

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 48202-2643

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: X April 15 Quarterly Report (Q1) (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 in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 01 / 01 / 2024 through 03 / 31 / 2024

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

Signature of Treasurer Lafferty, Rory, , , Date 04 / 09 / 2024

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**

FEC Form 3X (Rev. 05/2016)

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="2024"/>	<input type="text" value="61893.68"/>	<input type="text" value="61893.68"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="61893.68"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="6282.11"/>	<input type="text" value="6282.11"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="68175.79"/>	<input type="text" value="68175.79"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="- 1376.74"/>	<input type="text" value="- 1376.74"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="69552.53"/>	<input type="text" value="69552.53"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Health Alliance Plan PAC

Report Covering the Period: From: 01 / 01 / 2024 To: 03 / 31 / 2024

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).....	1881.00	1881.00
(ii) Unitemized	4401.11	4401.11
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6282.11	6282.11
(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)	6282.11	6282.11
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)).....▶	6282.11	6282.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6282.11	6282.11

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	123.26	123.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	123.26	123.26
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).....	- 1500.00	- 1500.00
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)) ..	- 1376.74	- 1376.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	- 1376.74	- 1376.74

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	6282.11	6282.11
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6282.11	6282.11
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	123.26	123.26
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	123.26	123.26

**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 11
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Otuyelu, Nike, , ,			Date of Receipt MM / DD / YYYY 03 / 23 / 2024		
Mailing Address 24635 Queensfield Ct			Transaction ID : A2A628FE0CF9E45FCBE5		
City Katy	State TX	Zip Code 77494-4549	Amount of Each Receipt this Period 345.00		
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) Chief Compliance Officer	Payroll Deduction: \$69.00/Bi-Weekly		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 483.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Treash, Michael, , ,			Date of Receipt MM / DD / YYYY 03 / 23 / 2024		
Mailing Address 839 Ridgedale Ave			Transaction ID : A126A0F6ABCFF4EC0A65		
City Birmingham	State MI	Zip Code 48009-5768	Amount of Each Receipt this Period 375.00		
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) SVP- Chief Operating Officer	Payroll Deduction: \$75.00/Bi-Weekly		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hausenfluck, Merrill, , ,			Date of Receipt MM / DD / YYYY 03 / 23 / 2024		
Mailing Address 4223 W Vasconia St			Transaction ID : A2B5E949581B24620A7A		
City Tampa	State FL	Zip Code 33629-8418	Amount of Each Receipt this Period 308.00		
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) SVP- Chief Financial Officer	Payroll Deduction: \$77.00/Bi-Weekly		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 462.00			

SUBTOTAL of Receipts This Page (optional).....	1028.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 11
	<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 A. Zbytowski, Jennifer, Brooks, ,		Date of Receipt MM / DD / YYYY 03 / 23 / 2024 Transaction ID : A91F8A5D392C54E3A939
Mailing Address 49206 Saint Nicholas		Amount of Each Receipt this Period 150.00
City Shelby Township	State MI	Zip Code 48317-6315
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll Deduction: \$50.00/Bi-Weekly
Name of Employer (for Individual) Health Alliance Plan	Occupation (for Individual) VP-Admin & Bus Dev Support	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Davis, Ron, , ,		Date of Receipt MM / DD / YYYY 03 / 23 / 2024 Transaction ID : A3C229D088FAD4D5AB95
Mailing Address 6451 Kennesaw Rd		Amount of Each Receipt this Period 150.00
City Canton	State MI	Zip Code 48187-1278
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll Deduction: \$50.00/Bi-Weekly
Name of Employer (for Individual) Health Alliance Plan	Occupation (for Individual) Dir-Vendor Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Randle, Johnathan, , ,		Date of Receipt MM / DD / YYYY 03 / 23 / 2024 Transaction ID : AFEAC4EE561AC4A228DB
Mailing Address 1867 Chipping Way		Amount of Each Receipt this Period 150.00
City Bloomfield Hills	State MI	Zip Code 48302-1711
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll Deduction: \$50.00/Bi-Weekly
Name of Employer (for Individual) Health Alliance Plan	Occupation (for Individual) Dir-Gov't Programs Compliance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 11
	<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 A. Vanderburg, Marc, , ,		Date of Receipt MM / DD / YYYY 03 / 23 / 2024
Mailing Address 25750 Ivanhoe Rd		Transaction ID : A77EEED0860814ED58FF
City Huntington Woods	State MI	Zip Code 48070-1606
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 141.00
Name of Employer (for Individual) Health Alliance Plan	Occupation (for Individual) VP- Commercial Bus & Sales Ops	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 329.00	Payroll Deduction: \$47.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ronan, Dianna, Lynn, ,		Date of Receipt MM / DD / YYYY 03 / 23 / 2024
Mailing Address 2156 Cumberland Dr		Transaction ID : A3D88977E11784F368DB
City Brighton	State MI	Zip Code 48114-8990
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) Health Alliance Plan	Occupation (for Individual) VP-Financial Services	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	Payroll Deduction: \$50.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Rader, Tracie, , ,		Date of Receipt MM / DD / YYYY 03 / 23 / 2024
Mailing Address 3009 Grand Park		Transaction ID : A85CAB535A035451EA50
City Rochester Hills	State MI	Zip Code 48307-5181
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer (for Individual) Health Alliance Plan	Occupation (for Individual) Dir - Commercial Enrollment	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 280.00	Payroll Deduction: \$40.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	371.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 9 OF 11
(check only one)	
<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Palermo, Charles, , ,

Mailing Address 1820 Kenmore Dr

City Grosse Pointe Woods	State MI	Zip Code 48236-1982
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Health Alliance Plan	Occupation (for Individual) VP- Claim Services
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
224.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2024

Transaction ID : A08AC3E0B55FF4A8CA15

Amount of Each Receipt this Period
32.00

Memo Item

Payroll Deduction: \$32.00/Bi-Weekly

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	32.00
TOTAL This Period (last page this line number only).....	1881.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Friends of Warren C. Evans

Mailing Address PO Box 15127

City
Detroit

State
MI

Zip Code
48215-0127

Purpose of Disbursement
Void 3.29.22 Non Cashed Check

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2022

<input type="checkbox"/>	Primary	<input checked="" type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	4

FEC Identification Number

C

Transaction ID : B38B8777EA

Amount of Each Disbursement this Period

- 250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Warren C. Evans

Mailing Address PO Box 15127

City
Detroit

State
MI

Zip Code
48215-0127

Purpose of Disbursement
Void 10.7.2022 Non Cashed Check

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2022

<input type="checkbox"/>	Primary	<input checked="" type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	4

FEC Identification Number

C

Transaction ID : B9BE3F3083

Amount of Each Disbursement this Period

- 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Carter for Michigan PAC

Mailing Address 86 W Yale Avenue

City
Pontiac

State
MI

Zip Code
48340-1860

Purpose of Disbursement
Contribution to State Committee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	2	4

FEC Identification Number

C

Transaction ID : B5F4E98D79

Amount of Each Disbursement this Period

250.00

Memo Item

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

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

- 2500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers: 21b, 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b. Line 29 is checked.

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Form A: VanderWall Majority Fund. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, and Date of Disbursement (02/20/2024). Transaction ID: BE8D1CFD7. Amount: 500.00.

Form B: Green Thumb Leadership. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, and Date of Disbursement (02/20/2024). Transaction ID: B72A19F250E. Amount: 500.00.

Form C: Empty form with fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, and Date of Disbursement.

Summary table with two rows: SUBTOTAL of Disbursements This Page (optional) 1000.00 and TOTAL This Period (last page this line number only) -1500.00.