

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 2850 West Grand Boulevard
Check if different than previously reported. (ACC) Detroit MI 48202-2643

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00410670 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [07] / [01] / [2022] through [09] / [30] / [2022]

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 [10] / [04] / [2022]

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="2022"/>		23126.16
(b) Cash on Hand at Beginning of Reporting Period.....	42655.91	
(c) Total Receipts (from Line 19)	7983.22	27896.85
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	50639.13	51023.01
7. Total Disbursements (from Line 31).....	1731.14	2115.02
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	48907.99	48907.99
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: / / To: / /

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).....	5709.73	20326.97
(ii) Unitemized	2273.49	7569.88
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7983.22	27896.85
(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)	7983.22	27896.85
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)).....▶	7983.22	27896.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	7983.22	27896.85

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	231.14	615.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	231.14	615.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	500.00
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).....	1000.00	1000.00
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)) ..	1731.14	2115.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1731.14	2115.02

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)	7983.22	27896.85
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7983.22	27896.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	231.14	615.02
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	231.14	615.02

**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 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <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. Boyer, Julie, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9201 Downing Rd
 City Birch Run State MI Zip Code 48415-9734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Mgr-Information Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 306.00

Date of Receipt 08 / 27 / 2022
Transaction ID : A74C1D9F41FAD4477B83
 Amount of Each Receipt this Period 85.00
 Memo Item
 Payroll Deduction: \$17.00/Bi-Weekly

B. 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 48183-3782
 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 ▼ 320.00

Date of Receipt 09 / 24 / 2022
Transaction ID : A08DB59F5A1D74929916
 Amount of Each Receipt this Period 112.00
 Memo Item
 Payroll Deduction: \$16.00/Bi-Weekly

C. 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 48135-1463
 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 ▼ 320.00

Date of Receipt 09 / 24 / 2022
Transaction ID : AA5E4123BE4C841579C2
 Amount of Each Receipt this Period 112.00
 Memo Item
 Payroll Deduction: \$16.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	309.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 19
<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 48336-4019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir-Population Health CBHM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 09 / 24 / 2022
Transaction ID : AF3F822B31C444A7688D
 Amount of Each Receipt this Period 112.00
 Memo Item
 Payroll Deduction: \$16.00/Bi-Weekly

B. Lafferty, Rory, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 759 Cherry Stone Drive
 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 ▼ 450.00

Date of Receipt 09 / 24 / 2022
Transaction ID : A4157517719C4462DA3B
 Amount of Each Receipt this Period 175.00
 Memo Item
 Payroll Deduction: \$25.00/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 48348-4373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) SVP & Chief Medical Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 24 / 2022
Transaction ID : A8FC88F5A2DC4415B917
 Amount of Each Receipt this Period 105.00
 Memo Item
 Payroll Deduction: \$15.00/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 8 OF 19
	<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. 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 48230-1850
 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 ▼ 769.40

Date of Receipt 09 / 24 / 2022
Transaction ID : A8F9C6C6B51AB4D43878
 Amount of Each Receipt this Period 269.29
 Memo Item
 Payroll Deduction: \$38.47/Bi-Weekly

B. 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 48317-6315
 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 ▼ 700.00

Date of Receipt 09 / 24 / 2022
Transaction ID : A735FAE226D1743DDBEA
 Amount of Each Receipt this Period 245.00
 Memo Item
 Payroll Deduction: \$35.00/Bi-Weekly

C. Rajendra, Archana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1976 Belwood Drive
 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 ▼ 769.20

Date of Receipt 09 / 24 / 2022
Transaction ID : AFA32808BF5644BE0A72
 Amount of Each Receipt this Period 538.44
 Memo Item
 Payroll Deduction: \$76.92/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	1052.73
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 19
	<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. 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 07 / 08 / 2022
Transaction ID : ADD1E79898801429EBD3
 Amount of Each Receipt this Period 400.00
 Memo Item
 Payroll Deduction: \$400.00/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 ▼ 1000.00

Date of Receipt 09 / 24 / 2022
Transaction ID : A24417045DDFF4E2F83B
 Amount of Each Receipt this Period 350.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

C. 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 48331-2706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP-Product Strategy MrkngComm
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 24 / 2022
Transaction ID : A6846AA2EC5894BA1A94
 Amount of Each Receipt this Period 245.00
 Memo Item
 Payroll Deduction: \$35.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	995.00
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 10 OF 19
<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, 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 ▼ 765.00

Date of Receipt 08 / 13 / 2022
Transaction ID : ABDF7D0C677434632AD4
 Amount of Each Receipt this Period 180.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

B. 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 ▼ 510.00

Date of Receipt 09 / 24 / 2022
Transaction ID : A50B5AFDED4404644897
 Amount of Each Receipt this Period 280.00
 Memo Item
 Payroll Deduction: \$40.00/Bi-Weekly

C. Hutchison, Todd, Eric, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 773 Whittier
 City Grosse Pointe Park State MI Zip Code 48230-1863
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP-Financial Planning&Analysis
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 24 / 2022
Transaction ID : A8E131CCD502B4E55915
 Amount of Each Receipt this Period 245.00
 Memo Item
 Payroll Deduction: \$35.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	705.00
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 11 OF 19
	<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. 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 48070-1606
 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 ▼ 340.00

Date of Receipt 08 / 13 / 2022
Transaction ID : A502E6CBEF7584980852
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll Deduction: \$20.00/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 ▼ 540.00

Date of Receipt 09 / 24 / 2022
Transaction ID : A2D6EA4064F17448ABCD
 Amount of Each Receipt this Period 360.00
 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 ▼ 500.00

Date of Receipt 09 / 24 / 2022
Transaction ID : AD1B4F697218E4D17BBE
 Amount of Each Receipt this Period 300.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	740.00
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 19
<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. De Ceuninck, Adriane, Jean, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 909 Still Valley Drive
 City Howell State MI Zip Code 48855-8360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Mgr-Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 24 / 2022
Transaction ID : A1A7E1F7819494EB6976
 Amount of Each Receipt this Period 48.00
 Memo Item
 Payroll Deduction: \$12.00/Bi-Weekly

B. 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 ▼ 320.00

Date of Receipt 09 / 24 / 2022
Transaction ID : AA7FD01ABEA404817829
 Amount of Each Receipt this Period 128.00
 Memo Item
 Payroll Deduction: \$32.00/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 48187-5610
 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 ▼ 240.00

Date of Receipt 09 / 24 / 2022
Transaction ID : A9B1839AE41A14369B51
 Amount of Each Receipt this Period 48.00
 Memo Item
 Payroll Deduction: \$12.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	224.00
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 13 OF 19
	<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. 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 48070-1606
 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 ▼ 457.00

Date of Receipt 09 / 24 / 2022
Transaction ID : A094D97FFAB90412F871
 Amount of Each Receipt this Period 117.00
 Memo Item
 Payroll Deduction: \$39.00/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 ▼ 990.00

Date of Receipt 09 / 24 / 2022
Transaction ID : AF06866EFF903474099C
 Amount of Each Receipt this Period 225.00
 Memo Item
 Payroll Deduction: \$75.00/Bi-Weekly

C. 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 ▼ 250.00

Date of Receipt 09 / 24 / 2022
Transaction ID : AA30F84A48C394B56815
 Amount of Each Receipt this Period 50.00
 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 14 OF 19
	<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. Kreis II, Kenneth, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 190 N. Youngs Rd.
 City Attica State MI Zip Code 48412-9683
 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 ▼ 218.00

Date of Receipt 09 / 24 / 2022
Transaction ID : AC0E011519A6242F9BE7
 Amount of Each Receipt this Period 24.00
 Memo Item
 Payroll Deduction: \$12.00/Bi-Weekly

B. Boyer, Julie, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9201 Downing Rd
 City Birch Run State MI Zip Code 48415-9734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Mgr-Information Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 306.00

Date of Receipt 09 / 24 / 2022
Transaction ID : AEB5AC8E24E514EAC949
 Amount of Each Receipt this Period 0.00
 Memo Item
 Payroll Deduction: \$0.00/Bi-Weekly

C. Smith, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2994 Cumberland Rd Unit 21
 City Berkley State MI Zip Code 48072-1614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP & Chief Actuary
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 24 / 2022
Transaction ID : A5A548295DADB48F5B24
 Amount of Each Receipt this Period 800.00
 Memo Item
 Payroll Deduction: \$800.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	824.00
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 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	<input type="checkbox"/> 18

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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
Hausenfluck, Merrill, , ,

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 ▼
228.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		24		2022

Transaction ID : AFD0B57CF8B804F719B7

Amount of Each Receipt this Period
76.00

Memo Item
Payroll Deduction: \$76.00/Bi-Weekly

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).....	76.00
TOTAL This Period (last page this line number only).....	5709.73

**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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	1		2	0	2	2		

FEC Identification Number

C

Transaction ID : B1C4384BA6

Amount of Each Disbursement this Period

63.98

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				0	9		2	0	2	2		

FEC Identification Number

C

Transaction ID : B9F61259892

Amount of Each Disbursement this Period

63.98

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				0	9		2	0	2	2		

FEC Identification Number

C

Transaction ID : B8B796ADBI

Amount of Each Disbursement this Period

63.98

Memo Item

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

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

191.94

**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	9		1	4		2	0	2	2

FEC Identification Number

C []

Transaction ID : BDF0086ADF
Amount of Each Disbursement this Period

[] 39.20

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

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

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)..... ▶

[] 39.20

[] 231.14

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 checked="" 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. ADAM HOLLIER FOR CONGRESS

Mailing Address 220 BELMONT STREET

City: DETROIT State: MI Zip Code: 48202

Purpose of Disbursement
Contribution to Committee

Candidate Name
Hollier, Adam, , Sen.,

Office Sought: House Disbursement For: 2022

Senate Primary General

President Other (specify) ▼

State: MI District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2022

FEC Identification Number

C C00801761

Transaction ID : B55B90CDA4
Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Disbursement For:

Senate Primary General

President Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D 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 Disbursement For:

Senate Primary General

President Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D 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).....▶

500.00

500.00

**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

A. Dayna Polehanki for State Senate

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 51843

M M M	/	D D D	/	Y Y Y Y Y
09		01		2022

City Livonia State MI Zip Code 48151-5843

FEC Identification Number

Purpose of Disbursement
Contribution to State Committee

C []

Candidate Name

Category/
Type

Transaction ID : B7D3F004E1I

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2022
 Primary General
 Other (specify) ▼

[] 500.00

State: District:

Memo Item

B. VanderWall Majority Fund

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 730 N. Hayford Ave

M M M	/	D D D	/	Y Y Y Y Y
07		25		2022

City Lansing State MI Zip Code 48912-4320

FEC Identification Number

Purpose of Disbursement
Contribution to State Committee

C []

Candidate Name

Category/
Type

Transaction ID : B04D4AC5C2

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2022
 Other (specify) Other

[] 500.00

State: District:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

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

City State Zip Code

FEC Identification Number

Purpose of Disbursement

C []

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

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

[]

State: District:

Memo Item

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

[] 1000.00

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

[] 1000.00