

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

Health Alliance Plan PAC

ADDRESS (number and street) 2850 West Grand Boulevard

Check if different than previously reported. (ACC) Detroit MI 48202-2643

2. **FEC IDENTIFICATION NUMBER ▼** C C00410670 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on M M / D D / Y Y Y Y Y Y in the State of

(d) 30-Day **POST-Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
----------------------------------------	---------------------------------------	----------------------------------------

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 01 / 01 / 2023 through M M / D D / Y Y Y Y Y Y 06 / 30 / 2023

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

Signature of Treasurer Lafferty, Rory, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y 07 / 05 / 2023

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Health Alliance Plan PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>		46414.34
(b) Cash on Hand at Beginning of Reporting Period.....	46414.34	
(c) Total Receipts (from Line 19)	20532.20	20532.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	66946.54	66946.54
7. Total Disbursements (from Line 31).....	5579.30	5579.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	61367.24	61367.24
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

Write or Type Committee Name

Health Alliance Plan PAC

Report Covering the Period: From: M M / D D / Y Y Y Y
01 / 01 / 2023 To: M M / D D / Y Y Y Y
06 / 30 / 2023

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).....	13515.49	13515.49
(ii) Unitemized	7016.71	7016.71
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	20532.20	20532.20
(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)	20532.20	20532.20
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)).....▶	20532.20	20532.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	20532.20	20532.20

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	329.30	329.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	329.30	329.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	5250.00	5250.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5579.30	5579.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5579.30	5579.30

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	20532.20	20532.20
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20532.20	20532.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	329.30	329.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	329.30	329.30

**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 23
	<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. Rajendra, Archana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1976 Belwood Dr
 City Okemos State MI Zip Code 48864-5969
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP-Deputy Gen Counsel Ins Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 923.04

Date of Receipt 06 / 23 / 2023
Transaction ID : A17DD1653D3014E06BD0
 Amount of Each Receipt this Period 769.20
 Memo Item
 Payroll Deduction: \$76.92/Bi-Weekly

B. Harder, Christine, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3060 Woodcreek Way
 City Bloomfield Hills State MI Zip Code 48304-1862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) SVP-Provider Network Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 23 / 2023
Transaction ID : A2C4905DBC7474893BD1
 Amount of Each Receipt this Period 750.00
 Memo Item
 Payroll Deduction: \$75.00/Bi-Weekly

C. Hausenfluck, Merrill, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4223 W Vasconia St
 City Tampa State FL Zip Code 33629-8418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) SVP- Chief Financial Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 912.00

Date of Receipt 06 / 23 / 2023
Transaction ID : A646349C5BA22402991D
 Amount of Each Receipt this Period 760.00
 Memo Item
 Payroll Deduction: \$76.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	2279.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Treash, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 839 Ridgedale Ave
 City Birmingham State MI Zip Code 48009-5768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) SVP- Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 23 / 2023
Transaction ID : A2B4BAFAC671D4B3897E
 Amount of Each Receipt this Period 750.00
 Memo Item
 Payroll Deduction: \$75.00/Bi-Weekly

B. Bennett, Charity, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 Rosewood Ave SE
 City Grand Rapids State MI Zip Code 49506-2828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP-Transformation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 06 / 23 / 2023
Transaction ID : A2F5B760F00184A8DAB2
 Amount of Each Receipt this Period 540.00
 Memo Item
 Payroll Deduction: \$60.00/Bi-Weekly

C. Randle, Johnathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1867 Chipping Way
 City Bloomfield Hills State MI Zip Code 48302-1711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir-Gov't Programs Compliance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 23 / 2023
Transaction ID : ACCEC6D61C1194781A6C
 Amount of Each Receipt this Period 400.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	1690.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Davis, Ron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6451 Kennesaw Rd
 City Canton State MI Zip Code 48187-1278
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir-Vendor Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 23 / 2023
Transaction ID : A078E631CAD4F44F684C
 Amount of Each Receipt this Period 400.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

B. Ronan, Dianna, Lynn, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2156 Cumberland Dr
 City Brighton State MI Zip Code 48114-8990
 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 ▼ 600.00

Date of Receipt 06 / 23 / 2023
Transaction ID : A49301CDE2CD847D7939
 Amount of Each Receipt this Period 400.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

C. Holzhausen, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2523 Wheeler Dr
 City Chelsea State MI Zip Code 48118-9224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP-ProviderContracting&NtwkDev
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 23 / 2023
Transaction ID : A40C36E60E2A54501B6E
 Amount of Each Receipt this Period 280.00
 Memo Item
 Payroll Deduction: \$40.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	1080.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. VanDuine, Dustin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1218 Lake Valley Ct
 City Fenton State MI Zip Code 48430-1241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Sales Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 05 / 12 / 2023
Transaction ID : A71137FBD53D7468E85B
 Amount of Each Receipt this Period 120.00
 Memo Item
 Payroll Deduction: \$40.00/Bi-Weekly

B. Selinsky, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28638 Oak Point Dr
 City Farmington Hills State MI Zip Code 48331-2706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP-Product Strategy MrktngComm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 14 / 2023
Transaction ID : A708795C019054E2D9BF
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$35.00/Bi-Weekly

C. Zbytowski, Jennifer, Brooks, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 49206 Saint Nicholas
 City Shelby Township State MI Zip Code 48317-6315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP-Admin & Bus Dev Support
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 05 / 12 / 2023
Transaction ID : A9141DBEA671543DDAD9
 Amount of Each Receipt this Period 140.00
 Memo Item
 Payroll Deduction: \$35.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	330.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 23
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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 Rd
 City Huntington Woods State MI Zip Code 48070-1606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP- Commercial Bus & Sales Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt 06 / 23 / 2023
Transaction ID : AC76D3A8F6134497A965
 Amount of Each Receipt this Period 273.00
 Memo Item
 Payroll Deduction: \$39.00/Bi-Weekly

B. Matthews, Irita, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 861 Whittier Rd
 City Grosse Pointe Park State MI Zip Code 48230-1850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Senior Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.64

Date of Receipt 06 / 23 / 2023
Transaction ID : AF6A20DBFB09B4C33950
 Amount of Each Receipt this Period 269.29
 Memo Item
 Payroll Deduction: \$38.47/Bi-Weekly

C. Rader, Tracie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3009 Grand Park
 City Rochester Hills State MI Zip Code 48307-5181
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir - Commercial Enrollment
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 23 / 2023
Transaction ID : A4084B2E2C69A404C8DC
 Amount of Each Receipt this Period 180.00
 Memo Item
 Payroll Deduction: \$30.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	722.29
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. 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 48236-1982
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP- Claim Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.00

Date of Receipt 06 / 23 / 2023
Transaction ID : AD4398DDD2433457EBA5
 Amount of Each Receipt this Period 192.00
 Memo Item
 Payroll Deduction: \$32.00/Bi-Weekly

B. Hibbett, Darryl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5434 Claridge Ln
 City West Bloomfield State MI Zip Code 48322-3862
 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 ▼ 300.00

Date of Receipt 06 / 23 / 2023
Transaction ID : AAE3B93EDB9984DE8877
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction: \$25.00/Bi-Weekly

C. Crowley, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5300 Riverwalk Trl
 City Commerce Twp State MI Zip Code 48382-2842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Pres-AdminSystemsResearch
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 23 / 2023
Transaction ID : AFF2BC5F498124FB6B05
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction: \$25.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	392.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Lafferty, Rory, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 759 Cherry Stone Dr
 City Canton State MI Zip Code 48188-5304
 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 ▼ 300.00

Date of Receipt 06 / 23 / 2023
Transaction ID : A115961E79C08451ABE4
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction: \$25.00/Bi-Weekly

B. Cerier, Martyanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16060 Buckingham Ave
 City Beverly Hills State MI Zip Code 48025-3310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Mgr- Compliance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 26 / 2023
Transaction ID : A814B51535C024A92AF4
 Amount of Each Receipt this Period 300.00
 Memo Item
 Payroll Deduction: \$300.00/Bi-Weekly

C. Davis, Nancy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5084 Greendale Dr
 City Troy State MI Zip Code 48085-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir-Medicaid Duals & Compliance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 26 / 2023
Transaction ID : AE3B0791E9DAE462AACB
 Amount of Each Receipt this Period 400.00
 Memo Item
 Payroll Deduction: \$400.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 23
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Neubecker, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4692 Alton Dr
 City Troy State MI Zip Code 48085-5002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) AVP-Digital Self-Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 26 / 2023
Transaction ID : AC867252C640047B6AE1
 Amount of Each Receipt this Period 500.00
 Memo Item
 Payroll Deduction: \$500.00/Bi-Weekly

B. Zbytowski, Jennifer, Brooks, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 49206 Saint Nicholas
 City Shelby Township State MI Zip Code 48317-6315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP-Admin & Bus Dev Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt 06 / 23 / 2023
Transaction ID : AAE3B46F4022C455EB9B
 Amount of Each Receipt this Period 150.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

C. Wejrاندt, Shannon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21353 Flag Dr
 City Macomb State MI Zip Code 48042-4332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir-Provider Network Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 23 / 2023
Transaction ID : A9632C00464FF468587B
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	690.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Marcath, Annette, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14691 24 Mile Rd
 City Shelby Township State MI Zip Code 48315-2101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP-Chief Information Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 06 / 09 / 2023
Transaction ID : AE295F46C196046BFAF5
 Amount of Each Receipt this Period 2000.00
 Memo Item
 Payroll Deduction: \$2000.00/Bi-Weekly

B. Vargovich, Troy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41500 Ladywood Ct
 City Northville State MI Zip Code 48168-2342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir- Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 23 / 2023
Transaction ID : AB6660B33808845E3BA4
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

C. Damschroder, Robin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 335 Meadow Creek Dr
 City Ann Arbor State MI Zip Code 48105-3052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Offices Occupation (for Individual) EVP, Chief Fin & Bus Dev Offic
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 06 / 13 / 2023
Transaction ID : AEC27ED083A0C4CE3BAA
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4540.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Schoenjahn, Curtis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3660 Seney Dr
 City Lake Orion State MI Zip Code 48360-2706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir- Mid-Market Business
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt 06 / 23 / 2023
Transaction ID : AF879FC0938E54FDAB6B
 Amount of Each Receipt this Period 17.00
 Memo Item
 Payroll Deduction: \$17.00/Bi-Weekly

B. Tebbe, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 618 Montrose Ave Roy, MI
 City Royal Oak State MI Zip Code 48073-2777
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Mgr- Demand Mgt &Capacity Plan
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 23 / 2023
Transaction ID : AE36CFC2406F34935AD0
 Amount of Each Receipt this Period 275.00
 Memo Item
 Payroll Deduction: \$275.00/Bi-Weekly

C. Moore, Kara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3644 Wakefield Rd
 City Berkley State MI Zip Code 48072-3454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir-FinancialPlanning&Analysis
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 23 / 2023
Transaction ID : A6E60F27D72204C93B7B
 Amount of Each Receipt this Period 250.00
 Memo Item
 Payroll Deduction: \$250.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	542.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 16 OF 23
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Vereecke, Benjamin, , ,

Mailing Address 22715 Doremus St

City Saint Clair Shores	State MI	Zip Code 48080-3421
----------------------------	-------------	------------------------

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

Name of Employer (for Individual) Health Alliance Plan	Occupation (for Individual) Dir- Risk Adjustment
-----------------------------------------------------------	-----------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2023

Transaction ID : A4573B15EDF4F4474AAB

Amount of Each Receipt this Period
450.00

Memo Item

B. 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

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	13515.49

**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 PO Box 75000

City
Detroit

State
MI

Zip Code
48275-0001

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C [Redacted]

Transaction ID : **BF09F5D1171**
Amount of Each Disbursement this Period

[Redacted] **43.32**

Memo Item

Full Name (Last, First, Middle Initial)

B. Comerica Bank

Mailing Address PO Box 75000

City
Detroit

State
MI

Zip Code
48275-0001

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C [Redacted]

Transaction ID : **BE2B6E69784**
Amount of Each Disbursement this Period

[Redacted] **44.16**

Memo Item

Full Name (Last, First, Middle Initial)

C. Comerica Bank

Mailing Address PO Box 75000

City
Detroit

State
MI

Zip Code
48275-0001

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	2	3

FEC Identification Number

C [Redacted]

Transaction ID : **B7404ADD6E**
Amount of Each Disbursement this Period

[Redacted] **41.19**

Memo Item

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

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

[Redacted] **128.67**

[Redacted]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Comerica Bank

Mailing Address PO Box 75000

City
Detroit

State
MI

Zip Code
48275-0001

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	3		2	0	2	3		

FEC Identification Number

C []

Transaction ID : B3511176BF7
Amount of Each Disbursement this Period

[] 41.43

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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

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

[] 41.43

[] 170.10

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Julie Rogers for State Representative

Mailing Address 3428 Mariane Avenue

City Kalamazoo State MI Zip Code 49006-2000

Purpose of Disbursement
Contribution to State Committee

Candidate Name

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B5A90BD066
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Graham Filler for State Representative

Mailing Address 12705 Warm Creek Drive

City Dewitt State MI Zip Code 48820-7867

Purpose of Disbursement
Contribution to State Committee

Candidate Name

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : BE2BDA52D1
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Committee to Elect Rick Outman for State Senate

Mailing Address PO Box 812

City Stanton State MI Zip Code 48888-0812

Purpose of Disbursement
Direct Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : BF30FE92DF
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. Kevin Hertel for State Senate

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 22401 Lavon St.

M M M	/	D D D	/	Y Y Y Y Y
03		02		2023

City Saint Clair Shores State MI Zip Code 48081-2016

FEC Identification Number

Purpose of Disbursement
Contribution to State Committee

C

Candidate Name

Transaction ID : B70331FF4f

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

250.00

State: District:

Memo Item

B. The Committee to Elect Tom Kunse

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 506

M M M	/	D D D	/	Y Y Y Y Y
05		23		2023

City Clare State MI Zip Code 48617-0506

FEC Identification Number

Purpose of Disbursement
Direct Contribution

C

Candidate Name

Transaction ID : B2C0F997F34

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2024
 Primary General
 Other (specify)

250.00

State: District:

Memo Item

C. Dayna for Michigan

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 29826 Linda Street

M M M	/	D D D	/	Y Y Y Y Y
03		02		2023

City Livonia State MI Zip Code 48154-3722

FEC Identification Number

Purpose of Disbursement
Contribution to State Committee

C

Candidate Name

Transaction ID : BAC02D8F07

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2023
 Primary General
 Other (specify) ▼ Other

250.00

State: District:

Memo Item

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

750.00

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

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. CTE Mary Cavanagh

Full Name (Last, First, Middle Initial)

Mailing Address 14965 Aubrey

City Redford State MI Zip Code 48239-3461

Purpose of Disbursement Contribution to State Committee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 03 / 02 / 2023

FEC Identification Number C

Transaction ID : B25E5DBB8A

Amount of Each Disbursement this Period 250.00

Memo Item

B. Growing Michigan

Full Name (Last, First, Middle Initial)

Mailing Address 12401 Speaker Rd

City Brockway State MI Zip Code 48097-3209

Purpose of Disbursement Contribution to State Committee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2023 Primary General Other (specify) Other

State: District:

Date of Disbursement 03 / 02 / 2023

FEC Identification Number C

Transaction ID : B16D8C50111

Amount of Each Disbursement this Period 250.00

Memo Item

C. Supporters of John Cherry

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 520

City Clio State MI Zip Code 48420-0520

Purpose of Disbursement Contribution to State Committee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 03 / 02 / 2023

FEC Identification Number C

Transaction ID : BEEC66C91C

Amount of Each Disbursement this Period 250.00

Memo Item

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

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Witwer for Michigan			Date of Disbursement MM / DD / YYYY 05 / 23 / 2023		
Mailing Address 403 Fourth Street			FEC Identification Number C [] Transaction ID : B555A7C07D Amount of Each Disbursement this Period [] 1000.00		
City Charlotte	State MI	Zip Code 48813-2183	Category/Type []		
Purpose of Disbursement Direct Contribution			Memo Item <input type="checkbox"/>		
Candidate Name		Disbursement For: 2023 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:				
Full Name (Last, First, Middle Initial) B. Sam Singh for State Senate			Date of Disbursement MM / DD / YYYY 03 / 02 / 2023		
Mailing Address PO Box 1752			FEC Identification Number C [] Transaction ID : BF3BDA9583 Amount of Each Disbursement this Period [] 250.00		
City East Lansing	State MI	Zip Code 48826-1752	Category/Type []		
Purpose of Disbursement Contribution to State Committee			Memo Item <input type="checkbox"/>		
Candidate Name		Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:				
Full Name (Last, First, Middle Initial) C. PHILPAC			Date of Disbursement MM / DD / YYYY 05 / 23 / 2023		
Mailing Address 2615 Hall Street SE			FEC Identification Number C [] Transaction ID : BBB721EED Amount of Each Disbursement this Period [] 250.00		
City Grand Rapids	State MI	Zip Code 49506-3506	Category/Type []		
Purpose of Disbursement Direct Contribution			Memo Item <input type="checkbox"/>		
Candidate Name		Disbursement For: 2023 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:				
SUBTOTAL of Disbursements This Page (optional)..... ▶			[] 1500.00		
TOTAL This Period (last page this line number only)..... ▶			[]		

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. VanderWall Majority Fund

Full Name (Last, First, Middle Initial)

Mailing Address 106 W. Allegan St, Ste 200

City Lansing State MI Zip Code 48933-1720

Purpose of Disbursement Direct Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2023 Primary General Other (specify) Other

State: District:

Date of Disbursement 05 / 23 / 2023

FEC Identification Number C

Transaction ID : BFD7AEF4A4

Amount of Each Disbursement this Period 250.00

Memo Item

B. MI Forward Fund

Full Name (Last, First, Middle Initial)

Mailing Address 428 W Lenawee

City Lansing State MI Zip Code 48933-2240

Purpose of Disbursement Direct Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2023 Primary General Other (specify) Other

State: District:

Date of Disbursement 05 / 23 / 2023

FEC Identification Number C

Transaction ID : B6A8EE6A20

Amount of Each Disbursement this Period 1000.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) Other

State: District:

Date of Disbursement

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	5250.00