

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, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 11 / 27 / 2018 through 12 / 31 / 2018

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 / 16 / 2019

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="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
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	17096.25	17096.25
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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Health Alliance Plan PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
11 / 27 / 2018 To: M M / D D / Y Y Y Y Y Y  
12 / 31 / 2018

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).....	3071.95	12633.70
(ii) Unitemized .....	25.00	5748.70
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3096.95	18382.40
(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) .....	3096.95	18382.40
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)).....▶	3096.95	18382.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3096.95	18382.40

**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 .....	286.98	1153.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	286.98	1153.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2000.00
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).....	- 250.00	18382.30
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)) ..	36.98	21536.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36.98	21536.05

**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) .....	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

**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 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. 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  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2018  
**Transaction ID : 11610874**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. 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  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2018  
**Transaction ID : 11610875**  
 Amount of Each Receipt this Period  
 275.00  
 Memo Item

**C. 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  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2018  
**Transaction ID : 11626440**  
 Amount of Each Receipt this Period  
 800.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1375.00
<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 18
	<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
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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 - Prod Mgmt & Mrkt Intlgnce
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2018

**Transaction ID : PR100554739536**

Amount of Each Receipt this Period  
30.00

Memo Item

P/R Deduction (\$10.00 Bi-Weekly)

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

Mailing Address 28638 Oak Point Drive

City Farmington Hills	State MI	Zip Code 48331
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Health Alliance Plan	Occupation (for Individual) AVP- Group Cust Service
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2018

**Transaction ID : PR130556939536**

Amount of Each Receipt this Period  
45.00

Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

**C. 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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Health Alliance Plan	Occupation (for Individual) Dir- Commercial Group Srvcs
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2018

**Transaction ID : PR130557139536**

Amount of Each Receipt this Period  
30.00

Memo Item

P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	105.00
<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 18
<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. 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 ▼ 416.00

Date of Receipt 12 / 31 / 2018  
**Transaction ID : PR131868139536**  
 Amount of Each Receipt this Period 48.00  
 Memo Item  
 P/R Deduction (\$16.00 Bi-Weekly)

**B. 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) Sr. Associate General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 549.90

Date of Receipt 12 / 31 / 2018  
**Transaction ID : PR133388039536**  
 Amount of Each Receipt this Period 63.45  
 Memo Item  
 P/R Deduction (\$21.15 Bi-Weekly)

**C. 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 ▼ 437.50

Date of Receipt 12 / 31 / 2018  
**Transaction ID : PR133388239536**  
 Amount of Each Receipt this Period 52.50  
 Memo Item  
 P/R Deduction (\$17.50 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	163.95
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 18
<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, , ,**  
 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) Dir- IT Midwest & Flint  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 442.00

Date of Receipt 12 / 31 / 2018  
**Transaction ID : PR149941439536**  
 Amount of Each Receipt this Period 51.00  
 Memo Item  
 P/R Deduction (\$17.00 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) Mgr-Labor Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt 12 / 31 / 2018  
**Transaction ID : PR149941539536**  
 Amount of Each Receipt this Period 36.00  
 Memo Item  
 P/R Deduction (\$12.00 Bi-Weekly)

**C. Taylor, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5153 Duffield Rd  
 City Swartz Creek State MI Zip Code 48473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Mgr-Performance Improvement  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2018  
**Transaction ID : PR149941639536**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	117.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Harder, Christine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3060 Woodcreek Way  
 City Bloomfield Hills State MI Zip Code 48304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP- Provider Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 12 / 31 / 2018  
**Transaction ID : PR149941739536**  
 Amount of Each Receipt this Period 135.00  
 Memo Item  
 P/R Deduction (\$45.00 Bi-Weekly)

**B. Seymour, Sally, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4651 Oakhurst Ridge Road  
 City Clarkston State MI Zip Code 48348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Temporary Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt 12 / 31 / 2018  
**Transaction ID : PR149941839536**  
 Amount of Each Receipt this Period 24.00  
 Memo Item  
 P/R Deduction (\$12.00 Bi-Weekly)

**C. Bloom, Charles, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8308 Bridlewood Ct.  
 City Clarkston State MI Zip Code 48348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP Utilization Management  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 31 / 2018  
**Transaction ID : PR149968039536**  
 Amount of Each Receipt this Period 45.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	204.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 18
<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. Palermo, Charles, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1820 Kenmore Dr.  
 City Grosse Pointe Woods State MI Zip Code 48236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir-ProviderOps,Pymt Integrity  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 12 / 31 / 2018  
**Transaction ID : PR150104639536**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. 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) Dir- Health Care Innov & Integ  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 12 / 31 / 2018  
**Transaction ID : PR150218339536**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. Matthews, Irita, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 861 Whittier  
 City Grosse Pointe Park State MI Zip Code 48230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Sr. Associate General Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1196.00

Date of Receipt 12 / 31 / 2018  
**Transaction ID : PR75326439536**  
 Amount of Each Receipt this Period 138.00  
 Memo Item  
 P/R Deduction (\$46.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.00
<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 12 OF 18
	<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-Strategic Prog Dev & Optim  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2018  
**Transaction ID : PR75326639536**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. Calabria, John, David, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2030 Brinston  
 City Troy    State MI    Zip Code 48083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan    Occupation (for Individual) Sr Medical Director  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 442.00

Date of Receipt 12 / 31 / 2018  
**Transaction ID : PR75330639536**  
 Amount of Each Receipt this Period 51.00  
 Memo Item  
 P/R Deduction (\$17.00 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 / 2018  
**Transaction ID : PR75330739536**  
 Amount of Each Receipt this Period 24.00  
 Memo Item  
 P/R Deduction (\$8.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<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 13 OF 18
	<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 / 2018  
**Transaction ID : PR75332539536**  
 Amount of Each Receipt this Period 48.00  
 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 / 2018  
**Transaction ID : PR75334039536**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. Ledesma, Sandra, Lee, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22429 Provincial  
 City Woodhaven State MI Zip Code 48183  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir- Application Development  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 416.00

Date of Receipt 12 / 31 / 2018  
**Transaction ID : PR75336939536**  
 Amount of Each Receipt this Period 48.00  
 Memo Item  
 P/R Deduction (\$16.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	246.00
<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 18
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A. Kreis II, Kenneth, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30409 Dover  
 City Warren State MI Zip Code 48088  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Mgr-Appl Devlpmt & eCommerce  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 31 / 2018  
**Transaction ID : PR75337039536**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 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 12 / 31 / 2018  
**Transaction ID : PR75337439536**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. 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 ▼ 312.00

Date of Receipt 12 / 31 / 2018  
**Transaction ID : PR75339939536**  
 Amount of Each Receipt this Period 36.00  
 Memo Item  
 P/R Deduction (\$12.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	126.00
<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 18
<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. Vanderburg, Marc, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25750 Ivanhoe  
 City Huntington Woods State MI Zip Code 48070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP- Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 31 / 2018  
**Transaction ID : PR75341039536**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 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 / 2018  
**Transaction ID : PR75341739536**  
 Amount of Each Receipt this Period 60.00  
 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 ▼ 368.00

Date of Receipt 12 / 31 / 2018  
**Transaction ID : PR75343039536**  
 Amount of Each Receipt this Period 48.00  
 Memo Item  
 P/R Deduction (\$16.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	168.00
<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 18
	<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. Lipscomb, Deandre, Antwan, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29545 Greening St.  
 City Farmington Hills State MI Zip Code 48334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP- Community Outreach  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 759.00

Date of Receipt 12 / 31 / 2018  
**Transaction ID : PR87082339536**  
 Amount of Each Receipt this Period 99.00  
 Memo Item  
 P/R Deduction (\$33.00 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 / 2018  
**Transaction ID : PR87082539536**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	129.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3071.95



**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  
12 / 04 / 2018

FEC Identification Number  
  
**Transaction ID : 11599821**  
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 / 11 / 2018

FEC Identification Number  
  
**Transaction ID : 11612060**  
Amount of Each Disbursement this Period  
  
Merchant Fee

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

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

FEC Identification Number  
  
Amount of Each Disbursement this Period

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. Mark Gaffney for Wayne State University**

Full Name (Last, First, Middle Initial)  
Mark Gaffney for Wayne State University

Date of Disbursement  
MM / DD / YYYY  
12 / 26 / 2018

Mailing Address PO Box 20321

City Ferndale State MI Zip Code 48220

Purpose of Disbursement  
Void - Mark Gaffney for Wayne State University

Candidate Name  
**Gaffney, Mark, , ,**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

FEC Identification Number  
**C** [ ]  
**Transaction ID : 11636815**

Amount of Each Disbursement this Period  
[ ] - 250.00

Memo Item Void - Mark Gaffney for Wayne State University

**B.**

Full Name (Last, First, Middle Initial)

Date of Disbursement  
MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

FEC Identification Number  
**C** [ ]

Amount of Each Disbursement this Period  
[ ]

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement  
MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

FEC Identification Number  
**C** [ ]

Amount of Each Disbursement this Period  
[ ]

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] - 250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] - 250.00