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FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FURIN 3	For	Other Than An Aut	horized Comm	ittee	Office	e Use Only
1. NAME OF COMMITTEE		PE OR PRINT ▼	Example: If ty		12FE4M5	
Health Alliar	nce Plan PAC	1 1 1 1 1 1 1 1				
ADDRESS (numbe		850 West Grand Boulevard	d 			
Check if than previous reported.	viously , _I	Detroit			MI 482	202
2. FEC IDENTI	FICATION NUMB	SER ▼ CIT	ГҮ▲		STATE A	ZIP CODE ▲
C C0041	10670		S THIS REPORT	NEW (N) OR	AMENDE (A)	ED
4. TYPE OF F (Choose One) (a) Quarterly		Report Due On: Mar	20 (M2) 20 (M3) 20 (M4)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Aug 20 (Ma Sep 20 (Ms Oct 20 (M1	(Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
July Qua Octo Qua Janu	rterly Report (Q1) 15 rterly Report (Q2) ober 15 rterly Report (Q3) uary 31	(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G) Special (12S)	Runoff (12R)
July Rep Year	r-End Report (YE) 31 Mid-Year ort (Non-election r Only) (MY) nination Report	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	State of Special (30S) in the State of
5. Covering Peri	iod 11	27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	throug	h 12		2018
I certify that I hav Type or Print Nam	L	eport and to the best of afferty, Rory, , ,	my knowledge ar	nd belief it is tru	ue, correct and comp	olete.
Signature of Treas	Lafferty, K	Rory, , ,	[Electronic	cally Filed] [Date 01 /	16 2019
NOTE: Submission	of false, erroneous	, or incomplete informatio	n may subject the p	person signing t	his Report to the pen	alties of 52 U.S.C. § 30109
Office Use					FE	EC FORM 3X Rev. 05/2016

SUMMARY PAGE

FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		1 ago 2
Health Alliance Plan PAC		
Report Covering the Period: From:	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	o: 12 31 2018
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2018		20249.90
(b) Cash on Hand at Beginning of Reporting Period	14036.28	
(c) Total Receipts (from Line 19)	3096.95	18382,40
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	17133.23	38632.30
7. Total Disbursements (from Line 31)	36.98	21536.05
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	17096.25	17096.25
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
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) Page 3

Nrite or Type Committee N	Name
---------------------------	------

Health Alliance Plan PAC

I. Receipts	I. Receipts COLUMN A Total This Period					
ontributions (other than loans) From:						
•						
	2071.05	12622.70				
(i) Itemized (use Schedule A)	3071.93	12633.70				
(ii) Unitomized	25.00	5748.70				
	4 4 10	7 7 7 7				
	3096.95	18382.40				
<u></u>						
o) 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	0000.05	40000 40				
	3096.95	18382.40				
	2.22	0.00				
arty Committees	0.00	0.00				
II Loone Descived	0.00	0.00				
ii Loans Received	4	45 45				
Bereinste Breited	0.00	0.00				
1 1	0.00	0.00				
- · · · · · · · · · · · · · · · · · · ·						
	0.00	0.00				
	4 4	4				
	0.00	0.00				
	4 4	4 4				
Dividends, Interest, etc.)	0.00	0.00				
ransfers from Non-Federal and Levin Funds	4 4	4 4				
a) Non-Federal Account						
(from Schedule H3)	0.00	0.00				
F						
b) Levin Funds (from Schedule H5)	0.00	0.00				
=						
c) Total Transfers (add 18(a) and 18(b))	0.00	0.00				
	a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	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	Total This Period				
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date			
(i) Federal Share	0.00	0.00			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating					
Expenditures	286.98	1153.75			
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	286.98	1153.75			
Transfers to Affiliated/Other Party	0.00	0.00			
Contributions to	0.00	0.00			
Federal Candidates/Committees and Other Political Committees	0.00	2000.00			
Independent Expenditures (use Schedule E)	0.00	0.00			
Coordinated Party Expenditures (52 U.S.C. § 30116(d))		7 7 7			
(use Schedule F)	0.00	0.00			
Loan Repayments Made	0.00	0.00			
Loans Made	0.00	0.00			
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	, , , , , ,	4 4			
(add Lines 28(a), (b), and (c))	0.00	0.00			
Other Disbursements (Including					
Non-Federal Donations)	- 250.00	18382.30			
Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity (from Schedule H6)	20))				
(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	4 4 5	7 7 7			
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))	36.98	21536.05			
Total Federal Disbursements					
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	22.22				
nom Enio Otj	36.98	21536.05			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	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)	3096.95	18382.40
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3096.95	18382.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	286.98	1153.75
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	286.98	1153.75

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

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FOR LINE NUMBER:						PAGE	6	OF	18
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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 Combs, Roger, , , Date of Receipt Mailing Address 17160 Merryweather St 2018 City State Zip Code Transaction ID: 11610874 Clinton Township MI 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) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Elinski, Jenifer, , , Date of Receipt Mailing Address 3434 Essex Drive 12 2018 City State Zip Code Transaction ID: 11610875 MI 48084 Troy Amount of Each Receipt this Period FEC ID number of contributing 275.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) HAP Mgr, Clinical Info & Analytics Receipt For: Aggregate Vear-to-Date V

Primary General Other (specify) ▼	Aggregate	275.00	
Full Name of Individual (Last, First, Middle Pai, Balakrishna, , , Mailing Address 1977 Long Point Drive	,		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID : 11626440
Bloomfield Hills	MI	48302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		800.00
Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item
Health Alliance Plan		edical Director & VP	
Receipt For: Primary General Other (specify)	Aggregate Y	ear-to-Date ▼ 800.00	
UBTOTAL of Receipts This Page (optional)			1375.00

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

Other (specify)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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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 2018 City Zip Code State Transaction ID: PR100554739536 MI **Plymouth** 48170 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 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) 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Selinsky, Steven, , , Date of Receipt Mailing Address 28638 Oak Point Drive 2018 City State Zip Code Transaction ID : PR130556939536 MI Farmington Hills 48331 Amount of Each Receipt this Period FEC ID number of contributing 45.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan **AVP- Group Cust Service** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) Other (specify) ▼ 360.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Zatek, Cristina, M, Date of Receipt Mailing Address 1205 Mohawk Avenue 2018 City State Zip Code Transaction ID: PR130557139536 MI Royal Oak 48067 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 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)

SUBTOTAL of Receipts This Page (optional)	I		,	I	Ξ	,	Ī	10	5.00		
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240.00

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	Statements may not be sold or used by any persibe name and address of any political committee t						
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC							
Full Name of Individual (Last, First, Middle Donovan, Buff, L, ,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 22745 Power Rd.		12 31 2018					
City Farmington	State Zip Code MI 48336	Transaction ID : PR131868139536					
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 48.00					
Name of Employer (for Individual) Health Alliance Plan	Occupation (for Individual) Dir-CBHM	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 416.00	P/R Deduction (\$16.00 Bi-Weekly)					
Full Name of Individual (Last, First, Middle MacDermott, Alice, , , Mailing Address 23141 Hollander	Initial) or Full Organization Name	Date of Receipt					
City Dearborn	State Zip Code MI 48128	Transaction ID : PR133388039536 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	63.45					
Name of Employer (for Individual) Health Alliance Plan	Occupation (for Individual) Sr. Associate General Counsel	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 549.90	P/R Deduction (\$21.15 Bi-Weekly)					
Full Name of Individual (Last, First, Middle Schneider, Steven, , ,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 874 Bridgestone	Otata Zin Orda	12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City Rochester Hills	State Zip Code MI 48309	Transaction ID : PR133388239536 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	52.50					
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 ▼ 437.50	P/R Deduction (\$17.50 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional).	•	163.95					
TOTAL This Period (last page this line number	er only)						

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9 OF 18 Use separate schedule(s) 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 Boyer, Julie, , , Date of Receipt Mailing Address 9201 Downing Rd 2018 City Zip Code State Transaction ID: PR149941439536 MI Birch Run 48415 Amount of Each Receipt this Period FEC ID number of contributing C 51.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Dir- IT Midwest & Flint Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$17.00 Bi-Weekly) 442.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Johnson, Pamela, , , Date of Receipt Mailing Address 7322 Rathbun Road 2018 City State Zip Code Transaction ID : PR149941539536 MI Birch Run 48415 Amount of Each Receipt this Period FEC ID number of contributing 36.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Mgr-Labor Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$12.00 Bi-Weekly) Other (specify) ▼ 312.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Taylor, Jeffrey, , , Date of Receipt Mailing Address 5153 Duffield Rd 31 2018 City State Zip Code Transaction ID: PR149941639536 MI Swartz Creek 48473 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Mgr-Performance Improvement Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$10.00 Bi-Weekly) 260.00 Other (specify) 117.00 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 Harder, Christine, , , Date of Receipt Mailing Address 3060 Woodcreek Way 2018 City Zip Code State Transaction ID: PR149941739536 MI Bloomfield Hills 48304 Amount of Each Receipt this Period FEC ID number of contributing C 135.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **VP- Provider Operations** Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$45.00 Bi-Weekly) 1125.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Seymour, Sally, , , Date of Receipt Mailing Address 4651 Oakhurst Ridge Road 2018 City State Zip Code Transaction ID : PR149941839536 MI Clarkston 48348 Amount of Each Receipt this Period FEC ID number of contributing 24.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan **Temporary Consultant** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$12.00 Bi-Weekly) Other (specify) ▼ 288.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Bloom, Charles, , , Date of Receipt Mailing Address 8308 Bridlewood Ct. 2018 City State Zip Code Transaction ID: PR149968039536 MI Clarkston 48348 Amount of Each Receipt this Period FEC ID number of contributing C 45.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan VP Utilization Management Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) 360.00 Other (specify) 204.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 - - 7

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

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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 Palermo, Charles, , , Date of Receipt Mailing Address 1820 Kenmore Dr. 31 2018 City State Zip Code Transaction ID: PR150104639536 Grosse Pointe Woods MI 48236 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Dir-ProviderOps,Pymt Integrity Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) 315.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Germain, Carolyn, , , Date of Receipt Mailing Address 3053 S Nichols Rd 12 2018 City State Zip Code Transaction ID : PR150218339536 MI Lennon 48449 Amount of Each Receipt this Period FEC ID number of contributing 120.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Dir- Health Care Innov & Integ Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$40.00 Bi-Weekly) Other (specify) ▼ 800.00 C.

Full Name of Individual (Last, First, Middle Matthews, Irita, , ,	Date of Receipt					
Mailing Address 861 Whittier			12 31 2018			
City	State	Zip Code	Transaction ID : PR75326439536			
Grosse Pointe Park	MI	48230	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		138.00			
Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item			
Health Alliance Plan	Sr. Ass	ociate General Counsel				
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 1196.00	P/R Deduction (\$46.00 Bi-Weekly)			
UBTOTAL of Receipts This Page (optional)			288.00			

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

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

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	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
Full Name of Individual (Last, First, Middle Ir Zbytowski, Jennifer, Brooks, ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 49206 St. Nicholas		12 31 2018 _
City Shalby Township	State Zip Code MI 48317	Transaction ID : PR75326639536
Shelby Township FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 75.00	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Health Alliance Plan Receipt For: Primary General Other (specify) ▼	VP-Strategic Prog Dev & Optim Aggregate Year-to-Date ▼ 650.00	P/R Deduction (\$25.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle In Calabria, John, David, , Mailing Address 2030 Brinston	nitial) or Full Organization Name	Date of Receipt
City Troy	State Zip Code MI 48083	Transaction ID : PR75330639536 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	51.00
Name of Employer (for Individual) Health Alliance Plan	Occupation (for Individual) Sr Medical Director	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 442.00	P/R Deduction (\$17.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Organization Name	Date of Receipt
Mailing Address 1320 Shenandoah		12 31 2018
City Rochester Hills	State Zip Code 48306	Transaction ID : PR75330739536 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	24.00
Name of Employer (for Individual) Health Alliance Plan	Occupation (for Individual) Mgr- General Acctg	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 208.00	P/R Deduction (\$8.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		150.00
TOTAL This Period (last page this line number	c only)	

FOR LINE NUMBER: PAGE 13 OF 18 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Koslakiewicz, Glen, P,, Date of Receipt Mailing Address 30431 John Hauk 31 2018 City Zip Code State Transaction ID: PR75332539536 MI Garden City 48135 Amount of Each Receipt this Period FEC ID number of contributing C 48.00 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 2018 City State Zip Code Transaction ID: PR75334039536 MI **Brighton** 48114 Amount of Each Receipt this Period FEC ID number of contributing 150.00 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. Ledesma, Sandra, Lee, Date of Receipt Mailing Address 22429 Provincial 31 2018 City Zip Code State Transaction ID: PR75336939536 MI Woodhaven 48183 Amount of Each Receipt this Period FEC ID number of contributing C 48.00 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) 246.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 14 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 Kreis II, Kenneth, C, , Date of Receipt Mailing Address 30409 Dover 31 2018 City Zip Code State Transaction ID: PR75337039536 MI Warren 48088 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Mgr-Appl Devlpmt & eCommerce Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$10.00 Bi-Weekly) 250.00 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 2018 City State Zip Code Transaction ID: PR75337439536 MI Troy 48085 Amount of Each Receipt this Period FEC ID number of contributing 60.00 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. Hurley, Kevin, Michael, Date of Receipt Mailing Address 45504 Morningside Rd. 31 2018 City State Zip Code Transaction ID: PR75339939536 MI Canton 48187 Amount of Each Receipt this Period FEC ID number of contributing C 36.00 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 (\$12.00 Bi-Weekly) 312.00 Other (specify) 126.00 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 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 Vanderburg, Marc,,, Date of Receipt Mailing Address 25750 Ivanhoe 31 2018 City Zip Code State Transaction ID: PR75341039536 MI **Huntington Woods** 48070 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **VP-Sales** Health Alliance Plan 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.** Lafferty, Rory, P., , Date of Receipt Mailing Address 759 Cherry Stone Drive 2018 #2D City State Zip Code Transaction ID : PR75341739536 MI Canton 48188 Amount of Each Receipt this Period FEC ID number of contributing 60.00 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 2018 City State Zip Code Transaction ID: PR75343039536 MI Troy 48085 Amount of Each Receipt this Period FEC ID number of contributing C 48.00 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) 368.00 Other (specify) 168.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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		ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
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City	State Zip Code	Transaction ID : PR87082339536
Farmington Hills FEC ID number of contributing federal political committee.	MI 48334	Amount of Each Receipt this Period 99.00
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Full Name of Individual (Last, First, Middle In Mcelligatt, John, Francis, , Mailing Address 10149 Rosemarie Run		Date of Receipt 12 31 2018
City Brighton FEC ID number of contributing federal political committee.	State Zip Code 48114	Transaction ID : PR87082539536 Amount of Each Receipt this Period 30.00
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NAME OF COMMITTEE (In Full) Health Alliance Plan PAC								
Full Name (Last, First, Middle Initial) A. Mark Gaffney for Wayne State Uni	versity			Date of Disl	bursement			
Mailing Address PO Box 20321				12	26 2018			
City Ferndale Purpose of Disbursement	State MI	Zip Code 48220			cation Number			
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Gaffney, Mark, , , Office Sought: House Disburser	ment For:		Category/ Type	Amount of E	Each Disbursement this Period - 250.00			
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