

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Health Alliance Plan PAC

ADDRESS (number and street) 2850 West Grand Boulevard Check if different than previously reported. (ACC) Detroit MI 48202

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00410670 3. IS THIS REPORT NEW (N) OR AMENDED (A) x

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 (checked), July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) Election on M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2017 through 12 / 31 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Lafferty, Rory, , ,

Type or Print Name of Treasurer Signature of Treasurer Lafferty, Rory, , , [Electronically Filed] Date 01 / 23 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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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="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
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	20249.90	20249.90
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**  
  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Health Alliance Plan PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11521.41	22287.06
(ii) Unitemized .....	78.00	2719.07
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	11599.41	25006.13
(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) .....	11599.41	25006.13
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)).....▶	11599.41	25006.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	11599.41	25006.13

**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 .....	636.88	1105.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	636.88	1105.57
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).....	10863.84	19813.84
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)) ..	11500.72	20919.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11500.72	20919.41

**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) .....	11599.41	25006.13
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11599.41	25006.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	636.88	1105.57
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	636.88	1105.57

**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 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Elinski, Jenifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3434 Essex Drive  
 City Troy State MI Zip Code 48084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HAP Occupation (for Individual) Mgr, Clinical Info & Analytics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 12 / 08 / 2017  
**Transaction ID : 10942086**  
 Amount of Each Receipt this Period 275.00  
 Memo Item

**B. Blount, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4468 Round Lake Rd  
 City Laingsburg State MI Zip Code 48848  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Supervisor Office Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 12 / 08 / 2017  
**Transaction ID : 10942087**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Combs, Roger, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17160 Merryweather St  
 City Clinton Township State MI Zip Code 48038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Director - IT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 08 / 2017  
**Transaction ID : 10942088**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	825.00
<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 7 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Tournoux, Mary Ann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30695 Oakleaf Lane  
 City Franklin State MI Zip Code 48025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HAP Occupation (for Individual) SVP - Sales & Mktg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 08 / 2017  
**Transaction ID : 10942089**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Pai, Balakrishna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1977 Long Point Drive  
 City Bloomfield Hills State MI Zip Code 48302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Sr. Medical Director & VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 12 / 26 / 2017  
**Transaction ID : 10945018**  
 Amount of Each Receipt this Period 800.00  
 Memo Item

**C. Giroux, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2127 Woodland Avenue  
 City Royal Oak State MI Zip Code 48073-3876  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) AVP- Provider Contracting  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : PR100554532810**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<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 29
<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. Rund, Lori, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50495 Waterstone Ct  
 City Plymouth State MI Zip Code 48170  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP - Prod Mgmt & Mrkt Intlgnce  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : PR100554732810**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Sullivan, Timothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18331 Laraugh Drive  
 City Northville State MI Zip Code 48168  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP- Healthcare Affrd & Prf Imp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.01

Date of Receipt 12 / 31 / 2017  
**Transaction ID : PR100554832810**  
 Amount of Each Receipt this Period 30.77  
 Memo Item  
 P/R Deduction (\$30.77 Bi-Weekly)

**C. Smith, Stewart, Barry, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10844 Pardee Road  
 City Taylor State MI Zip Code 48180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir-Operational Sol,Grp Svc,Tr  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : PR110043332810**  
 Amount of Each Receipt this Period 260.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	420.77
<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:	PAGE 9 OF 29
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Hutchison, Todd, Eric, ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 773 Whittier			<b>Transaction ID : PR124815132810</b>
City Grosse Pointe Park	State MI	Zip Code 48230	Amount of Each Receipt this Period 750.10
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Health Alliance Plan		Occupation (for Individual) SVP- Chief Finance Officer	P/R Deduction (\$57.70 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.20		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Lynch, Shane, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 15529 Longmeadow St			<b>Transaction ID : PR130556632810</b>
City Dearborn	State MI	Zip Code 48120	Amount of Each Receipt this Period 234.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Health Alliance Plan		Occupation (for Individual) Dir- Market Intelligence	P/R Deduction (\$18.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Selinsky, Steven, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 28638 Oak Point Drive			<b>Transaction ID : PR130556932810</b>
City Farmington Hills	State MI	Zip Code 48331	Amount of Each Receipt this Period 195.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Health Alliance Plan		Occupation (for Individual) Dir- Group Sales	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 360.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1179.10
<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 29
<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. Zatek, Cristina, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1205 Mohawk Avenue  
 City Royal Oak State MI Zip Code 48067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir- Commercial Group Svcs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : PR130557132810**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Donovan, Buff, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22745 Power Rd.  
 City Farmington State MI Zip Code 48336  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir-CBHM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : PR131868132810**  
 Amount of Each Receipt this Period 195.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. MacDermott, Alice, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23141 Hollander  
 City Dearborn State MI Zip Code 48128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Associate General Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 12 / 31 / 2017  
**Transaction ID : PR133388032810**  
 Amount of Each Receipt this Period 249.99  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	574.99
<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 29
	<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. Navarra, Reina, Maria, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 43529 Bayfield Dr.  
 City Clinton Twp    State MI    Zip Code 48038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan    Occupation (for Individual) Dir- Regulatory Audits  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : PR133388132810**  
 Amount of Each Receipt this Period 260.00  
 Memo Item  
 P/R Deduction (\$20.00 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 ▼ 455.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : PR133388232810**  
 Amount of Each Receipt this Period 227.50  
 Memo Item  
 P/R Deduction (\$17.50 Bi-Weekly)

**C. Blount, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4468 Round Lake Rd  
 City Laingsburg    State MI    Zip Code 48848  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan    Occupation (for Individual) Supervisor Office Services  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : PR133394732810**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	617.50
<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 12 OF 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Health Alliance Plan PAC**

**A. Boyer, Julie, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9201 Downing Rd  
 City Birch Run State MI Zip Code 48415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Senior Director Information Technology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : PR133394832810**  
 Amount of Each Receipt this Period 260.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Brandt, Marcia, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9493 Pine Needle Tr  
 City Flushing State MI Zip Code 48433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Director Care Coordination & UR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : PR133394932810**  
 Amount of Each Receipt this Period 192.00  
 Memo Item  
 P/R Deduction (\$16.00 Bi-Weekly)

**C. Germain, Carolyn, , ,**  
 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) Senior Director Pharmacy Services  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.10

Date of Receipt 12 / 31 / 2017  
**Transaction ID : PR133395032810**  
 Amount of Each Receipt this Period 375.05  
 Memo Item  
 P/R Deduction (\$28.85 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	827.05
<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 13 OF 29
<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. Harrison, Todd, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5875 Gilbert Lake Rd  
 City Bloomfield Township State MI Zip Code 48301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Director Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : PR133395132810**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Johnson, Pamela, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7322 Rathbun Road  
 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) Manager Cooperate Accounts & Labor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : PR133395232810**  
 Amount of Each Receipt this Period 156.00  
 Memo Item  
 P/R Deduction (\$12.00 Bi-Weekly)

**C. McMurphy, Deborah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7395 Gillette Rd  
 City Flushing State MI Zip Code 48433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Manager Claims Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : PR133395332810**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	306.00
<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 14 OF 29
<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Taylor, Jeffrey, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 5153 Duffield Rd		<b>Transaction ID : PR133395432810</b>
City Swartz Creek	State MI	Zip Code 48473
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 130.00
Name of Employer (for Individual) Health Alliance Plan	Occupation (for Individual) Director Medical Informatics & Clinica	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Venable, Jarita, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 6434 Pinebrook Lane		<b>Transaction ID : PR133395532810</b>
City Burton	State MI	Zip Code 48509
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 130.00
Name of Employer (for Individual) Health Alliance Plan	Occupation (for Individual) Manager Medical Manager	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Matthews, Irita, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 861 Whittier		<b>Transaction ID : PR75326432810</b>
City Grosse Pointe Park	State MI	Zip Code 48230
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 598.00
Name of Employer (for Individual) Health Alliance Plan	Occupation (for Individual) Associate General Counsel	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1196.00	P/R Deduction (\$46.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	858.00
<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 15 OF 29
	<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. 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- Utilization Mgt & Case Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : PR75326632810**  
 Amount of Each Receipt this Period 260.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Stewart, Peter, Anderson, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7961 Little Farm Lane  
 City West Bloomfield State MI Zip Code 48322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir- Auditing Srvc & MAR Compl  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : PR75328032810**  
 Amount of Each Receipt this Period 182.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. Caporale, Anthony, V, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1320 Shenandoah  
 City Rochester Hills State MI Zip Code 48306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Mgr- General Acctg  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : PR75330732810**  
 Amount of Each Receipt this Period 104.00  
 Memo Item  
 P/R Deduction (\$8.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	546.00
<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 16 OF 29
	<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 ▼ 416.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : PR75332532810**  
 Amount of Each Receipt this Period 208.00  
 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 ▼ 1300.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : PR75334032810**  
 Amount of Each Receipt this Period 650.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. Powell, Rachel, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 543 Thurber  
 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 - MA Revenue Management  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 408.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : PR75336232810**  
 Amount of Each Receipt this Period 187.00  
 Memo Item  
 P/R Deduction (\$17.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1045.00
<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 17 OF 29
	<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. 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 ▼  
416.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

**Transaction ID : PR75336932810**

Amount of Each Receipt this Period  
208.00

Memo Item

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

**B. 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 ▼  
520.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

**Transaction ID : PR75337432810**

Amount of Each Receipt this Period  
260.00

Memo Item

P/R Deduction (\$20.00 Bi-Weekly)

**C. Allen, Carol, L, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26160 Franklin Pointe Dr.

City Southfield	State MI	Zip Code 48034
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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 ▼  
242.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

**Transaction ID : PR75337932810**

Amount of Each Receipt this Period  
99.00

Memo Item

P/R Deduction (\$11.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	567.00
<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 18 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Alliance Plan PAC**

**A. Hurley, Kevin, Michael, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45504 Morningside Rd.  
 City Canton State MI Zip Code 48187  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Mgr- Revenue Cycle & Recv Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 286.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : PR75339932810**  
 Amount of Each Receipt this Period 169.00  
 Memo Item  
 P/R Deduction (\$13.00 Bi-Weekly)

**B. 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 ▼ 520.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : PR75341732810**  
 Amount of Each Receipt this Period 260.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Tiller, Vernal, Teresa, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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-Health & NetworkManagement  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 416.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : PR75343032810**  
 Amount of Each Receipt this Period 208.00  
 Memo Item  
 P/R Deduction (\$16.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	637.00
<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 19 OF 29
	<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. Sullivan, Judith, Ann, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25905 Balsam Road  
 City Franklin State MI Zip Code 48025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Lead Sector Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 430.77

Date of Receipt 12 / 31 / 2017  
**Transaction ID : PR78803932810**  
 Amount of Each Receipt this Period 208.00  
 Memo Item  
 P/R Deduction (\$16.00 Bi-Weekly)

**B. Mcelligatt, John, Francis, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10149 Rosemarie Run  
 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) Dir- Labor Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : PR87082532810**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Champney, Dan, Ellis, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9186 Hidden Oaks Dr  
 City Grand Blanc State MI Zip Code 48439  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Deputy General Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1560.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : PR99462032810**  
 Amount of Each Receipt this Period 780.00  
 Memo Item  
 P/R Deduction (\$60.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1118.00
<b>TOTAL</b> This Period (last page this line number only).....	11521.41

**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 checked="" 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 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  
Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 05 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : 10622593

Amount of Each Disbursement this Period

[REDACTED] 30.00

Merchant Fee

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  
Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 11 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : 10662410

Amount of Each Disbursement this Period

[REDACTED] 47.98

Merchant Fee

Memo Item

Full Name (Last, First, Middle Initial)

**C. Comerica Bank**

Mailing Address P.O. Box 75000

City  
Detroit

State  
MI

Zip Code  
48275

Purpose of Disbursement  
Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 02 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : 10694096

Amount of Each Disbursement this Period

[REDACTED] 30.00

Merchant Fee

Memo Item

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

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

[REDACTED] 107.98

[REDACTED]

**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 checked="" 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 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  
Merchant Fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 10695723**  
Amount of Each Disbursement this Period  
  
Merchant Fee

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  
Merchant Fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 10756917**  
Amount of Each Disbursement this Period  
  
Merchant Fee

Memo Item

Full Name (Last, First, Middle Initial)

**C. Comerica Bank**

Mailing Address P.O. Box 75000

City Detroit State MI Zip Code 48275

Purpose of Disbursement  
Merchant Fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 10756918**  
Amount of Each Disbursement this Period  
  
Merchant Fee

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 checked="" 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 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 Merchant Fee

Category/Type

Candidate Name

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

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2017			

FEC Identification Number  
  
**Transaction ID : 10787407**  
 Amount of Each Disbursement this Period  
  
 Merchant Fee

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 Merchant Fee

Category/Type

Candidate Name

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

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
10			11			2017			

FEC Identification Number  
  
**Transaction ID : 10825350**  
 Amount of Each Disbursement this Period  
  
 Merchant Fee

Memo Item

Full Name (Last, First, Middle Initial)

**C. Comerica Bank**

Mailing Address P.O. Box 75000

City Detroit State MI Zip Code 48275

Purpose of Disbursement Merchant Fee

Category/Type

Candidate Name

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

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2017			

FEC Identification Number  
  
**Transaction ID : 10866898**  
 Amount of Each Disbursement this Period  
  
 Merchant Fee

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 checked="" 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 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  
Merchant Fee

Category/  
Type

Candidate Name

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

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
11 / 09 / 2017

FEC Identification Number  
  
**Transaction ID : 10867565**  
Amount of Each Disbursement this Period  
  
Merchant Fee

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  
Merchant Fee

Category/  
Type

Candidate Name

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

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
12 / 04 / 2017

FEC Identification Number  
  
**Transaction ID : 10907761**  
Amount of Each Disbursement this Period  
  
Merchant Fee

Memo Item

Full Name (Last, First, Middle Initial)

**C. Comerica Bank**

Mailing Address P.O. Box 75000

City Detroit State MI Zip Code 48275

Purpose of Disbursement  
Merchant Fee

Category/  
Type

Candidate Name

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

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
12 / 11 / 2017

FEC Identification Number  
  
**Transaction ID : 10942085**  
Amount of Each Disbursement this Period  
  
Merchant Fee

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

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NAME OF COMMITTEE (In Full)  
**Health Alliance Plan PAC**

**A. Stamas Leadership PAC**

Full Name (Last, First, Middle Initial)

Mailing Address 1731 Glue Grass Road

City Lansing State MI Zip Code 48906

Purpose of Disbursement Direct Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 26 / 2017

FEC Identification Number: C

Transaction ID : 10670546

Amount of Each Disbursement this Period: 250.00

Direct Contribution

Memo Item

**B. Compete Michigan PAC**

Full Name (Last, First, Middle Initial)

Mailing Address 113 W Michigan Avenue

City Jackson State MI Zip Code 49201

Purpose of Disbursement Direct Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 26 / 2017

FEC Identification Number: C

Transaction ID : 10670547

Amount of Each Disbursement this Period: 250.00

Direct Contribution

Memo Item

**C. Duggan for Detroit**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 32524

City Detroit State MI Zip Code 48232

Purpose of Disbursement Direct Contribution

Candidate Name Duggan, Mike, , ,

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 26 / 2017

FEC Identification Number: C

Transaction ID : 10670548

Amount of Each Disbursement this Period: 500.00

Direct Contribution

Memo Item

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

1000.00

**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**

Full Name (Last, First, Middle Initial)

**A. Michigan Association of Health Plans PAC (MAHP PAC)**

Mailing Address 327 Seymour

City Lansing State MI Zip Code 48933

Purpose of Disbursement  
Direct Contribution

**011**  
Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : 10670550**  
Amount of Each Disbursement this Period  
  
Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Tom Leonard for State Representative**

Mailing Address 14840 Robinwood Dr

City Lansing State MI Zip Code 48906

Purpose of Disbursement  
Direct Contribution

**011**  
Category/  
Type

Candidate Name  
**Leonard, Tom, , MI Rep.,**

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

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : 10745212**  
Amount of Each Disbursement this Period  
  
Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. ROCC PAC**

Mailing Address 1849 Lakeview Ln

City Highland State MI Zip Code 48357-4817

Purpose of Disbursement  
Direct Contribution

**011**  
Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : 10756673**  
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

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NAME OF COMMITTEE (In Full)  
**Health Alliance Plan PAC**

Full Name (Last, First, Middle Initial) <b>A. Friends of Abdullah Hammoud</b>			Date of Disbursement MM / DD / YYYY 09 / 26 / 2017	
Mailing Address PO Box 2719			FEC Identification Number C [REDACTED] <b>Transaction ID : 10778170</b>	
City Dearborn	State MI	Zip Code 48124	Amount of Each Disbursement this Period [REDACTED] 500.00	
Purpose of Disbursement Direct Contribution		Category/ Type 011	Direct Contribution	
Candidate Name <b>Hammoud, Abdullah, , ,</b>		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. David Knezek for State Senate</b>			Date of Disbursement MM / DD / YYYY 09 / 26 / 2017	
Mailing Address PO Box 867			FEC Identification Number C [REDACTED] <b>Transaction ID : 10778171</b>	
City Dearborn Heights	State MI	Zip Code 48127	Amount of Each Disbursement this Period [REDACTED] 1000.00	
Purpose of Disbursement Direct Contribution		Category/ Type 011	Direct Contribution	
Candidate Name <b>Knezek, David, , ,</b>		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Friends of Daniela Garcia</b>			Date of Disbursement MM / DD / YYYY 10 / 02 / 2017	
Mailing Address 22 E 29th Street			FEC Identification Number C [REDACTED] <b>Transaction ID : 10786795</b>	
City Holland	State MI	Zip Code 49423	Amount of Each Disbursement this Period [REDACTED] 500.00	
Purpose of Disbursement Direct Contribution		Category/ Type 011	Direct Contribution	
Candidate Name <b>Garcia, Daniela, , ,</b>		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

[REDACTED] 2000.00
[REDACTED]

**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 Robert Wittenberg**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 26131 Harding St

M M M	/	D D D	/	Y Y Y Y Y
10		02		2017

City Oak Park State MI Zip Code 48237

FEC Identification Number

Purpose of Disbursement  
Direct Contribution

011
Category/ Type

C
---

**Transaction ID : 10786796**  
Amount of Each Disbursement this Period

Candidate Name  
**Wittenberg, Robert, , MI Rep.,**

500.00
--------

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

Direct Contribution  
 Memo Item

**B. Compete Michigan PAC**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 113 W Michigan Avenue

M M M	/	D D D	/	Y Y Y Y Y
10		12		2017

City Jackson State MI Zip Code 49201

FEC Identification Number

Purpose of Disbursement  
Direct Contribution

011
Category/ Type

C
---

**Transaction ID : 10809960**  
Amount of Each Disbursement this Period

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

500.00
--------

Direct Contribution  
 Memo Item

**C. Shamrock PAC**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 531392

M M M	/	D D D	/	Y Y Y Y Y
11		17		2017

City Livonia State MI Zip Code 48153

FEC Identification Number

Purpose of Disbursement  
Direct Contribution

011
Category/ Type

C
---

**Transaction ID : 10887832**  
Amount of Each Disbursement this Period

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

500.00
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Direct Contribution  
 Memo Item

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

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

1500.00
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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 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. Hobby Lobby**

Full Name (Last, First, Middle Initial)

Mailing Address 42643 Ford Road

City Canton State MI Zip Code 48187

Purpose of Disbursement: Reimbursement for Purchase of Gift Basket

Candidate Name: MAHP PAC

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 17 / 2017

FEC Identification Number: C [REDACTED]

Transaction ID : 10887836

Amount of Each Disbursement this Period: 10.58

Memo Item

Reimbursement for Purchase of Gift Basket

**B. Home Goods**

Full Name (Last, First, Middle Initial)

Mailing Address 42615 Ford Rd

City Canton Twp State MI Zip Code 48187

Purpose of Disbursement: Ind Kind for Purchase of Gift basket

Candidate Name: MAHP PAC

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 17 / 2017

FEC Identification Number: C [REDACTED]

Transaction ID : 10887838

Amount of Each Disbursement this Period: 141.74

Memo Item

Ind Kind for Purchase of Gift basket

**C. JoAnn**

Full Name (Last, First, Middle Initial)

Mailing Address 44740 Ford Road

City Canton State MI Zip Code 48187

Purpose of Disbursement: Ind Kind for Purchase of Gift basket

Candidate Name: MAHP PAC

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 17 / 2017

FEC Identification Number: C [REDACTED]

Transaction ID : 10887840

Amount of Each Disbursement this Period: 13.22

Memo Item

Ind Kind for Purchase of Gift basket

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 165.54

**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. Kroger**

Full Name (Last, First, Middle Initial)

Mailing Address 45540 Michigan Ave

City Canton State MI Zip Code 48188

Purpose of Disbursement  
Ind Kind for Purchase of Gift basket

Candidate Name  
**MAHP PAC**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 17 / 2017

FEC Identification Number: C [REDACTED]  
**Transaction ID : 10887842**  
Amount of Each Disbursement this Period: 194.37

Ind Kind for Purchase of Gift basket  
 Memo Item

**B. Target**

Full Name (Last, First, Middle Initial)

Mailing Address 47330 Michigan Ave

City Canton State MI Zip Code 48188

Purpose of Disbursement  
Ind Kind for Purchase of Gift basket

Candidate Name  
**MAHP PAC**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 17 / 2017

FEC Identification Number: C [REDACTED]  
**Transaction ID : 10887845**  
Amount of Each Disbursement this Period: 444.03

Ind Kind for Purchase of Gift basket  
 Memo Item

**C. Walmart**

Full Name (Last, First, Middle Initial)

Mailing Address 39500 Ford Road

City Canton State MI Zip Code 48187

Purpose of Disbursement  
Ind Kind for Purchase of Gift basket

Candidate Name  
**MAHP PAC**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 17 / 2017

FEC Identification Number: C [REDACTED]  
**Transaction ID : 10887847**  
Amount of Each Disbursement this Period: 359.90

Ind Kind for Purchase of Gift basket  
 Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	998.30
<b>TOTAL</b> This Period (last page this line number only).....▶	10663.84