

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15 Quarterly Report (Q1) [X]
(b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11)
(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 01 / 01 / 2016 through 03 / 31 / 2016

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 Rory Lafferty

Signature of Treasurer Rory Lafferty [Electronically Filed] Date 04 / 14 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**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="20684.71"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5089.76"/>	<input type="text" value="5089.76"/>
(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="25774.47"/>	<input type="text" value="25774.47"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4574.09"/>	<input type="text" value="4574.09"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="21200.38"/>	<input type="text" value="21200.38"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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: 01 / 01 / 2016 To: 03 / 31 / 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).....	2766.96	2766.96
(ii) Unitemized	2322.80	2322.80
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)..... ▶	5089.76	5089.76
(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)	5089.76	5089.76
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))..... ▶	5089.76	5089.76
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)..... ▶	5089.76	5089.76

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

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	174.09	174.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	174.09	174.09
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	4400.00	4400.00
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)) ..	4574.09	4574.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4574.09	4574.09

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)	5089.76	5089.76
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5089.76	5089.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	174.09	174.09
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	174.09	174.09

**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 11
	<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	<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. Todd Eric Hutchison
Full Name (Last, First, Middle Initial)
Mailing Address 773 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 SVP- Chief Finance Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : PR124815122050

Amount of Each Receipt this Period
346.20

Memo Item

P/R Deduction (\$57.70 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 ▼
230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : PR75326422050

Amount of Each Receipt this Period
230.76

Memo Item

P/R Deduction (\$38.46 Bi-Weekly)

C. 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 ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : PR75334722050

Amount of Each Receipt this Period
450.00

Memo Item

P/R Deduction (\$75.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1026.96
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 11
	<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. Annette M Marcat
 Full Name (Last, First, Middle Initial)
 Mailing Address 14691 24 Mile Road
 City Shelby Township State MI Zip Code 48315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation VP-Chief Information Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 31 / 2016
Transaction ID : PR77555722050
 Amount of Each Receipt this Period 1500.00
 Memo Item
 P/R Deduction (\$1500.00 Bi-Weekly)

B. Dan Ellis Champney
 Full Name (Last, First, Middle Initial)
 Mailing Address 9186 Hidden Oaks Dr
 City Grand Blanc State MI Zip Code 48439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation Deputy General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 31 / 2016
Transaction ID : PR99462022050
 Amount of Each Receipt this Period 240.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

C.
 Full Name (Last, First, Middle Initial)
 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
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1740.00
TOTAL This Period (last page this line number only).....▶	2766.96

**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. CTE Andre L. Spivey

Mailing Address PO Box 32988

City State Zip Code
Detroit MI 48232

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Andre L. Spivey

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2016

Transaction ID : 9668877

Amount of Each Disbursement this Period

200.00

Memo Item
Direct Contribution

Full Name (Last, First, Middle Initial)

B. AI Pscholka for State Rep Cmte

Mailing Address 5810 Longhorn Trail

City State Zip Code
Stevensville MI 49127

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Rep. AI Pscholka

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2016

Transaction ID : 9668881

Amount of Each Disbursement this Period

1000.00

Memo Item
Direct Contribution

Full Name (Last, First, Middle Initial)

C. Mike Callton for State Representative

Mailing Address PO Box 676

City State Zip Code
Nashville MI 49073

Purpose of Disbursement
Direct Contribution

011

Candidate Name

MI Rep. Mike Callton

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2016

Transaction ID : 9703238

Amount of Each Disbursement this Period

250.00

Memo Item
Direct Contribution

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

1450.00

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. Knezek for Michigan PAC

Mailing Address 8033 ARNOLD ST

City DEARBORN HEIGHTS State MI Zip Code 48127

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 : 9719132

Amount of Each Disbursement this Period

Memo Item
Direct Contribution

Full Name (Last, First, Middle Initial)

B. John B. O'Reilly, Jr. Committee

Mailing Address PO Box 4521

City Dearborn State MI Zip Code 48126

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name

John O'Reilly, Jr.

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 9761398

Amount of Each Disbursement this Period

Memo Item
Direct Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Kristy Pagan

Mailing Address PO Box 871451

City Canton State MI Zip Code 48187

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name

MI Rep. Kristy Pagan

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 9761399

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 Phil Phelps

Mailing Address 1021 Kensington Avenue

City State Zip Code
Flint MI 48503

Purpose of Disbursement
Direct Contribution

011

Candidate Name
Phil Phelps

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 17 / 2016

Transaction ID : 9761400

Amount of Each Disbursement this Period

250.00

Memo Item
Direct Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Robert Wittenberg

Mailing Address 26131 Harding St

City State Zip Code
Oak Park MI 48237

Purpose of Disbursement
Direct Contribution

011

Candidate Name
MI Rep. Robert Wittenberg

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 17 / 2016

Transaction ID : 9763273

Amount of Each Disbursement this Period

250.00

Memo Item
Direct Contribution

Full Name (Last, First, Middle Initial)

C. Chris Afendoulis for State House

Mailing Address 240 Edgehill SE

City State Zip Code
Grand Rapids MI 49546

Purpose of Disbursement
Direct Contribution

011

Candidate Name
MI Rep. Chris Afendoulis

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2016

Transaction ID : 9776885

Amount of Each Disbursement this Period

500.00

Memo Item
Direct Contribution

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

1000.00

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 House Democratic Fund

Mailing Address PO Box 16193

City State Zip Code
Lansing MI 48901-6193

Purpose of Disbursement
Direct Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 9776886

Amount of Each Disbursement this Period

Memo Item
Direct Contribution

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

/ /

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

/ /

Amount of Each Disbursement this Period

Memo Item

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

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