



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2016"/>		<input type="text" value="20684.71"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="21200.38"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="3404.76"/>	<input type="text" value="8494.52"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="24605.14"/>	<input type="text" value="29179.23"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="9169.04"/>	<input type="text" value="13743.13"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="15436.10"/>	<input type="text" value="15436.10"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="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: 04 / 01 / 2016 To: 06 / 30 / 2016

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).....	2507.58	5274.54
(ii) Unitemized .....	897.18	3219.98
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	3404.76	8494.52
(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) .....	3404.76	8494.52
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))..... ▶	3404.76	8494.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3404.76	8494.52

**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 .....	194.04	368.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	194.04	368.13
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 (2 U.S.C. §441a(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 .....	8975.00	13375.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	9169.04	13743.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9169.04	13743.13

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	3404.76	8494.52
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3404.76	8494.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	194.04	368.13
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	194.04	368.13

**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 17
	<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. Mark Giroux**  
Full Name (Last, First, Middle Initial)

Mailing Address 2127 Woodland Avenue

City State Zip Code  
Royal Oak MI 48073-3876

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

Name of Employer Occupation  
Health Alliance Plan AVP- Provider Contracting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2016

**Transaction ID : PR100554524040**

Amount of Each Receipt this Period  
120.00

Memo Item

P/R Deduction (\$20.00 Bi-Weekly)

**B. Timothy Sullivan**  
Full Name (Last, First, Middle Initial)

Mailing Address 18331 Laraugh Drive

City State Zip Code  
Northville MI 48168

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

Name of Employer Occupation  
Health Alliance Plan VP- Healthcare Affrd & Prf Imp

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 369.24

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2016

**Transaction ID : PR100554824040**

Amount of Each Receipt this Period  
184.62

Memo Item

P/R Deduction (\$30.77 Bi-Weekly)

**C. Todd Eric Hutchison**  
Full Name (Last, First, Middle Initial)

Mailing Address 773 Whittier

City State Zip Code  
Grosse Pointe Park MI 48230

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

Name of Employer Occupation  
Health Alliance Plan SVP- Chief Finance Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 692.40

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2016

**Transaction ID : PR124815124040**

Amount of Each Receipt this Period  
346.20

Memo Item

P/R Deduction (\$57.70 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.82
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 17
	<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. Meghan Sheedy Mcinnis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5042 Avery Street  
 City Detroit State MI Zip Code 48208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Alliance Plan Occupation Dir-Provider Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR131942624040**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. Irita Matthews**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 861 Whittier  
 City Grosse Pointe Park State MI Zip Code 48230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Alliance Plan Occupation Associate General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.52

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR75326424040**  
 Amount of Each Receipt this Period 230.76  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. John David Calabria**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2030 Brinston  
 City Troy State MI Zip Code 48083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Alliance Plan Occupation Sr Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR75330624040**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 17
	<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. Matthew M Walsh**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5770 Kirkridge Trail  
 City Oakland Township State MI Zip Code 48306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Alliance Plan Occupation SVP- Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR75334724040**  
 Amount of Each Receipt this Period 450.00  
 Memo Item  
 P/R Deduction (\$75.00 Bi-Weekly)

**B. Rachel A Powell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 543 Thurber  
 City Troy State MI Zip Code 48085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Alliance Plan Occupation Dir - MA Revenue Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR75336224040**  
 Amount of Each Receipt this Period 108.00  
 Memo Item  
 P/R Deduction (\$18.00 Bi-Weekly)

**C. Cynthia L Hoffman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5768 Whitehaven Dr  
 City Troy State MI Zip Code 48085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Alliance Plan Occupation Dir- eCommerce & Tech Planning  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : PR75337424040**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	708.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 17
	<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. Scott T Allen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3066 Richmond Dr.  
 City Clarkston State MI Zip Code 48348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Alliance Plan Occupation AVP - Labor Affairs  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2016**  
**Transaction ID : PR75339424040**  
 Amount of Each Receipt this Period **150.00**  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. Rory P. Lafferty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 759 Cherry Stone Drive #2D  
 City Canton State MI Zip Code 48188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Alliance Plan Occupation Dir- Government&Lgsltv Affairs  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt **06 / 30 / 2016**  
**Transaction ID : PR75341724040**  
 Amount of Each Receipt this Period **120.00**  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Joel T Keiper**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3812 Miller Way South  
 City Bloomfield State MI Zip Code 48301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Alliance Plan Occupation VP- Corp Strategic Planning  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **276.00**

Date of Receipt **06 / 30 / 2016**  
**Transaction ID : PR87082124040**  
 Amount of Each Receipt this Period **138.00**  
 Memo Item  
 P/R Deduction (\$23.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>408.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 10 OF 17  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Dan Ellis Champney**

Mailing Address 9186 Hidden Oaks Dr

City State Zip Code  
Grand Blanc MI 48439

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

Name of Employer Occupation  
Health Alliance Plan Deputy General Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : PR99462024040**

Amount of Each Receipt this Period  
240.00

Memo Item

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B.**

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2507.58

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Comerica Bank**

Mailing Address P.O. Box 75000

City State Zip Code  
Detroit MI 48275

Purpose of Disbursement  
merchant fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 9827861**

Amount of Each Disbursement this Period

Memo Item  
merchant fee

Full Name (Last, First, Middle Initial)

**B. Comerica Bank**

Mailing Address P.O. Box 75000

City State Zip Code  
Detroit MI 48275

Purpose of Disbursement  
merchant fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 9827862**

Amount of Each Disbursement this Period

Memo Item  
merchant fee

Full Name (Last, First, Middle Initial)

**C. Comerica Bank**

Mailing Address P.O. Box 75000

City State Zip Code  
Detroit MI 48275

Purpose of Disbursement  
merchant service charge

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 9880398**

Amount of Each Disbursement this Period

Memo Item  
merchant service charge

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Comerica Bank**

Mailing Address P.O. Box 75000

City State Zip Code  
Detroit MI 48275

Purpose of Disbursement  
merchant service charge

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 9880399**

Amount of Each Disbursement this Period

Memo Item  
merchant service charge

Full Name (Last, First, Middle Initial)

**B. Comerica Bank**

Mailing Address P.O. Box 75000

City State Zip Code  
Detroit MI 48275

Purpose of Disbursement  
merchant service charge

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 9907884**

Amount of Each Disbursement this Period

Memo Item  
merchant service charge

Full Name (Last, First, Middle Initial)

**C. Comerica Bank**

Mailing Address P.O. Box 75000

City State Zip Code  
Detroit MI 48275

Purpose of Disbursement  
merchant fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 9960412**

Amount of Each Disbursement this Period

Memo Item  
merchant fees

**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"/> 24	<input type="checkbox"/> 25	<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. Michigan Values Leadership Fund**

Mailing Address P.O. Box 261

City DeWitt State MI Zip Code 48820

Purpose of Disbursement  
Direct Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 9792265**

Amount of Each Disbursement this Period

Memo Item  
Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Jim Tedder**

Mailing Address 4900 Lakeview Blvd.

City Clarkston State MI Zip Code 48352

Purpose of Disbursement  
Direct Contribution

**011**  
Category/  
Type

Candidate Name

**MI Rep. Jim Tedder**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 9792266**

Amount of Each Disbursement this Period

Memo Item  
Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Mike Duggan for Detroit**

Mailing Address 400 Monroe St  
Suite 206A

City Detroit State MI Zip Code 48226

Purpose of Disbursement  
Direct Contribution

**011**  
Category/  
Type

Candidate Name

**Mike Duggan**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 9792267**

Amount of Each Disbursement this Period

Memo Item  
Direct Contribution

**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"/> 24	<input type="checkbox"/> 25	<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. Friends of Frank Liberati**

Mailing Address 9068 Quandt

City State Zip Code  
Allen Park MI 48101

Purpose of Disbursement  
Direct Contribution

**011**  
Category/  
Type

Candidate Name  
**MI Rep. Frank Liberati**

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

Date of Disbursement

/  /

**Transaction ID : 9792268**

Amount of Each Disbursement this Period

Memo Item  
Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Moving Michigan Forward 2**

Mailing Address 106 W. Allegan St.  
Ste. 200

City State Zip Code  
Lansing MI 48933

Purpose of Disbursement  
Direct Contribution

**011**  
Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : 9803828**

Amount of Each Disbursement this Period

Memo Item  
Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Michigan Association of Health Plans PAC (MAHP PAC)**

Mailing Address 327 Seymour

City State Zip Code  
Lansing MI 48933

Purpose of Disbursement  
Direct Contribution

**011**  
Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : 9803829**

Amount of Each Disbursement this Period

Memo Item  
Direct Contribution

**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"/> 24	<input type="checkbox"/> 25	<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. Friends of Daniela Garcia**

Mailing Address 22 E 29th Street

City State Zip Code  
Holland MI 49423

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Daniela Garcia**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 27 / 2016

**Transaction ID : 9834829**

Amount of Each Disbursement this Period

500.00

Memo Item  
Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Friends of Abdullah Hammoud**

Mailing Address PO Box 2719

City State Zip Code  
Dearborn MI 48124

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Abdullah Hammoud**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2016

**Transaction ID : 9844676**

Amount of Each Disbursement this Period

500.00

Memo Item  
Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Ananich Future Fund**

Mailing Address PO Box 16053

City State Zip Code  
Lansing MI 48901

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2016

**Transaction ID : 9844953**

Amount of Each Disbursement this Period

500.00

Memo Item  
Direct Contribution

**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"/> 24	<input type="checkbox"/> 25	<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. Committee to Elect Klint Kesto**

Mailing Address PO Box 1193

City Walled Lake State MI Zip Code 48390

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**MI Rep. Klint Kesto**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 10 / 2016

**Transaction ID : 9859589**

Amount of Each Disbursement this Period

125.00

Memo Item  
Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Cmte to Re-Elect Benny Napoleon Sheriff**

Mailing Address PO Box 32974

City Detroit State MI Zip Code 48232

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Benny Napoleon**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 17 / 2016

**Transaction ID : 9866660**

Amount of Each Disbursement this Period

500.00

Memo Item  
Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Friends of Warren C. Evans**

Mailing Address 1959 E Jefferson Avenue

City Detroit State MI Zip Code 48207

Purpose of Disbursement  
stop payment - check lost

011

Candidate Name

**Warren C. Evans**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 12 / 2016

**Transaction ID : 9880400**

Amount of Each Disbursement this Period

-250.00

Memo Item  
stop payment - check lost

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

375.00

**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"/> 24	<input type="checkbox"/> 25	<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. Michigan Values Leadership Fund**

Mailing Address P.O. Box 261

City DeWitt State MI Zip Code 48820

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2016

Transaction ID : 9918604

Amount of Each Disbursement this Period

500.00

Memo Item  
Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Stamas Leadership PAC**

Mailing Address 1731 Glue Grass Road

City Lansing State MI Zip Code 48906

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2016

Transaction ID : 9927694

Amount of Each Disbursement this Period

250.00

Memo Item  
Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Al Pscholka for State Rep Cmte**

Mailing Address 5810 Longhorn Trail

City Stevensville State MI Zip Code 49127

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

Category/  
Type

**MI Rep. Al Pscholka**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2016

Transaction ID : 9927695

Amount of Each Disbursement this Period

250.00

Memo Item  
Direct Contribution

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

1000.00

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

8975.00