00	0.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	11599.41	25006.13
	0.00	0.00
All Loans Received	0.00	0.00
· ·	0.00	0.00
(Carry Totals to Line 37, page 5)	0.00	0.00
to Federal Candidates and Other		
	0.00	0.00
Transfers from Non-Federal and Levin Funds	0.00	0.00
(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
	I. Receipts  Contributions (other than loans) From:  (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	I. Receipts  Contributions (other than loans) From:  (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)

#### **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		- Caronaar Tour to Dute
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	4 4	
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating  Expenditures	636.88	1105.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	636.88	1105.57
Transfers to Affiliated/Other Party	000.00	
Committees Contributions to	0.00	0.00
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
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	10863.84	19813.84
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(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	11500.72	20919.41
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	11500.72	20040 44
	11300.72	20919.41

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

FEC FORM 3X (Rev. 05/2016)		Page 3
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)	11599.41	25006.13
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11599.41	25006.13
86. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	636.88	1105.57
87. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	636.88	1105.57

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

F	OR	LINE	PAGE		6	OF		29			
(0	(check only one)										
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Elinski, Jenifer, , , Date of Receipt Mailing Address 3434 Essex Drive 80 2017 City Zip Code State Transaction ID: 10942086 MI Troy 48084 Amount of Each Receipt this Period FEC ID number of contributing C 275.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Mgr, Clinical Info & Analytics HAP Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Blount, James, , , Date of Receipt Mailing Address 4468 Round Lake Rd 2017 City State Zip Code Transaction ID: 10942087 MI Laingsburg 48848 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Supervisor Office Services Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 380.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Combs, Roger, , , Date of Receipt Mailing Address 17160 Merryweather St 12 80 2017 City State Zip Code Transaction ID: 10942088 MI Clinton Township 48038 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) Health Alliance Plan Director - IT Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 825.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

## SCHEDULE A (FEC Form 3X)

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

F	OR	LINE	PAGE		7	OF		29			
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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 Tournoux, Mary Ann, , , Date of Receipt Mailing Address 30695 Oakleaf Lane 80 2017 City Zip Code State Transaction ID: 10942089 MI Franklin 48025 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SVP - Sales & Mktg HAP Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Pai, Balakrishna, , , Date of Receipt Mailing Address 1977 Long Point Drive 12 2017 City State Zip Code Transaction ID: 10945018 Bloomfield Hills MI 48302 Amount of Each Receipt this Period FEC ID number of contributing 800.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Sr. Medical Director & VP Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 800.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Giroux, Mark, , , Date of Receipt Mailing Address 2127 Woodland Avenue 31 2017 City State Zip Code Transaction ID: PR100554532810 MI Royal Oak 48073-3876 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan **AVP- Provider Contracting** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 460.00 Other (specify) 2000.00 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

F	OR	LINE	PAGE		8	OF		29			
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ITEMIZED RECEIPTS 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 Rund, Lori, , , Date of Receipt Mailing Address 50495 Waterstone Ct 31 2017 City Zip Code State Transaction ID: PR100554732810 MI **Plymouth** 48170 Amount of Each Receipt this Period FEC ID number of contributing C 130.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VP - Prod Mgmt & Mrkt Intlgnce Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$10.00 Bi-Weekly) 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Sullivan, Timothy, , , Date of Receipt Mailing Address 18331 Laraugh Drive 2017 City State Zip Code Transaction ID : PR100554832810 Northville MI 48168 Amount of Each Receipt this Period FEC ID number of contributing 30.77 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan VP- Healthcare Affrd & Prf Imp Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$30.77 Bi-Weekly) Other (specify) ▼ 416.01 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Smith, Stewart, Barry, , Date of Receipt Mailing Address 10844 Pardee Road 2017 City State Zip Code Transaction ID: PR110043332810 MI Taylor 48180 Amount of Each Receipt this Period FEC ID number of contributing C 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Dir-Operational Sol, Grp Svc, Tr Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 520.00 Other (specify) 420.77 SUBTOTAL of Receipts This Page (optional).....

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

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hutchison, Todd, Eric, , Date of Receipt Mailing Address 773 Whittier 31 2017 City State Zip Code Transaction ID: PR124815132810 MI 48230 Grosse Pointe Park Amount of Each Receipt this Period FEC ID number of contributing C 750.10 federal political committee. Name of Employer (for Individual) Occupation (for Individual) Memo Item Health Alliance Plan SVP- Chief Finance Officer Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$57.70 Bi-Weekly) Other (specify) ▼ 1500.20

Full Name of Individual (Last, First, Mide 3. Lynch, Shane, , ,	Date of Receipt				
Mailing Address 15529 Longmeadow St			12 31 2017		
City	State	Zip Code	Transaction ID : PR130556632810		
Dearborn	MI	48120	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		234.00		
Name of Employer (for Individual) Health Alliance Plan		ation (for Individual) arket Intelligence	Memo Item		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 468.00	P/R Deduction (\$18.00 Bi-Weekly)		
Full Name of Individual (Last, First, Mide Selinsky, Steven, , ,	Date of Receipt				
Mailing Address 28638 Oak Point Drive  City	12 31 2017				
Farmington Hills	State MI	Zip Code 48331	Transaction ID : PR130556932810		
FEC ID number of contributing federal political committee.	C	10001	Amount of Each Receipt this Period  195.00		
Name of Employer (for Individual) Health Alliance Plan	·	ution (for Individual)	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate Ye	· · · · · · · · · · · · · · · · · · ·	P/R Deduction (\$15.00 Bi-Weekly)		
SUBTOTAL of Receipts This Page (option	•	·	1179.10		
TOTAL This Period (last page this line nu	mber only)	·····	FEC Schedule A (Form 3X) Rev. 06/20		
			TEO Schedule A (FOITH SA) Rev. 00/20		

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

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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 Zatek, Cristina, M,, Date of Receipt Mailing Address 1205 Mohawk Avenue 2017 City Zip Code State Transaction ID: PR130557132810 MI Royal Oak 48067 Amount of Each Receipt this Period FEC ID number of contributing C 130.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Dir- Commercial Group Srvcs Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$10.00 Bi-Weekly) 260.00 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. 2017 City State Zip Code Transaction ID: PR131868132810 MI Farmington 48336 Amount of Each Receipt this Period FEC ID number of contributing 195.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Dir-CBHM Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) Other (specify) ▼ 390.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. MacDermott, Alice, , , Date of Receipt Mailing Address 23141 Hollander 2017 City Zip Code State Transaction ID: PR133388032810 MI Dearborn 48128 Amount of Each Receipt this Period FEC ID number of contributing C 249.99 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Associate General Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$19.23 Bi-Weekly) 499.98 Other (specify) 574.99 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

_		NUMBER	:	PAGE	11 OF	29				
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	Statements may not be sold or used by any persone name and address of any political committee t	
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
Full Name of Individual (Last, First, Middle I	nitial) or Full Organization Name	Date of Receipt
Mailing Address 43529 Bayfield Dr.		12 31 2017
City Clinton Twp	State Zip Code MI 48038	Transaction ID : PR133388132810
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  260.00
Name of Employer (for Individual) Health Alliance Plan	Occupation (for Individual)  Dir- Regulatory Audits	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle In Schneider, Steven, , , Mailing Address 874 Bridgestone	nitial) or Full Organization Name	Date of Receipt
City Rochester Hills	State Zip Code MI 48309	Transaction ID : PR133388232810  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	227.50
Name of Employer (for Individual) Health Alliance Plan	Occupation (for Individual) Dir- Support Svcs	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00	P/R Deduction (\$17.50 Bi-Weekly)
Full Name of Individual (Last, First, Middle In Blount, James, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 4468 Round Lake Rd	Choto 7:- Code	12 31 2017
City Laingsburg	State Zip Code MI 48848	Transaction ID : PR133394732810  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	130.00
Name of Employer (for Individual) Health Alliance Plan	Occupation (for Individual) Supervisor Office Services	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 510.00	P/R Deduction (\$10.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	617.50
TOTAL This Period (last page this line numbe	r only)	

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

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	ny information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC			
Α.	Full Name of Individual (Last, First, Middle Init Boyer, Julie, A, ,	tial) or Full Org	anization Name	Date of Receipt
	Mailing Address 9201 Downing Rd			12 31 2017
	City Birch Run	State MI	Zip Code 48415	Transaction ID : PR133394832810  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		260.00
	Name of Employer (for Individual) Health Alliance Plan	l .	ation (for Individual)  r Director Information Technology	Memo Item
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi-Weekly)
В.	Full Name of Individual (Last, First, Middle Init Brandt, Marcia, L, ,	tial) or Full Org	anization Name	Date of Receipt
	Mailing Address 9493 Pine Needle Tr			12 31 2017
	City Flushing	State MI	Zip Code 48433	Transaction ID : PR133394932810 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.00
	Name of Employer (for Individual) Health Alliance Plan		ation (for Individual) or Care Coordination & UR	Memo Item
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 400.00	P/R Deduction (\$16.00 Bi-Weekly)
<del>С</del> .	Full Name of Individual (Last, First, Middle Init Germain, Carolyn, , ,	tial) or Full Org	anization Name	Date of Receipt
	Mailing Address 3053 S Nichols Rd	10		12 31 2017
	City Lennon	State MI	Zip Code 48449	Transaction ID : PR133395032810  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.05
	Name of Employer (for Individual) Health Alliance Plan		ation (for Individual) Director Pharmacy Services	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate Ye	· · · · · · · · · · · · · · · · · · ·	P/R Deduction (\$28.85 Bi-Weekly)
S	SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	827.05
Т	OTAL This Period (last page this line number	only)		

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) for each category of the Detailed Summary Page

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		13		14	15		16		17

	Statements may not be sold or used by any pers e 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 Harrison, Todd, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 5875 Gilbert Lake Rd		12 31 2017
City	State Zip Code	Transaction ID : PR133395132810
Bloomfield Township  FEC ID number of contributing	MI 48301	Amount of Each Receipt this Period
federal political committee.	C	20.00
Name of Employer (for Individual) Health Alliance Plan	Occupation (for Individual)  Director Human Resources	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	280.00	P/R Deduction (\$20.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle In	itial) or Full Organization Name	Date of Receipt
Mailing Address 7322 Rathbun Road		12 31 2017
City	State Zip Code	Transaction ID : PR133395232810
Birch Run	MI 48415	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	156.00
Name of Employer (for Individual) Health Alliance Plan	Occupation (for Individual)  Manager Cooperate Accounts & Labor	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	312.00	P/R Deduction (\$12.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle In McMurphy, Deborah, , ,	litial) or Full Organization Name	Date of Receipt
Mailing Address 7395 Gillette Rd		12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Flushing	State Zip Code MI 48433	Transaction ID : PR133395332810  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	130.00
		Memo Item
Name of Employer (for Individual) Health Alliance Plan	Occupation (for Individual)  Manager Claims Operations	
Receipt For: Primary General	Aggregate Year-to-Date ▼	P/R Deduction (\$10.00 Bi-Weekly)
Other (specify)	260.00	The Decidence (#10.00 Di Weekiy)
SUBTOTAL of Receipts This Page (optional)		306.00
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the

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(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 Taylor, Jeffrey, , , Date of Receipt Mailing Address 5153 Duffield Rd 2017 City Zip Code State Transaction ID: PR133395432810 MI Swartz Creek 48473 Amount of Each Receipt this Period FEC ID number of contributing C 130.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Director Medical Informatics & Clinica** Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$10.00 Bi-Weekly) 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Venable, Jarita, , , Date of Receipt Mailing Address 6434 Pinebrook Lane 2017 City State Zip Code Transaction ID : PR133395532810 MI Burton 48509 Amount of Each Receipt this Period FEC ID number of contributing 130.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Manager Medical Manager Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$10.00 Bi-Weekly) Other (specify) ▼ 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Matthews, Irita, , , Date of Receipt Mailing Address 861 Whittier 31 2017 City State Zip Code Transaction ID: PR75326432810 MI Grosse Pointe Park 48230 Amount of Each Receipt this Period FEC ID number of contributing C 598.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Associate General Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$46.00 Bi-Weekly) 1196.00 Other (specify) 858.00 SUBTOTAL of Receipts This Page (optional).....

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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 Zbytowski, Jennifer, Brooks, , Date of Receipt Mailing Address 49206 St. Nicholas 31 2017 City Zip Code State Transaction ID: PR75326632810 MI Shelby Township 48317 Amount of Each Receipt this Period FEC ID number of contributing C 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan VP- Utilization Mgt & Case Mgt Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 520.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Stewart, Peter, Anderson, , Date of Receipt Mailing Address 7961 Little Farm Lane 2017 City State Zip Code Transaction ID : PR75328032810 MI West Bloomfield 48322 Amount of Each Receipt this Period FEC ID number of contributing 182.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Dir- Auditing Srvc & MAR Compl Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$14.00 Bi-Weekly) Other (specify) 364.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Caporale, Anthony, V., Date of Receipt Mailing Address 1320 Shenandoah 2017 City Zip Code State Transaction ID: PR75330732810 MI Rochester Hills 48306 Amount of Each Receipt this Period FEC ID number of contributing C 104.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Mgr- General Acctg Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$8.00 Bi-Weekly) 208.00 Other (specify) 546.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

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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 Koslakiewicz, Glen, P,, Date of Receipt Mailing Address 30431 John Hauk 31 2017 City Zip Code State Transaction ID: PR75332532810 MI Garden City 48135 Amount of Each Receipt this Period FEC ID number of contributing C 208.00 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) 416.00 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 2017 City State Zip Code Transaction ID : PR75334032810 MI **Brighton** 48114 Amount of Each Receipt this Period FEC ID number of contributing 650.00 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) ▼ 1300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Powell, Rachel, A, , Date of Receipt Mailing Address 543 Thurber 31 2017 City Zip Code State Transaction ID: PR75336232810 MI Troy 48085 Amount of Each Receipt this Period FEC ID number of contributing C 187.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Dir - MA Revenue Management Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$17.00 Bi-Weekly) 408.00 Other (specify) 1045.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 17 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

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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 Ledesma, Sandra, Lee, , Date of Receipt Mailing Address 22429 Provincial 31 2017 City Zip Code State Transaction ID: PR75336932810 MI Woodhaven 48183 Amount of Each Receipt this Period FEC ID number of contributing C 208.00 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) 416.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Hoffman, Cynthia, L, , Date of Receipt Mailing Address 5768 Whitehaven Dr 2017 City State Zip Code Transaction ID : PR75337432810 MI Troy 48085 Amount of Each Receipt this Period FEC ID number of contributing 260.00 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) Other (specify) ▼ 520.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Allen, Carol, L., Date of Receipt Mailing Address 26160 Franklin Pointe Dr. 31 2017 City State Zip Code Transaction ID : PR75337932810 MI Southfield 48034 Amount of Each Receipt this Period FEC ID number of contributing C 99.00 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 (\$11.00 Bi-Weekly) 242.00 Other (specify) 567.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hurley, Kevin, Michael, , Date of Receipt Mailing Address 45504 Morningside Rd. 31 2017 City Zip Code State Transaction ID: PR75339932810 MI Canton 48187 Amount of Each Receipt this Period FEC ID number of contributing C 169.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Mgr- Revenue Cycle & Recv Mgmt Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$13.00 Bi-Weekly) 286.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Lafferty, Rory, P., , Date of Receipt Mailing Address 759 Cherry Stone Drive 2017 #2D City State Zip Code Transaction ID : PR75341732810 MI Canton 48188 Amount of Each Receipt this Period FEC ID number of contributing 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Dir- Government&Lgsltv Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) Other (specify) 520.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Tiller, Vernal, Teresa, , Date of Receipt Mailing Address 813 Sandalwood Drive 31 2017 City State Zip Code Transaction ID: PR75343032810 MI Troy 48085 Amount of Each Receipt this Period FEC ID number of contributing C 208.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan AVP-Health & NetworkManagement Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$16.00 Bi-Weekly) 416.00 Other (specify) 637.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 \_\_\_

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		Statements may not be sold or used by any perse name and address of any political committee t					
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC						
Α.	Full Name of Individual (Last, First, Middle Ini Sullivan, Judith, Ann, ,	itial) or Full Organization Name	Date of Receipt				
	Mailing Address 25905 Balsam Road		12 31 2017				
	City Franklin	State Zip Code MI 48025	Transaction ID : PR78803932810  Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	208.00				
	Name of Employer (for Individual) Health Alliance Plan	Occupation (for Individual) Lead Sector Consultant	Memo Item				
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 430.77	P/R Deduction (\$16.00 Bi-Weekly)				
В.	Full Name of Individual (Last, First, Middle Ini Mcelligatt, John, Francis, , Mailing Address 10149 Rosemarie Run	itial) or Full Organization Name	Date of Receipt				
	City Brighton	State Zip Code MI 48114	12 31 2017  Transaction ID : PR87082532810  Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	130.00				
	Name of Employer (for Individual) Health Alliance Plan	Occupation (for Individual) Dir- Labor Affairs	Memo Item				
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)				
<del>С</del> .	Full Name of Individual (Last, First, Middle Ini Champney, Dan, Ellis, ,	itial) or Full Organization Name	Date of Receipt				
	Mailing Address 9186 Hidden Oaks Dr  City	State Zip Code	12 31 2017				
	Grand Blanc	MI 48439	Transaction ID : PR99462032810  Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	780.00				
	Name of Employer (for Individual) Health Alliance Plan	Occupation (for Individual) Deputy General Counsel	Memo Item				
	Receipt For:  Primary General Other (specify)	Aggregate Year-to-Date ▼ 1560.00	P/R Deduction (\$60.00 Bi-Weekly)				
5	SUBTOTAL of Receipts This Page (optional)		1118.00				
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SCHEDULE B (FEC Form 3X)			FOR LIN	NE NUMBER: PAGE 20 OF 29						
ITEMIZED DISBURSEMENTS		parate schedule(s) category of the	(check o	·						
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NAME OF COMMITTEE (In Full)										
Health Alliance Plan PAC										
Full Name (Last, First, Middle Initial)										
A. Comerica Bank				Date of Disbursement						
Mailing Address P.O. Box 75000				07	0	2017				
City	State MI	Zip Code		FEC Io	lentificatio	n Number				
Detroit Purpose of Disbursement	IVII	48275								
Merchant Fee			001	C						
Candidate Name						ID: 10622593				
			Category/ Type	Amoun	it of Each	Disbursement this Period				
Office Sought: House Disburse	ment For:			T I .		30.00				
Senate	Primary	General			<del></del>	Merchant Fee				
President	Other (spe	ecify) 🔻		Me	emo Item	Wordham 1 Go				
State: District:										
Full Name (Last, First, Middle Initial)  B. Comerica Bank				Date	f Disburse	ament				
B. Comerica Bank				M M	_	D / Y Y Y Y				
Mailing Address P.O. Box 75000					07 11 2017					
City	State	Zip Code		FFC Ic	lentificatio	n Number				
Detroit Purpose of Disbursement	MI	48275								
Merchant Fee			001	C						
Candidate Name						ID: 10662410				
			Category/ Type	Amoun	it of Each	Disbursement this Period				
Office Sought: House Disburse	ment For:	I		7 I [		47.98				
Senate	Primary	General			<del></del>	Merchant Fee				
President	Other (spe	ecify)		Me	emo Item					
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Full Name (Last, First, Middle Initial)  C. Comerica Bank				Date o	f Disburse					
Mailing Address P.O. Box 75000				08	/ O	2 2017				
City	State	Zip Code		EEC In	lontification	n Number				
Detroit	MI	48275		FEC IC	i <del>c</del> ritincatioi	n Number				
Purpose of Disbursement Merchant Fee			001	C	ansaction	ID : 10694096				
Candidate Name			Category/ Type	·		Disbursement this Period				
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Senate	Primary	General				Merchant Fee				
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SUBTOTAL of Disbursements This Page (optional).			·····•			107.98				
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SCHEDULE B (FEC Form 3X)	Ī		FOR LIN	NE NUMBER: PAGE 21 OF 29						
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NAME OF COMMITTEE (In Full)										
Health Alliance Plan PAC										
Full Name (Last, First, Middle Initial)				D . (	D: 1					
A. Comerica Bank				Date of Disbursement						
Mailing Address P.O. Box 75000				08	09	2017				
City	State	Zip Code		FEC Ide	ntification	Number				
Detroit Purpose of Disbursement	MI	48275								
Merchant Fee			001	C						
Candidate Name						ID: 10695723 Disbursement this Period				
			Category/ Type	Amount	JI Eacii I	Disbursement this Period				
Office Sought: House Disburse	ment For:			<b>       </b>		47.98				
Senate	Primary	General				Merchant Fee				
President	Other (spe	ecify) 🔻		Mem	o Item	noronant r oc				
State: District:										
Full Name (Last, First, Middle Initial)  B. Comerica Bank				Date of	Dieburea	ment				
B. Comerica Bank				M M	/ D					
Mailing Address P.O. Box 75000					09 05 2017					
City	State	Zip Code		FFC Ide	ntification	Number				
Detroit Purpose of Disbursement	MI	48275								
Merchant Fee			001	C						
Candidate Name						ID : 10756917				
			Category/ Type	Amount	oi Eacii i	Disbursement this Period				
Office Sought: House Disburse	ment For:	I		<b>                                     </b>		30.00				
Senate	Primary	General				Merchant Fee				
President	Other (spe	ecify)		Mem	o Item					
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Full Name (Last, First, Middle Initial)  C. Comerica Bank				Date of	Disburse					
Mailing Address P.O. Box 75000				09	11					
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Detroit	MI	48275		_ FEC Ide	illication	Number				
Purpose of Disbursement Merchant Fee			001	C	saction	ID : 10756918				
Candidate Name			Category/ Type			Disbursement this Period				
Office Sought: House Disburse	ment For:		7.5-	<b>-</b>		47.98				
Senate	Primary	General				Merchant Fee				
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		Summary Page	<b>X</b> 21b 28a		23 28c	26 27 29 30b			
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NAME OF COMMITTEE (In Full)		<u> </u>							
Health Alliance Plan PAC									
Full Name (Last, First, Middle Initial)				Data of D	isbursemer				
A. Comerica Bank				Date of L	/ D D	nt			
Mailing Address P.O. Box 75000				10	03	2017			
,	tate	Zip Code		FEC Iden	tification Nu	umber			
Detroit Purpose of Disbursement	MI	48275							
Merchant Fee			001	C					
Candidate Name			Category/	1	<b>action ID</b> : f Each Dist	: <b>10787407</b> bursement this Peri	riod		
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Office Sought: House Disbursem						30.00			
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Mailing Address P.O. Box 75000				10	11	2017	1		
,	tate MI	Zip Code 48275		FEC Iden	tification Nu	umber			
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Merchant Fee			001		action ID :	10825350			
Candidate Name			Category/ Type		bursement this Peri	riod			
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	Primary	General		Merchant Fee					
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Full Name (Last, First, Middle Initial)				<b>D</b>	. ,				
C. Comerica Bank					isbursemer				
Mailing Address P.O. Box 75000				11	02	2017			
,	tate	Zip Code		FEC Iden	tification Nu	umber			
Detroit Purpose of Disbursement	MI	48275		J		* * * *			
Purpose of Disbursement Merchant Fee			001	C					
Candidate Name			Category/ Type			: 10866898 bursement this Peri	riod		
Office Sought: House Disbursem	ent For:		71: *	1 1		30.00			
	Primary	General			Mer	rchant Fee			
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Any information copied from such Reports and Statements may Page   28   28   29   30   30	SCHEDULE B (FEC Form 3X)			FOR LINE	E NUMBER: PAGE 23 OF 29						
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for commercial purposes, other than using the name and address of any political committee to solicit confributions from such committees.  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  Formation  Office Sought:  Formation	ITEMIZED DISBURSEMENTS			(CILCON OII	<i>'</i>						
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of seliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit committee.    MAME OF COMMITTEE (In PLAC)											
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 Period Health Alliance Plan PAC)  Full Name (Last, First, Middle Initial)  A. Comerica Bank  Mailing Address P.O. Box 75000  City State Disbursement Merchant Fee  Candidate Name  Category/ Type  District  Full Name (Last, First, Middle Initial)  B. Comerica Bank  Mailing Address P.O. Box 75000  City State: District  Full Name (Last, First, Middle Initial)  B. Comerica Bank  Mailing Address P.O. Box 75000  City State: Disbursement Merchant Fee  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Gategory/ Purpose of Disbursement Merchant Fee  Candidate Name  Category/ Type  Office Sought: House Sought: House Disbursement For: Gategory/ Type  Office Sought: House Sought: Primary General Disbursement  Full Name (Last, First, Middle Initial)  C. Comerica Bank  Mailing Address P.O. Box 75000  City State: District  Full Name (Last, First, Middle Initial)  C. Comerica Bank  Mailing Address P.O. Box 75000  City State: District  Full Name (Last, First, Middle Initial)  C. Comerica Bank  Mailing Address P.O. Box 75000  City State: District  Full Name (Last, First, Middle Initial)  C. Comerica Bank  Mailing Address P.O. Box 75000  City State: District  Full Name (Last, First, Middle Initial)  C. Comerica Bank  Mailing Address P.O. Box 75000  City State: District  Full Name (Last, First, Middle Initial)  C. Comerica Bank  Mailing Address P.O. Box 75000  City State: District  Full Name (Last, First, Middle Initial)  C. Comerica Bank  Mailing Address P.O. Box 75000  City State: District  Full Name (Last, First, Middle Initial)  C. Comerica Bank  Mailing Address P.O. Box 75000  City State: District  Full Name (Last, First, Middle Initial)  C. Comerica Bank  Mailing Address P.O. Box 75000  City State: District  Full Name (Last, First, Middle Initial)  C. Comerica Bank  Mailing Address P.O. Box 75000  Amount of Each Disbursement Initial Primary  Cat	[										
Health Alliance Plan PAC  Full Name (Last, First, Middle Initial)  Comerica Bank  Mailing Address P.O. Box 75000  City											
Full Name (Last, First, Middle Initial)  A. Comerica Bank  Mailling Address P.O. Box 75000  City Detroit Mi	NAME OF COMMITTEE (In Full)										
A. Comerica Bank  Mailing Address P.O. Box 75000  City	Health Alliance Plan PAC										
Mailing Address P.O. Box 75000  City Detroit MI 48275  Purpose of Disbursement Merchant Fee Candidate Name  Office Sought: House Senate President Disbursement For: Senate Disbursement Merchant Fee Disbursement Merchant Fee Disbursement Merchant Fee Disbursement For: Senate Primary General Disbursement Merchant Fee	_										
City Detroit Name (Last, First, Middle Initial)  Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial)  B. Comerica Bank  Mailing Address P.O. Box 75000  City Detroit Name (Last, First, Middle Initial)  Senate President Other (specify)  Office Sought:  Furnose of Disbursement Merchant Fee  Candidate Name  Other (specify)  Other (specify)  Other (specify)  Other (specify)  FEC Identification Number  Category' Type  Transaction ID : 19867565 Amount of Each Disbursement this Period  Transaction ID : 1987765  Amount of Each Disbursement  Other (specify)  FEC Identification Number  Category' Type  FEC Identification Number  Date of Disbursement the Period  Transaction ID : 19807761  Amount of Each Disbursement this Period  Transaction ID : 19907761  Amount of Each Disbursement this Period  Transaction ID : 19907761  Amount of Each Disbursement this Period  Transaction ID : 19907761  Amount of Each Disbursement this Period  Transaction ID : 19907761  Transaction ID											
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Purpose of Disbursement Merchant Fee  Candidate Name  Category/ Type  Office Sought:	•				FEC Ider	ntification	Number				
Merchant Fee Candidate Name  Category/ Office Sought: House President Presi		IVII	40275					-			
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Office Sought: House Senate President For: Senate President State: District:  Full Name (Last, First, Middle Initial)  B. Comerica Bank  Mailing Address P.O. Box 75000  City Detroit MI 48275  Purpose of Disbursement For: Senate Primary General Other (specify)  Office Sought: House Disbursement For: Senate President Marchant Fee Memo Item  Date of Disbursement Middle Initial)  FEC Identification Number  Cardidate Name  Office Sought: House Disbursement For: Memorica Bank  Mailing Address P.O. Box 75000  City State: District: District: District: Fee Identification Number  Comerica Bank  Mailing Address P.O. Box 75000  FEC Identification Number  Comerica Bank  Date of Disbursement This Period  FEC Identification Number  Comerica Bank  Date of Disbursement  Macrchant Fee Memo Item  FEC Identification Number  Comerica Bank  Date of Disbursement  Macrchant Fee Memo Item  FEC Identification Number  Comerica Bank  Date of Disbursement  Macrchant Fee Memo Item  FEC Identification Number  Comerica Bank  Date of Disbursement  Macrchant Fee Memo Item  FEC Identification Number  Comerica Bank  Date of Disbursement  Macrchant Fee Memo Item  FEC Identification Number  Comerica Bank  Date of Disbursement  Macrchant Fee Memo Item  FEC Identification Number  Comerica Bank  Date of Disbursement  Macrchant Fee Memo Item  FEC Identification Number  Comerica Bank  Macrchant Fee Memo Item	Candidate Name			Catagory	1						
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NAME OF COMMITTEE (In Full) Health Alliance Plan PAC							
Full Name (Last, First, Middle Initial)  A. Stamas Leadership PAC	Date of Disbursement						
Mailing Address 1731 Glue Grass Road	07 26 2017						
Lansing	State MI	Zip Code 48906		FEC Identification Number			
Purpose of Disbursement Direct Contribution  Candidate Name	Candidate Name						
Office Sought: House Disbursem	nent For: Primary Other (speci	☐ General	Category/ Type	Amount of Each Disbursement this Period  250.00  Direct Contribution  Memo Item			
Full Name (Last, First, Middle Initial)  B. Compete Michigan PAC  Mailing Address 113 W Michigan Avenue	Full Name (Last, First, Middle Initial)  Compete Michigan PAC						
City Jackson Purpose of Disbursement Direct Contribution Candidate Name	011	FEC Identification Number  C  Transaction ID: 10670547					
	nent For: Primary Other (speci	General	Category/ Type	Amount of Each Disbursement this Period  250.00  Direct Contribution  Memo Item			
Full Name (Last, First, Middle Initial)  - Duggan for Detroit	Date of Disbursement						
Mailing Address PO Box 32524		07 26 2017					
City Detroit Purpose of Disbursement Direct Contribution	FEC Identification Number						
Candidate Name Duggan, Mike, , ,	O11 Category/ Type	Transaction ID: 10670548  Amount of Each Disbursement this Period					
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	Health Alliance Plan PAC												
_	Full Name (Last, First, Middle Initial)						<u> </u>						
Α.	Michigan Association of Health Plans PAC (MAHP PAC)								Date of Disbursement				
	Mailing Address 327 Seymour						07	/	2	6	Y	2017	Y
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_	Full Name (Last, First, Middle Initial)												
В.	Tom Leonard for State Representa	ıtive					Date o	f Di	sburse	ment			
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	Mailing Address 14840 Robinwood Dr												
	,	State MI	Zip Code 48906				FEC Id	denti	ficatio	n Nur	nber		
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	Direct Contribution				011	Ш	Transaction ID : 10745212						
	Candidate Name Category						Amount of Each Disbursement this					Period	
	Leonard, Tom, , MI Rep.,				Туре				-		-	2000.0	0
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		Other (spec					п.,			Direc	t Contr	ibution	
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	Full Name (Last, First, Middle Initial)												
C.	ROCC PAC							Date of Disbursement					
	Mailing Address 1849 Lakeview Ln						09 11 2017						Y
		State	Zip Code				FEC Id	denti	ficatio	n Nur	nber		
	Highland MI 48357-4817  Purpose of Disbursement								-		-	•	
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	Candidate Name Category/						Transaction ID: 10756673  Amount of Each Disbursement this Period				Period		
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NAME OF COMMITTEE (In Full) Health Alliance Plan PAC						
Full Name (Last, First, Middle Initial)  A. Friends of Abdullah Hammoud  Mailing Address PO Box 2719				Date of Di	isbursement 26	2017
City Dearborn		ip Code 48124		FEC Ident	ification Number	
Purpose of Disbursement Direct Contribution Candidate Name		[	011		action ID : 1077	
Hammoud, Abdullah, , ,	ement For:	General	Category/ Type	Amount of	Each Disburser  Direct Cor	500.00
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Full Name (Last, First, Middle Initial)  B. David Knezek for State Senate  Mailing Address PO Box 867				Date of Di	isbursement 26	2017
City Dearborn Heights Purpose of Disbursement Direct Contribution  Candidate Name  Knezek, David, , ,  Office Sought: House Disburse	State Z MI	(ip Code 48127	011 Category/ Type	C	ification Number action ID : 1077 Each Disburser	
Senate President State: District:	Primary Other (specify	General		Memo	Direct Co	ntribution
Full Name (Last, First, Middle Initial)  C. Friends of Daniela Garcia  Mailing Address 22 E 29th Street				Date of Di	isbursement 02	2017
City Holland Purpose of Disbursement Direct Contribution	State Z MI	Tip Code 49423	011	С	ification Number	
Candidate Name  Garcia, Daniela, , ,  Office Sought: House Disburse Senate President  State: District:	ement For:  Primary  Other (specify	General ) ▼	Category/ Type		Each Disburser  Direct Co	ment this Period
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of ror 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 (Last, First, Middle Initial)  A. Friends of Robert Wittenberg  Mailing Address 26131 Harding St  City Oak Park Purpose of Disbursement Direct Contribution  Candidate Name  Wittenberg, Robert, MI Rep., Office Sought President  District:  Full Name (Last, First, Middle Initial)  B. Compete Michigan PAC  Mailing Address 113 W Michigan Avenue  City Jackson  Office Sought:  First, Middle Initial)  B. Compete Michigan PAC  Mailing Address 113 W Michigan Avenue  City Jackson  Office Sought:  First, Middle Initial)  B. Compete Michigan PAC  Mailing Address 113 W Michigan Avenue  City Jackson  Office Sought:  Full Name (Last, First, Middle Initial)  C. Shamrock PAC  Mailing Address PO Box 551392  City Unonia  Purpose of Disbursement District:  Full Name (Last, First, Middle Initial)  C. Shamrock PAC  Mailing Address PO Box 551392  City Unonia  Purpose of Disbursement District:  Full Name (Last, First, Middle Initial)  C. Shamrock PAC  Mailing Address PO Box 551392  City Unonia  Purpose of Disbursement District:  Full Name (Last, First, Middle Initial)  C. Shamrock PAC  Mailing Address PO Box 551392  City Unonia  Purpose of Disbursement District:  Full Name (Last, First, Middle Initial)  District:  Full Name (Last, First, M	ITE	EMIZED DISBURSEMENTS			I ` ·	· — · —				
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 committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)  Health Alliance Plan PAC  Full Name (Last, First, Middle Initial)  A. Friends of Robert Wittenberg  Mailing Address 26131 Harding St  City Oak Park Purpose of Disbursement Direct Contribution  Candidate Name Wittenberg, Robert, MI Rep., Office Sought: Nose President Other (specify)  State State State Other (specify)  Johnson of Disbursement Direct Contribution  Cardidate Name  Category/ Type  State St										
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 part) Health Alliance Plan PAC  Full Name (Last, First, Middle Initial)  City Onk Park Malling Address 26131 Harding St  City Onk Park Purpose of Disbursement Direct Contribution Cardidate Name  City Office Sought: Full Name (Last, First, Middle Initial)  B. Compete Michigan PAC  Malling Address 113 W Michigan Avenue  City Jesus Office Sought: Full Name (Last, First, Middle Initial)  City City Jesus Office Sought: Full Name (Last, First, Middle Initial)  City Jesus Office Sought: Full Name (Last, First, Middle Initial)  City Jesus Office Sought: Full Name (Last, First, Middle Initial)  City Jesus Office Sought:  Full Name (Last, First, Middle Initial)  City Jesus Office Sought:  Full Name (Last, First, Middle Initial)  City Jesus Office Sought:  Full Name (Last, First, Middle Initial)  City Jesus Office Sought:  Full Name (Last, First, Middle Initial)  City Jesus Office Sought:  Full Name (Last, First, Middle Initial)  City Jesus Office Sought:  Full Name (Last, First, Middle Initial)  City Jesus Office Sought:  Full Name (Last, First, Middle Initial)  City Jesus Office Sought:  Full Name (Last, First, Middle Initial)  City Jesus Office Sought:  Full Name (Last, First, Middle Initial)  City Jesus Office Sought:  Full Name (Last, First, Middle Initial)  City Jesus Office Sought:  Full Name (Last, First, Middle Initial)  City Jesus Office Sought:  Full Name (Last, First, Middle Initial)  City Jesus Office Sought:  Full Name (Last, First, Middle Initial)  City Jesus Office Sought:  Full Name (Last, First, Middle Initial)  City Jesus Office Sought:  Jes	An	v information copied from such Reports and Stater	nents mav r	not be sold or us						
Health Alliance Plan PAC  Full Name (Last, First, Middle Initial)  A. Friends of Robert Wittenberg  Mailing Address 26131 Herding St  City Oak Park Purpose of Disbursement Direct Contribution  Candidate Name  Office Sought: House President Direct Contribution  Full Name (Last, First, Middle Initial) State: District: House District: Full Name (Last, First, Middle Initial) State: District: State  District: Full Name (Last, First, Middle Initial) State: District: State  District: Full Name (Last, First, Middle Initial) State: District: District: District: Full Name (Last, First, Middle Initial)  Date of Disbursement Direct Contribution  Date of Disbursement Direct Contribution  Date of Disbursement Direct Contribution  Memo Item  Transaction ID : 10897832  Amount of Each Disbursement the Prict Contribution  Direct Contribution  Direct Contribution  Direct Contribution  Memo Item  Transaction ID : 10897832  Amount of Each Disbursement the Prict Contribution  Direct Contribution  Direct Contribution  Memo Item  Transaction ID : 10897832  Amount of Each Disbursement the Prict Contribution  Direct Contribution  Direct Contribution  Memo Item  Transaction ID : 10897832  Amount of Each Disbursement the Prict Contribution  Direct Contribution  Direct Contribution  Memo Item  Transaction ID : 10897832  Amount of Each Disbursement the Prict Contribution  Direct Contribution  Direct C										
Full Name (Last, First, Middle Initial)  A. Friends of Robert Wittenberg  Mailing Address 26131 Harding St  City Oak Park Oak Park  City Oak Park Wittenberg, Robert, MI Rep., Office Sought: Foll Name (Last, First, Middle Initial)  B. Compete Michigan PAC  Mailing Address 113 W Michigan Avenue  City Jackson Purpose of Disbursement District: Full Name (Last, First, Middle Initial)  Compete Michigan PAC  Mailing Address 113 W Michigan Avenue  City Jackson Purpose of Disbursement Direct Contribution  Candidate Name  Office Sought: House President State: District: Full Name (Last, First, Middle Initial)  C. Shamrock PAC  Mailing Address PO Box 531392  City State Lyooia Mile 48153 Purpose of Disbursement Direct Contribution  Candidate Name  Category/ Type  Office Sought: House President District:  Full Name (Last, First, Middle Initial)  C. Shamrock PAC  Mailing Address PO Box 531392  City State Lyooia Mile 48153 Purpose of Disbursement Direct Contribution  Candidate Name  Category/ Type  Transaction ID: 10809960  Transaction ID: 10809960  Memo Item  FEC Identification Number  C  Transaction ID: 10809960  Direct Contribution  Memo Item  Subtrotal of Each Disbursement Ins Period  Direct Contribution  Memo Item  Subtrotal of Disbursement Ins Period  Direct Contribution  Memo Item  Memo Item  Subtrotal of Each Disbursement Ins Period  Direct Contribution  Memo Item  Memo Item  Memo Item  Memo Item  Memo Item  Transaction ID: 10809960  Transaction ID: 1080996		, ,								
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Mailing Address 26131 Harding St  City Oak Park State State AB237  Purpose of Disbursement Direct Contribution  Candidate Name  Wittenberg, Robert, MI Rep., Office Sought: House Disbursement For: Senate President Direct Contribution  Candidate Name  City Jackson Mil A9201  Purpose of Disbursement Direct Contribution  Candidate Name  City Jackson Mil A9201  Purpose of Disbursement Direct Contribution  Candidate Name  City State: District:  Full Name (Last, First, Middle Initial)  State: District:  Full Name (Last, First, Middle Initial)  Complete Middle Initial)  Complete Middle Initial Mil Again Avenue  City Jackson Mil A9201  Purpose of Disbursement Direct Contribution  Candidate Name  Candidate Name  City Senate Primary General Direct Contribution  Complete Middle Initial Mil Again Avenue  City State: District:  Full Name (Last, First, Middle Initial)  Complete Middle Initial Mil Again Avenue  City Shamrock PAC  Mailing Address PO Box 531392  City State: District:  City State: District:  City State: District:  City State: District:  City Code Mil A9153  City State: District:  City State: District:  City State: District:  Complete Mil A9153  City State: District:  City State	_	•				Date of Dishurser	ment			
City Oak Park   State   Zip Code   MI   48237    City Oak Park   State   MI   48237    Candidate Name   Wittenberg, Robert,   MI   Rep., Office Sought:   House   Disbursement   Direct Contribution   Direct Contribution    Candidate Name   President   Disbursement   Direct Contribution   Direct Contribution    Senate   Primary   General   Direct Contribution   Direct Contribution    B. Compete Michigan PAC   Disbursement   Direct Contribution    Candidate Name   Direct Contribution    Candidate Name   Disbursement   Direct Contribution    Candidate Name   Direct Contribution	Α.	Friends of Robert Wittenberg								
Oak Park Purpose of Disbursement Direct Contribution  Candidate Name Wittenberg, Robert, MI Rep., Office Sought: House Senate President Other (specify) ▼  Full Name (Last, First, Middle Initial)  B. Compete Michigan PAC  Mailing Address 113 W Michigan Avenue  City Jackson Purpose of Disbursement Direct Contribution  Candidate Name  Office Sought: House Primary General Direct Contribution  Candidate Name  Office Sought: House Primary General Direct Contribution  Candidate Name  Office Sought: House President State: Disbursement Direct Contribution  Category/ Type  Disbursement Direct Contribution  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  Direct Contribution  Memo Item  FEC Identification Number  Category/ Type  Direct Contribution  Direct Contribution  Memo Item  FEC Identification Number  Category/ Type  Type  Date of Disbursement this Period  Direct Contribution  Memo Item  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  Type  FEC Identification Number  Category/ Type  Financaction ID: 10887832  Amount of Each Disbursement this Period  Direct Contribution  Memo Item  Financaction ID: 10887832  Amount of Each Disbursement this Period  Direct Contribution  Memo Item		Mailing Address 26131 Harding St				1				
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Senate President Other (specify)   State: District:  Full Name (Last, First, Middle Initial)  B. Compete Michigan PAC  Mailing Address 113 W Michigan Avenue  City Jackson Purpose of Disbursement Direct Contribution  Candidate Name  Office Sought: House President President State: District:  Full Name (Last, First, Middle Initial)  C. Shamrock PAC  Mailing Address PO Box 531392  City State Zip Code Amount of Each Disbursement For: Shamrock PAC  Mailing Address PO Box 531392  City State Zip Code Amil 48153  Cardidate Name  Office Sought: House Disbursement For: Senate Purpose of Disbursement Direct Contribution  Candidate Name  City State Zip Code Amil 48153  Code Contribution  Date of Disbursement Direct Contribution  Date of Disbursement  Direct Contribution  Date of Disbursement  Transaction ID: 10809960  Amount of Each Disbursement Direct Contribution  Date of Disbursement  Transaction ID: 10809960  Transaction ID						Tanada a Laon i				
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Purpose of Disbursement Direct Contribution  Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  C. Shamrock PAC  Mailing Address PO Box 531392  City State Zip Code MI 48153  Purpose of Disbursement Direct Contribution  Candidate Name  Office Sought: House Senate Primary General Direct Contribution  Office Sought: House Senate Primary General Direct Contribution  Candidate Name  Office Sought: House Senate Primary General Office Sought: House Disbursement For: Sound FEC Identification Number  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Substock PAC  Substock PAC  Date of Disbursement  Tip Provident State Disbursement  Direct Contribution  Direct Contribution  Memo Item  Substock PAC  Substock PAC  Transaction ID: 10887832  Amount of Each Disbursement this Period  Direct Contribution  Memo Item  Substock PAC  Substock PAC  Transaction ID: 10887832  Amount of Each Disbursement this Period  Direct Contribution  Memo Item  Substock PAC  Substock PAC  Transaction ID: 10887832  Amount of Each Disbursement this Period  Direct Contribution  Memo Item  Substock PAC  Substock PAC  Transaction ID: 10887832  Amount of Each Disbursement this Period  Direct Contribution  Memo Item				1 '		FEC Identification Number				
Direct Contribution  Candidate Name  Disbursement For: Senate Primary State: District:  Full Name (Last, First, Middle Initial)  C. Shamrock PAC  Mailing Address PO Box 531392  City Livonia Purpose of Disbursement Direct Contribution  Candidate Name  Office Sought: Direct Contribution  Memo Item  FEC Identification Number  Category/ Type  Transaction ID: 10809960 Amount of Each Disbursement this Period  Direct Contribution  Date of Disbursement  Direct Contribution  FEC Identification Number  Category/ Type  Office Sought: House Senate Primary General Office Sought: District:  Substraction ID: 10807832 Amount of Each Disbursement this Period  Direct Contribution  Direct Contribution  Memo Item  Substraction ID: 10807832 Amount of Each Disbursement this Period  Direct Contribution  Memo Item  Substraction ID: 10807832 Amount of Each Disbursement this Period  Direct Contribution  Memo Item										
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State: District:  Full Name (Last, First, Middle Initial)  C. Shamrock PAC  Mailing Address PO Box 531392  City Livonia Purpose of Disbursement Direct Contribution  Candidate Name  Office Sought: House Senate Primary General Other (specify)  State: District:  Substock PAC  Date of Disbursement  Date of Disbursement  Date of Disbursement  Transaction Number  Category/ Type  Disbursement this Period  Direct Contribution  Other (specify)  Memo Item  Substock PAC  Date of Disbursement  To Condent Pack Disbursement  Direct Contribution  Direct Contribution  Memo Item  1500.00		Office Sought: House Disburser	ment For:				500.00			
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C. Shamrock PAC  Mailing Address PO Box 531392  City  Livonia  Purpose of Disbursement  Direct Contribution  Candidate Name  Office Sought:  House  Senate  President  President  State:  District:  District:  Date of Disbursement  MM / P P P / Y 2017  Toda  FEC Identification Number  Category/ Type  Category/ Type  Disbursement For:  Senate  Primary  General  Other (specify) ▼  Subtrotal of Disbursements This Page (optional)										
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Livonia Purpose of Disbursement Direct Contribution  Candidate Name  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Substrict:   Substrict:   Substrict:   Substrict:   Substrict:   MI 48153  Category/ Type  Category/ Type  Category/ Type  Transaction ID: 10887832  Amount of Each Disbursement this Period  Direct Contribution  Memo Item				1 '		FEC Identification	Number			
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b 28a					
Any information copied from such Reports and Stater or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC	, , , , , , , , , , , , , , , , , ,						
Full Name (Last, First, Middle Initial)  A. Hobby Lobby	Date of Disbursement						
Mailing Address 42643 Ford Road	11 17 2017						
City Canton Purpose of Disbursement	State Zip Code MI 48187		FEC Identification Number				
Reimbursement for Purchase of Gift Basket  Candidate Name		011 Category/	Transaction ID : 10887836 Amount of Each Disbursement this Period				
MAHP PAC  Office Sought: House Disburser  Senate President  State: District:	ment For: Primary General Other (specify) ▼	Type	10.58  Reimbursement for Purchase of Giff Memo Item Basket				
Full Name (Last, First, Middle Initial)  B. Home Goods	Full Name (Last, First, Middle Initial)  Home Goods						
	Mailing Address 42615 Ford Rd  City State Zip Code						
Canton Twp Purpose of Disbursement Ind Kind for Purchase of Gift basket	Canton Twp  Purpose of Disbursement  MI  48187						
Candidate Name MAHP PAC		Category/ Type	Transaction ID: 10887838 Amount of Each Disbursement this Period				
Office Sought:  House Senate President State:  Disburser	ment For: Primary General Other (specify)		141.74  Ind Kind for Purchase of Gift baske  Memo Item				
Full Name (Last, First, Middle Initial)  C. JoAnn	Date of Disbursement						
Mailing Address 44740 Ford Road	11 17 2017						
City Canton Purpose of Disbursement Ind Kind for Purchase of Gift basket	FEC Identification Number  C  Transaction ID : 10887840						
Candidate Name MAHP PAC	Category/ Type	Amount of Each Disbursement this Period					
Office Sought:  House Senate President  State:  Disburser	ment For: Primary General Other (specify) ▼		Ind Kind for Purchase of Gift basks  Memo Item				
SUBTOTAL of Disbursements This Page (optional)			165.54				
TOTAL This Period (last page this line number only)	)						

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 29 OF 29				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only					
	Detailed Summary 1 age	28a	28b 28c <b>x</b> 29 30b				
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NAME OF COMMITTEE (In Full)							
Health Alliance Plan PAC							
Full Name (Last, First, Middle Initial)							
<sup>A.</sup> Kroger	Date of Disbursement						
Mailing Address 45540 Michigan Ave	11 17 2017						
City	State Zip Code		FEC Identification Number				
Canton	MI 48188						
Purpose of Disbursement Ind Kind for Purchase of Gift basket		011	C Transaction ID : 10887842				
Candidate Name		Category/	Amount of Each Disbursement this Period				
MAHP PAC  Office Sought:   House   Disburse	amont For:	Туре	194.37				
Senate	ement For:    Primary   General		7 7 7				
President	Other (specify) ▼		Ind Kind for Purchase of Gift bas				
State: District:			Memo Item				
Full Name (Last, First, Middle Initial)							
B. Target			Date of Disbursement				
Mailing Address 47330 Michigan Ave							
Cit.	Otata Zin Cada						
City Canton	State Zip Code MI 48188		FEC Identification Number				
Purpose of Disbursement	10100		C				
Ind Kind for Purchase of Gift basket		011	Transaction ID : 10887845				
Candidate Name		Category/	Amount of Each Disbursement this Period				
MAHP PAC		Туре	444.03				
Office Sought: House Disburse Senate	ement For:    Primary   General		4 4				
President	Other (specify)		Ind Kind for Purchase of Gift ba				
State: District:			Memo Item				
Full Name (Last, First, Middle Initial)							
C. Walmart			Date of Disbursement				
	M M / D D / Y Y Y Y						
Mailing Address 39500 Ford Road			11 17 2017				
City	State Zip Code						
Canton	MI 48187		FEC Identification Number				
Purpose of Disbursement	Purpose of Disbursement						
Ind Kind for Purchase of Gift basket	011	Transaction ID : 10887847					
Candidate Name MAHP PAC	Category/	Amount of Each Disbursement this Period					
Office Sought: House Disburse	Туре	359.90					
Senate	Primary General		7 7				
President	Other (specify)		Ind Kind for Purchase of Gift ba				
State: District:			Memo Item				
SUBTOTAL of Disbursements This Page (optional).			998.30				
TOTAL This Period (last page this line number only	/)	·····•	10663.84				