PAGE 1 / 16

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FURINI 3X	For Other	Than An Auth	orized Commi	ttee	(Office Use Only
NAME OF COMMITTEE (in fu	TYPE OR F	PRINT ▼	Example: If ty over the lines.		12FE4M5	
Health Alliance	Plan PAC					
ADDRESS (number and		st Grand Boulevard				
Check if differ than previousl reported. (ACC	y Detroit				MI	48202
2. FEC IDENTIFICA	TION NUMBER ▼	CITY	′ ▲		STATE A	ZIP CODE ▲
C C00410670		3. IS RE	THIS PORT	NEW (N) OR	AME (A)	NDED
4. TYPE OF REPO (Choose One) (a) Quarterly Repo	Rep Due	On: Mar 2	20 (M2)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Aug 20 Sep 20 Oct 20	(Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
July 15 Quarterly October 1 Quarterly January 3	Report (Q3)	12-Day PRE-Election Report for the: Election	Primary (1 Convention		General (12	
July 31 M	on-election) (MY)	30-Day POST-Election Report for the:	General (3	0G)	Runoff (30F	
5. Covering Period	M M / D 01	2021	through	M M M 06	30	2021
I certify that I have exa	Lafferty,		ny knowledge and	d belief it is tro	ue, correct and o	complete.
Signature of Treasurer	Lafferty, Rory, , ,		[Electronico	ully Filed] [Date 07	26 2021
	se, erroneous, or inco	omplete information	may subject the p	erson signing t	his Report to the	penalties of 52 U.S.C. § 30109
Office Use						FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		
Health Alliance Plan PAC		
Report Covering the Period: From:	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2021		16845.98
(b) Cash on Hand at Beginning of Reporting Period	16845.98	
(c) Total Receipts (from Line 19)	7898.28	7898.28
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	24744.26	24744.26
7. Total Disbursements (from Line 31)	6657.88	6657.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18086.38	18086.38
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
This committee has qualified as a m	nulticandidate 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	

(such as PACs).....

(d) Total Contributions (add Lines

16. Refunds of Contributions Made

DETAILED SUMMARY PAGE of Receipts FEC Form 3X (Rev. 05/2016) Page 3 Write or Type Committee Name Health Alliance Plan PAC 01 01 2021 06 30 2021 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 6826.50 6826.50 (i) Itemized (use Schedule A)..... 1071.78 1071.78 (ii) Unitemized (iii) TOTAL (add 7898.28 7898.28 Lines 11(a)(i) and (ii).................▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00

11(a)(iii), (b), and (c)) (Carry	7898.28	7898.28
Totals to Line 33, page 5)	7090.20	7 000.20
12. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	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	7 7 7	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00

to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00

18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account

0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5)

(c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00

19. Total Receipts (add Lines 11(d), 7898.28 12, 13, 14, 15, 16, 17, and 18(c))....... 7898.28

20. Total Federal Receipts 7898.28 (subtract Line 18(c) from Line 19)▶ 7898.28

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Allocated Federal/Non-Federal	iotal filio i ellou	Calcilual Teal-to-Date
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees	4 4	0.00
and Other Political Committees Independent Expenditures	0.00	
(use Schedule E)	0.00	0.00
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
	0.00	0.00
Other Disbursements (Including Non-Federal Donations)	6657.88	6657.88
Federal Election Activity (52 U.S.C. § 30101(20) (a) Allocated Federal Election Activity (from Schedule H6))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	6657.88	6657.88
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	6657.88	6657.88

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

- (,		3.5
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)	7898.28	7898.28
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7898.28	7898.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FOR LINE NUMBER: PAGE 6 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

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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 Genord, Michael, , , Date of Receipt Mailing Address 1253 Tulberry Circle 10 2021 City Zip Code State Transaction ID: 13033612 MI Rochester 48306 Amount of Each Receipt this Period FEC ID number of contributing C 1750.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) President and CEO Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General 1750.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Donovan, Buff, L,, Date of Receipt Mailing Address 22745 Power Rd. 06 2021 City State Zip Code Transaction ID: PR131868155136 MI Farmington 48336 Amount of Each Receipt this Period FEC ID number of contributing 208.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Dir-Population Health CBHM Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$16.00 Bi-Weekly) Other (specify) 208.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Schneider, Steven, , , Date of Receipt Mailing Address 874 Bridgestone 30 2021 City Zip Code State Transaction ID: PR133388255136 MI Rochester Hills 48309 Amount of Each Receipt this Period FEC ID number of contributing C 227.50 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Dir- Support Svcs Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$17.50 Bi-Weekly) 227.50 Other (specify) 2185.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: **PAGE** Use separate schedule(s) (check only one) **X** 11a 11b 11c

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Boyer, Julie, A,, Date of Receipt Mailing Address 9201 Downing Rd 30 2021 City Zip Code State Transaction ID: PR149941455136 MI Birch Run 48415 Amount of Each Receipt this Period FEC ID number of contributing C 221.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Mgr-Information Technology Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$17.00 Bi-Weekly) 221.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Harder, Christine, A., , Date of Receipt Mailing Address 3060 Woodcreek Way 06 2021 City State Zip Code Transaction ID : PR149941755136 Bloomfield Hills MI 48304 Amount of Each Receipt this Period FEC ID number of contributing 585.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan **VP- Provider Operations** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$45.00 Bi-Weekly) Other (specify) 585.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Germain, Carolyn, S., Date of Receipt Mailing Address 3053 S Nichols Rd 30 2021 City Zip Code State Transaction ID: PR150218355136 MI Lennon 48449 Amount of Each Receipt this Period FEC ID number of contributing C 520.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan **AVP-Performance Improvement** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$40.00 Bi-Weekly) 520.00 Other (specify) 1326.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

SCHEDULE A (FEC Form 3X)

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Barnes, William, R,, Date of Receipt Mailing Address 1111 Iroquois Tr. 30 2021 City Zip Code State Transaction ID: PR152031655136 MI Oxford 48371 Amount of Each Receipt this Period FEC ID number of contributing C 325.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VP-Deputy Gen Counsel Ins Ops Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Bi-Weekly) 325.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Matthews, Irita, , , Date of Receipt Mailing Address 861 Whittier 06 2021 City State Zip Code Transaction ID : PR75326455136 MI Grosse Pointe Park 48230 Amount of Each Receipt this Period FEC ID number of contributing 598.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Senior Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) Other (specify) 598.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Zbytowski, Jennifer, Brooks, Date of Receipt Mailing Address 49206 St. Nicholas 30 2021 City State Zip Code Transaction ID: PR75326655136 MI Shelby Township 48317 Amount of Each Receipt this Period FEC ID number of contributing C 325.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan VP-Strategic Prog Dev & Optim Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$35.00 Bi-Weekly) 325.00 Other (specify) 1248.00 SUBTOTAL of Receipts This Page (optional).....

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7

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

FOR LINE NUMBER:					PAGE		9	OF		16		
l	(check only one)											
X 11a 11b 11c 12												
I			13		14		15		16			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 Calabria, John, David, , Date of Receipt Mailing Address 2030 Brinston 30 2021 City State Zip Code Transaction ID: PR75330655136 MI Troy 48083 Amount of Each Receipt this Period FEC ID number of contributing C 221.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Sr Medical Director Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$17.00 Bi-Weekly) 221.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Koslakiewicz, Glen, P, , Date of Receipt Mailing Address 30431 John Hauk 06 2021 City State Zip Code Transaction ID : PR75332555136 Garden City MI 48135 Amount of Each Receipt this Period FEC ID number of contributing 208.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Dir- Fin Operations Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$16.00 Bi-Weekly) Other (specify) 208.00 Full Name of Individual (Last First Middle Initial) or Full Organization Name C.

Ronan, Dianna, Lynn, ,	Date of Receipt		
Mailing Address 2156 Cumberland Dr.			06 30 2021
City	State	Zip Code	Transaction ID : PR75334055136
Brighton	MI	48114	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		650.00
Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item
Health Alliance Plan	VP-Fir	nancial Services	_
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 650.00	P/R Deduction (\$50.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			1079.00

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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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.

٥,	Tor commercial purposes, other than using the m	ano ana adai	- cos or any pontion committee to	Concil Contributions from Such Contribution.			
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC						
۹.	Full Name of Individual (Last, First, Middle Initial Ledesma, Sandra, Lee, , Mailing Address 22429 Provincial		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 Woodhaven	State MI	Zip Code 48183	Transaction ID : PR75336955136			
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 208.00			
	Name of Employer (for Individual) Health Alliance Plan Receipt For:		tion (for Individual) Dication Development	Memo Item			
_	Primary General Other (specify) ▼	. iggregate 168	P/R Deduction (\$16.00 Bi-Weekly)				
3.	Full Name of Individual (Last, First, Middle Initial Hoffman, Cynthia, L, , Mailing Address 5768 Whitehaven Dr	nization Name	Date of Receipt 06 30 2021				
	City Troy	State Zip Code MI 48085					
	FEC ID number of contributing federal political committee.	С		260.00			
	Name of Employer (for Individual) Health Alliance Plan	1 .	tion (for Individual) ommerce & Tech Planning	Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi-Weekly)			
	Full Name of Individual (Last, First, Middle Initial Vanderburg, Marc, , ,	l) or Full Orga	nization Name	Date of Receipt			
	Mailing Address 25750 Ivanhoe	To: :	7.0	06 30 2021			
	City Huntington Woods	State MI	Zip Code 48070	Transaction ID : PR75341055136 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		260.00			
	Name of Employer (for Individual) Health Alliance Plan	1 .	tion (for Individual) et Retention & Sales Ops	Memo Item			
	Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi-Weekly)			
s	SUBTOTAL of Receipts This Page (optional)		·····	728.00			
Т	OTAL This Period (last page this line number on	ly)	>				

FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

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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 Lafferty, Rory, P.,, Date of Receipt Mailing Address 759 Cherry Stone Drive #2D 30 2021 City Zip Code State Transaction ID: PR75341755136 MI Canton 48188 Amount of Each Receipt this Period FEC ID number of contributing C 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Dir- Government&Lgsltv Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 260.00 SUBTOTAL of Receipts This Page (optional)..... 6826.50 TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) (check			LINE NUMBER: PAGE 12 OF 16 k only one)			
TILIMIZED DISBURSEMENTS		for each category of the Detailed Summary Page		b 22 23 26 27 3a 28b 28c x 29 30b			
Any information copied from such Reports and State or for commercial purposes, other than using the national commercial purposes.							
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC							
Full Name (Last, First, Middle Initial) A. Compete Michigan PAC				Date of Disbursement			
Mailing Address 113 W Michigan Avenue				02 09 2021			
Jackson	State MI	Zip Code 49201		FEC Identification Number			
Purpose of Disbursement Direct Contribution Candidate Name		[011	Transaction ID : 12993529			
Office Sought: House Senate President State: Disburse	ement For: Primary Other (spec	☐ General	Category/ Type	Amount of Each Disbursement this Period 500.00 Direct Contribution Memo Item			
Full Name (Last, First, Middle Initial) B. Wentworth Majority Fund PAC Mailing Address PO Box 1013				Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement 2021			
City East Lansing Purpose of Disbursement Direct Contribution Candidate Name	State MI	Zip Code 48826	011 Category/	FEC Identification Number C Transaction ID: 12993530 Amount of Each Disbursement this Period			
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spec	General Cify)	Туре	500.00 Direct Contribution Memo Item			
Full Name (Last, First, Middle Initial) C. Ananich Senate Majority Fund				Date of Disbursement			
Mailing Address 932 Maxine Street City	State	Zip Code		03 10 2021			
Flint Purpose of Disbursement Direct Contribution Candidate Name	MI	48503	011 Category/ Type	FEC Identification Number C Transaction ID : 13030130 Amount of Each Disbursement this Period			
Office Sought: House Disburse Senate	ement For: Primary	General cify) ▼	Nr.	500.00 Direct Contribution			

SCHEDULE B (FEC Form 3X)	lles sens		FOR LINE NUMBER: PAGE 13 OF 16				
TEMIZED DISBURSEMENTS	lor each category of the part						
	Detailed	Summary Page	28a	22 23 26 27 28b 28c x 29 30b			
Any information copied from such Reports and Staten	nents may r	not be sold or use	d by any perso				
or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC							
Full Name (Last, First, Middle Initial)							
A. CTE Lana Theis				Date of Disbursement			
Mailing Address 620 N. Kane Road				03 17 2021			
,	State	Zip Code		FEC Identification Number			
Webberville Purpose of Disbursement	MI	48892		0			
Direct Contribution			011	C			
Candidate Name			Category/	Transaction ID: 13038096 Amount of Each Disbursement this Period			
Theis, Lana, , MI Sen.,			Туре				
Office Sought: House Disbursen		0		500.00			
	Primary Other (spec	General		Direct Contribution			
State: District:	Other (oper	5iiy) ▼		Memo Item			
Full Name (Last, First, Middle Initial)							
3. VanderWall Majority Fund				Date of Disbursement			
Mailing Address 730 N. Hayford Ave				03 17 2021			
,	State	Zip Code		FEC Identification Number			
Lansing Purpose of Disbursement	MI	48912					
Direct Contribution			011	C			
Candidate Name	Category/ Type			Transaction ID: 13038098 Amount of Each Disbursement this Period			
Office Sought: House Disbursen	nent For:		, , , , , , , , , , , , , , , , , , ,	500.00			
	Primary	General		Direct Contribution			
State: District:	Other (spec	cify)		Memo Item			
Full Name (Last, First, Middle Initial)							
C. Friends of John Cherry				Date of Disbursement			
Mailing Address 1025 Kensington Avenue				03 17 2021			
City	State	Zip Code		FEC Identification Number			
Flint	MI	48503					
Purpose of Disbursement Direct Contribution			011	C Transaction ID : 13038099			
Candidate Name			Category/	Amount of Each Disbursement this Period			
Cherry, John, , MI Rep.,			Туре	350.00			
Office Sought: House Disbursen Senate	nent For: Primary	General		250.00			
	Other (spec			Direct Contribution			
State: District:	(-1			Memo Item			
SUBTOTAL of Disbursements This Page (optional)			······	1250.00			
TOTAL This Period (last page this line number only)							
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SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 14 OF 16 (check only one)		
				22 23 26 27 28b 28c x 29 30b		
Any information copied from such Reports and Stat or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC						
Full Name (Last, First, Middle Initial) A. Comerica Bank	Date of Disbursement					
Mailing Address P.O. Box 75000	03 09 2021					
City Detroit	State MI	Zip Code 48275		FEC Identification Number		
Purpose of Disbursement Operating Expense Candidate Name	001	Transaction ID : 13071579 Amount of Each Disbursement this Period				
Office Sought: House Disburs Senate President State: District:	ement For: Primary Other (spe	General cify) ▼	Category/ Type	Operating Expense Memo Item		
Full Name (Last, First, Middle Initial) 3- Comerica Bank Mailing Address P.O. Box 75000	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City Detroit Purpose of Disbursement Operating Expense	State MI	Zip Code 48275	001	FEC Identification Number		
Candidate Name	Transaction ID: 13076760 Amount of Each Disbursement this Period					
Office Sought: House Senate President State: Disburs	ement For: Primary Other (spec	General cify)		Operating Expense Memo Item		
Full Name (Last, First, Middle Initial) Comerica Bank	Date of Disbursement					
Mailing Address P.O. Box 75000				05 11 2021		
City Detroit Purpose of Disbursement	State MI	Zip Code 48275		FEC Identification Number		
Operating Expense Candidate Name	Transaction ID: 13133569 Amount of Each Disbursement this Period					
Office Sought: House Disburs Senate	Type ment For: Primary General Other (specify) ▼			67.98 Operating Expense		

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s)		FOR LINE NUMBER: PAGE 15 OF 16 (check only one)			
TEMPLED DIODORGEMENTO		category of the Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b		
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		, ,				
Full Name (Last, First, Middle Initial) A. Gretchen Whitmer for Governor		Date of Disbursement				
Mailing Address PO Box 15282		05 12 2021				
Lansing	State MI	Zip Code 48901		FEC Identification Number		
Purpose of Disbursement Direct Contribution Candidate Name			011	Transaction ID : 13133939		
Whitmer, Gretchen, , , Office Sought: House Disbursen Senate	nent For: Primary Other (spec	General dify) ▼	Category/ Type	Amount of Each Disbursement this Period 2500.00 Direct Contribution Memo Item		
Full Name (Last, First, Middle Initial) B. Barrett Brigade Leadership Fund P Mailing Address PO BOX 121	AC			Date of Disbursement 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 Charlotte MI 48813 Purpose of Disbursement Direct Contribution 011				FEC Identification Number C Transaction ID : 13133940		
Senate	Category/ Type rsement For: Primary General Other (specify)			Amount of Each Disbursement this Period 500.00 Direct Contribution Memo Item		
Full Name (Last, First, Middle Initial) C. Friends of Scott Benson Mailing Address 13560 East McNichols				Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Detroit Purpose of Disbursement Direct Contribution Candidate Name Benson, Scott, , , Office Sought: House Senate President	State MI nent For: Primary Other (spec	Zip Code 48205	011 Category/ Type	FEC Identification Number C Transaction ID: 13133941 Amount of Each Disbursement this Period 250.00 Direct Contribution Memo Item		
State: District:				3250.00		
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)				3230.00		

SCHEDULE B (FEC Form 3X)	llaa aana		FOR LINE NUMBER: PAGE 16 OF 16		
TEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only		
		Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b	
Any information copied from such Reports and Statem	l nents mav r	not be sold or use			
or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC					
Full Name (Last, First, Middle Initial)					
Annette Glenn for Michigan				Date of Disbursement	
Mailing Address PO Box 1128	05 12 2021				
City	State	Zip Code		FEC Identification Number	
Midand	MI	48641			
Purpose of Disbursement Direct Contribution			011	Transaction ID : 13133942	
Candidate Name			Category/	Amount of Each Disbursement this Period	
Glenn, Annette, , MI Rep.,			Type	250.00	
Office Sought: House Disbursen		Camanal		250.00	
	Primary Other (spec	General		Direct Contribution	
State: District:	Other (spec	y (Memo Item	
Full Name (Last, First, Middle Initial)					
3. Comerica Bank		Date of Disbursement			
Mailing Address P.O. Box 75000	06 09 2021				
011	<u> </u>	T-7: 0 1			
City Detroit	State MI	Zip Code 48275		FEC Identification Number	
Purpose of Disbursement		C			
Operating Expense	Transaction ID : 13172721				
Candidate Name	Amount of Each Disbursement this Period				
Office Sought: House Disbursen	nent For:		Туре	67.98	
Senate	Primary	General		Operating Expense	
President	Other (spec	cify)		Memo Item	
State: District:				I memo nem	
Full Name (Last, First, Middle Initial)				Date of Disbursement	
5.					
Mailing Address				M M / D D / Y Y Y Y	
City	State	Zip Code		FEC Identification Number	
Purpose of Disbursement		1		C	
·	O , , , , , , , , , , , , , , , , , , ,				
Candidate Name	Amount of Each Disbursement this Period				
Office Sought: House Disbursen	nent For:	<u> </u>	Туре		
Senate Primary General				7 7 7	
	Other (spec	cify) ▼		Memo Item	
State: District:				П	
SUBTOTAL of Disbursements This Page (optional)				317.98	
				0504.00	
TOTAL This Period (last page this line number only)				6521.92	