PAGE 1 / 26

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

TOKW 3X	For	Other 1	han An A	uthorized	d Commi	ttee		Office U	se Only	
NAME OF COMMITTEE (in fu		E OR PR	INT ▼		mple: If ty		12FI	E4M5		
Health Alliance	Plan PAC									
ADDRESS (number and ▼ Check if difference	street)	350 West	Grand Boule	vard						
than previously reported. (ACC		etroit		1			MI	48202	2-2643	
2. FEC IDENTIFICA	TION NUMBI	ER ▼		CITY 🛦			STATE 4	\	ZIP COD	E 🛦
C C00410670			3.	. IS THIS REPORT	×	NEW (N) OR		AMENDED (A)		
4. TYPE OF REPO (Choose One) (a) Quarterly Repo	(b) Month Report Due C	in:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)		May 20 (M5) Jun 20 (M6) Jul 20 (M7)		Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
July 15	Report (Q1) Report (Q2)	P	2-Day PRE-Election Report for the		Primary (1	2P)	=	neral (12G) ecial (12S)		Runoff (12R)
January 3	Report (Q3) 1 Report (YE)		Ele	ection on	M = M	/ D D /	YIYI	Y Y	in the State of	
Year Only	on-election (MY)	P	0-Day POST-Election		General (3	30G)	Ru	noff (30R)	:	Special (30S)
Terminatio (TER)	n Report			ection on	M = M	/ D = D /	Y	Y	in the State of	
5. Covering Period	M M /	01	/ Y Y 202	23	through	12	/ D 31	D / Y Y 20	23	
I certify that I have exa Type or Print Name of	1	eport and afferty, R		t of my kno	wledge and	d belief it is t	rue, corre	ct and comple	te.	
Signature of Treasurer	Lafferty, R	ory, , ,					Date	01 / 19	D /	2024
NOTE: Submission of fal	se, erroneous,	or incom	plete inform	ation may sı	ubject the p	erson signing	this Repo	rt to the penalti	es of 52 l	J.S.C. § 30109
Office Use									FORI Rev. 05/20	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name Health Alliance Plan PAC 2023 31 2023 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 46414.34 January 1, 2023 (b) Cash on Hand at 61367.24 Beginning of Reporting Period..... 17580.65 38112.85 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 84527.19 78947.89 6(a) and 6(c) for Column B)..... 22633.51 17054.21 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 61893.68 61893.68 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

Debts and Obligations Owed BY
the Committee (Itemize all on

Schedule C and/or Schedule D)

0.00

0.00

×

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 05/2016)	of Receipts	Page 3
Write or Type Committee Name		
Health Alliance Plan PAC		
	M M / D D / Y Y Y Y	M = M / D = D / Y = Y = Y

Report Covering the Period: From:	/ 01 / 2023 To:	12 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
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)	15774.89	29290.38		
(ii) Unitemized(iii) TOTAL (add	1805.76	8822.47		
Lines 11(a)(i) and (ii)	17580.65	38112.85		
(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)▶	17580.65	38112.85		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00		
13. All Loans Received	0.00	0.00		
14. Loan Repayments Received15. Offsets To Operating Expenditures	0.00	0.00		
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00		
to Federal Candidates and Other Political Committees	0.00	0.00		
 17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00		
(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))▶	17580.65	38112.85		
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	17580.65	38112.85		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	Total This Period			
. Operating Expenditures: — (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	254.24	583.51		
Expenditures(c) Total Operating Expenditures	254.21	303.31		
(add 21(a)(i), (a)(ii), and (b))▶	254.21	583.51		
Transfers to Affiliated/Other Party Committees	0.00	0.00		
Contributions to Federal Candidates/Committees and Other Political Committees	1000.00	1000.00		
Independent Expenditures	4 4	200		
(use Schedule E)	0.00	0.00		
(use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00		
L	4 4 4			
(b) Political Party Committees	0.00	0.00		
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00		
Other Disbursements (Including	4 4	4 4		
Non-Federal Donations)	15800.00	21050.00		
Federal Election Activity (52 U.S.C. § 30101(20) (a) Allocated Federal Election Activity (from Schedule H6)				
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00		
Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	17054.21	22633.51		
Total Federal Disbursements	, , , , , , , , , , , , , , , , , , , ,			
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	17054.21	22622 54		
,	17004.21	22633.51		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 17580.65 38112.85 (from Line 11(d), page 3) 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 38112.85 17580.65 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 254.21 583.51 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 254.21 583.51 (subtract Line 37 from Line 36)

26 FOR LINE NUMBER: PAGE 6 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Davis, Ron, , , Date of Receipt Mailing Address 6451 Kennesaw Rd 04 2023 City Zip Code State Transaction ID: AE1FB2FE8EF9540D3A8E MI 48187-1278 Canton Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan **Dir-Vendor Management** Payroll Deduction: \$50.00/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wejrandt, Shannon, , , Date of Receipt Mailing Address 21353 Flag Dr 12 22 2023 City State Zip Code Transaction ID: A5D0CAFE34646400CAB5 Macomb MI 48042-4332 Amount of Each Receipt this Period FEC ID number of contributing 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan **Dir-Provider Network Mgmt** Payroll Deduction: \$20.00/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Palermo, Charles, , , Date of Receipt Mailing Address 1820 Kenmore Dr 2023 22 City Zip Code Transaction ID: A4152A138AF314C1681C State MI Grosse Pointe Woods 48236-1982 Amount of Each Receipt this Period FEC ID number of contributing C 416.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **VP- Claim Services** Health Alliance Plan Payroll Deduction: \$32.00/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 826.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

26 FOR LINE NUMBER: **PAGE** OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Rader, Tracie, , , Date of Receipt Mailing Address 3009 Grand Park 2023 City Zip Code State Transaction ID: A96AC16B9DFDA4FB4972 MI 48307-5181 Rochester Hills Amount of Each Receipt this Period FEC ID number of contributing C 520.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Health Alliance Plan Dir - Commercial Enrollment Payroll Deduction: \$40.00/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 880.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Randle, Johnathan, , , Date of Receipt Mailing Address 1867 Chipping Way 12 22 2023 City State Zip Code Transaction ID: A270DD231018C4BA4AAF Bloomfield Hills MI 48302-1711 Amount of Each Receipt this Period FEC ID number of contributing 650.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Dir-Gov't Programs Compliance Health Alliance Plan Payroll Deduction: \$50.00/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bennett, Charity, , , Date of Receipt Mailing Address 500 Rosewood Ave SE 2023 10 City State Zip Code Transaction ID: AE08233D9FA7B463FB62 MI **Grand Rapids** 49506-2828 Amount of Each Receipt this Period FEC ID number of contributing C 480.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **VP-Transformation** Health Alliance Plan Payroll Deduction: \$60.00/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) 1650.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 - - 7

26 FOR LINE NUMBER: PAGE 8 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Otuyelu, Nike, , , Date of Receipt Mailing Address 24635 Queensfield Ct 2023 City Zip Code State Transaction ID: A2BCCA63C07414A4190A TX 77494-4549 Katy Amount of Each Receipt this Period FEC ID number of contributing C 897.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Chief Compliance Officer Payroll Deduction: \$69.00/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 1035.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hibbett, Darryl, , , Date of Receipt Mailing Address 5434 Claridge Ln 12 22 2023 City State Zip Code Transaction ID: ABDCD9142B63F4C8A972 West Bloomfield MI 48322-3862 Amount of Each Receipt this Period FEC ID number of contributing 325.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Dir-Labor Affairs Health Alliance Plan Payroll Deduction: \$25.00/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 625.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Matthews, Irita, , , Date of Receipt Mailing Address 861 Whittier Rd 2023 21 City State Zip Code Transaction ID: A012BD78ACCD844C0880 MI Grosse Pointe Park 48230-1850 Amount of Each Receipt this Period FEC ID number of contributing C 115.41 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Senior Counsel Payroll Deduction: \$38.47/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 577.05 Other (specify) 1337.41 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 - - 7

26 FOR LINE NUMBER: PAGE 9 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Zbytowski, Jennifer, Brooks, , Date of Receipt Mailing Address 49206 Saint Nicholas 2023 City Zip Code State Transaction ID: A08B1411FB39E4BB790E Shelby Township MI 48317-6315 Amount of Each Receipt this Period FEC ID number of contributing C 650.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan VP-Admin & Bus Dev Support Payroll Deduction: \$50.00/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 1115.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Rajendra, Archana, , , Date of Receipt Mailing Address 1976 Belwood Dr 10 07 2023 City State Zip Code Transaction ID: A5219E0D001EC441EAD5 Okemos MI 48864-5969 Amount of Each Receipt this Period FEC ID number of contributing 615.36 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan VP-Deputy Gen Counsel Ins Ops Payroll Deduction: \$76.92/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 1538,40 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Vanderburg, Marc, , , Date of Receipt Mailing Address 25750 Ivanhoe Rd 2023 08 04 City State Zip Code Transaction ID: AADEF970DDA624DE0873 MI **Huntington Woods** 48070-1606 Amount of Each Receipt this Period FEC ID number of contributing C 117.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan VP- Commercial Bus & Sales Ops Payroll Deduction: \$39.00/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 585.00 Other (specify) 1382.36 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

26 FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Harder, Christine, A., , Date of Receipt Mailing Address 3060 Woodcreek Way 2023 04 City Zip Code State Transaction ID: A8F78AC66D9754E8DBC0 Bloomfield Hills MI 48304-1862 Amount of Each Receipt this Period FEC ID number of contributing C 225.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan SVP-Provider Network Mgmt Payroll Deduction: \$75.00/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 1125.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ronan, Dianna, Lynn, , Date of Receipt Mailing Address 2156 Cumberland Dr 12 22 2023 City State Zip Code Transaction ID: AA1CCE6541F1E4E0399D **Brighton** MI 48114-8990 Amount of Each Receipt this Period FEC ID number of contributing 650.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **VP-Financial Services** Health Alliance Plan Payroll Deduction: \$50.00/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Holzhausen, Jeffrey, , , Date of Receipt Mailing Address 2523 Wheeler Dr 2023 08 04 City State Zip Code Transaction ID: A137261C179034BB888F MI Chelsea 48118-9224 Amount of Each Receipt this Period FEC ID number of contributing C 120.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan VP-ProviderContracting&NtwkDev Payroll Deduction: \$40.00/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 995.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

26 FOR LINE NUMBER: PAGE 11 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Vargovich, Troy, , , Date of Receipt Mailing Address 41500 Ladywood Ct 2023 City Zip Code State Transaction ID: A3C2E0AB8F0DA4998AEF MI Northville 48168-2342 Amount of Each Receipt this Period FEC ID number of contributing C 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Dir- Underwriting Payroll Deduction: \$20.00/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hausenfluck, Merrill, , , Date of Receipt Mailing Address 4223 W Vasconia St 08 21 2023 City State Zip Code Transaction ID: A1599E40F945E4925AD5 FL Tampa 33629-8418 Amount of Each Receipt this Period FEC ID number of contributing 304.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SVP- Chief Financial Officer Health Alliance Plan Payroll Deduction: \$76.00/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 1216,00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Crowley, Christopher, , , Date of Receipt Mailing Address 5300 Riverwalk Trl 2023 21 City State Zip Code Transaction ID: AA02A72E7FF59410CA19 MI Commerce Twp 48382-2842 Amount of Each Receipt this Period FEC ID number of contributing C 225.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Pres-AdminSystemsResearch Payroll Deduction: \$25.00/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 525.00 Other (specify) 789.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

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

C.

Image# 202401199600122926			
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 OF 26 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using t			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC			
Full Name of Individual (Last, First, Middle I Donovan, Buff, L, , Mailing Address 22745 Power Rd	Initial) or Full O	rganization Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Farmington	State MI	Zip Code 48336-4019	Transaction ID : A5BAD4525CF5E430CA13 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		208.00
Name of Employer (for Individual) Health Alliance Plan		upation (for Individual) Population Health CBHM	Memo Item Payroll Deduction: \$16.00/Bi-Weekly
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
Full Name of Individual (Last, First, Middle In Tischer, Charles, , , Mailing Address 3095 Honor Dr	Initial) or Full O	rganization Name	Date of Receipt 12 22 2023
City Rochester Hills	State MI	Zip Code 48309-4013	Transaction ID : A644FD885C9084796816 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		260.00
Name of Employer (for Individual) Health Alliance Plan	l	upation (for Individual) Mid Michigan Market	Memo Item Payroll Deduction: \$20.00/Bi-Weekly
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 445.00	
Full Name of Individual (Last, First, Middle I Schoenjahn, Curtis, , ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 3660 Seney Dr			M = M / D = D / Y = Y = Y

Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Health Alliance Plan	Dir- Mid Michigan Market	Payroll Deduction: \$20.00/Bi-Weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 445.00	
Full Name of Individual (Last, First, Middle In Schoenjahn, Curtis, , , Mailing Address 3660 Seney Dr	itial) or Full Organization Name	Date of Receipt
City Lake Orion	State Zip Code MI 48360-2706	Transaction ID : A826AD0843F9D4DB5948 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	221.00
Name of Employer (for Individual) Health Alliance Plan	Occupation (for Individual) Dir- Mid-Market Business	Memo Item Payroll Deduction: \$17.00/Bi-Weekly
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 425.00	
SUBTOTAL of Receipts This Page (optional)	• • • • • • • • • • • • • • • • • • •	689.00

SCHEDULE A (FEC Form 3X)

26 FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) ITEMIZED RECEIPTS for each category of the X 11a 11b 11c 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Lafferty, Rory, , , Date of Receipt Mailing Address 759 Cherry Stone Dr 2023 City Zip Code State Transaction ID: AA574730D072A452CAE7 MI Canton 48188-5304 Amount of Each Receipt this Period FEC ID number of contributing C 325.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Dir- Government&Lgsltv Affairs Payroll Deduction: \$25.00/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 625.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Treash, Michael, , , Date of Receipt Mailing Address 839 Ridgedale Ave 12 22 2023 City State Zip Code Transaction ID: A5AE5C2FF5A9147C78DB Birmingham MI 48009-5768 Amount of Each Receipt this Period FEC ID number of contributing 975.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **SVP- Chief Operating Officer** Health Alliance Plan Payroll Deduction: \$75.00/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 1875,00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Koslakiewicz, Glen, P,, Date of Receipt Mailing Address 30431 John Hauk St 2023 22 City State Zip Code Transaction ID: A7FF7F0F84ABB449EB76 MI Garden City 48135-1463 Amount of Each Receipt this Period FEC ID number of contributing C 208.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Dir- Fin Operations Payroll Deduction: \$16.00/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify)

SUBTOTAL of Receipts This Page (optional).....

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

7

1508.00

Use separate schedule(s) for each category of the		FOR LINE NUMBER: PAGE 14 OF 26							26		
		(check only one)									
Detailed Summary Page		X	11a		11b		11c		12		
			13		14		15		16		17
not be sold or used by any person for the purpose of soliciting contributions dress of any political committee to solicit contributions from such committee.											

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Heffner, Michael, , , Date of Receipt Mailing Address 43464 Vintners Place Dr 2023 04 City State Zip Code Transaction ID: AB49321F48A3C4C5D9F8 MI 48314-1333 Sterling Heights Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Mgr- Client Domain Services Payroll Deduction: \$15.00/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bloom, Charles, , , Date of Receipt Mailing Address 8308 Bridlewood Ct 12 22 2023 City State Zip Code Transaction ID: AE1A6C80F7B334CD1A2F Clarkston MI 48348-4373 Amount of Each Receipt this Period FEC ID number of contributing 180.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SVP & Chief Medical Officer Health Alliance Plan Payroll Deduction: \$15.00/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Pindolia, Kirit, , , Date of Receipt Mailing Address 43850 Wabeek Ln 2023 22 City State Zip Code Transaction ID: AD0DC8CBB56C14359B89 MI Northville 48168-8459 Amount of Each Receipt this Period FEC ID number of contributing C 184.56 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Medical Dir- Genetic & Genome Health Alliance Plan Payroll Deduction: \$15.38/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 384.50 Other (specify) 394.56 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

NAME OF COMMITTEE (In Full) Health Alliance Plan PAC

Mailing Address 373 Hillcrest Ave

FEC ID number of contributing

Name of Employer (for Individual)

General

federal political committee.

Other (specify)

Mailing Address 1253 Tulberry Cir

FEC ID number of contributing

Billis, Lori, , ,

Grosse Pointe Farms

Health Alliance Plan

Primary

B. Genord, Michael, , ,

Receipt For:

City

Rochester

City

26 FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt 31 2023 Zip Code Transaction ID: A93A4FA7B53E34DE7A96 48236-3151 Amount of Each Receipt this Period 400.00 Memo Item Occupation (for Individual) Medical Director-HCM Aggregate Year-to-Date ▼ 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt 08 15 2023 Zip Code Transaction ID : A78990450E2AB43E1857 48306-4821 Amount of Each Receipt this Period 1500.00 Memo Item 1500.00

federal political committee. Name of Employer (for Individual) Occupation (for Individual) EVP, HFHS & Pres & CEO, HAP Corporate Offices Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Borschke, Frank, , , Date of Receipt Mailing Address 1367 Whitehouse Ct 01 2023 City State Zip Code Transaction ID: AB319F127BDB94E51BE4 MI Rochester Hills 48306-3778 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Medical Director-HCM Health Alliance Plan Payroll Deduction: \$500.00/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 2400.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 OF 26 (check only one) X 11a
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	g are name and a	dared or any political committee	o to concil continuations from coordinates.
Health Alliance Plan PAC			
Full Name of Individual (Last, First, Middle A. Kreis II, Kenneth, C, ,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 190 N Youngs Rd			12 22 2023
City Attica	State MI	Zip Code 48412-9683	Transaction ID : A41E8074301AF4E5EB67 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	108.00	
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Health Alliance Plan	Mgr	-Appl Devlpmt & eCommerce	Payroll Deduction: \$12.00/Bi-Weekly
Receipt For: Primary General	Aggregate	Year-to-Date ▼	T ayron Boddonon, \$12.00/Bi Woonly
Other (specify) ▼	L	300.00	
Full Name of Individual (Last, First, Middl B. Elinski, Jenifer, , ,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 3434 Essex Dr			09 01 2023
City Troy	State MI	Zip Code 48084-2739	Transaction ID : AD71ED8389B5342B49B5 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		275.00
Name of Employer (for Individual) Health Alliance Plan		upation (for Individual) r Medical System Config & Regula	Memo Item atc Payroll Deduction: \$275.00/Bi-Weekly
Receipt For: Primary General	Aggregate	Year-to-Date ▼	- Taylor Boadonon, \$210.00/St Weekly
Other (specify) ▼		275.00	
Full Name of Individual (Last, First, Middl C. De Ceuninck, Adriane, Jean, ,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 909 Still Valley Dr			12
City Howell	State MI	Zip Code 48855-8360	Transaction ID : ACA03A2F285BA4C40BE Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		108.00
Name of Employer (for Individual) Health Alliance Plan		upation (for Individual) -Marketing	Memo Item Payroll Deduction: \$12.00/Bi-Weekly
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	1

SUBTOTAL of Receipts This Page (optional).....

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26 FOR LINE NUMBER: PAGE 17 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hurley, Kevin, Michael, , Date of Receipt Mailing Address 45504 Morningside Rd 2023 City Zip Code State Transaction ID: A536F446E43EA4483817 MI Canton 48187-5610 Amount of Each Receipt this Period FEC ID number of contributing C 108.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Mgr- Revenue Cycle & Recv Mgmt Payroll Deduction: \$12.00/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Moton, Joseph, , , Date of Receipt Mailing Address 35651 Eastmont Dr 09 23 2023 City State Zip Code Transaction ID: A98CB6F382CC84B51969 Sterling Heights MI 48312-3540 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan **Dir-Provider Network Mgmt** Payroll Deduction: \$400.00/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hearshen, Illana, , , Date of Receipt Mailing Address 6273 Potomac Cir 2023 22 City State Zip Code Transaction ID: A659E41B003A64B729B6 MI West Bloomfield 48322-2125 Amount of Each Receipt this Period FEC ID number of contributing C 77.56 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Mgr- Program Development Payroll Deduction: \$11.08/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 277.00 Other (specify) 585.56 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

26 FOR LINE NUMBER: PAGE 18 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Johnson, Ginger, , , Date of Receipt Mailing Address 8255 Rickie Ln 2023 City Zip Code State Transaction ID: ADF22F8A02CDD454487E MI Westland 48185-1610 Amount of Each Receipt this Period FEC ID number of contributing C 77.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Mgr- IPRS & LTAC Payroll Deduction: \$11.00/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Vrana, John, , , Date of Receipt Mailing Address 27813 Florence St 12 22 2023 City State Zip Code Transaction ID : A6F19B818EA984160989 Saint Clair Shores MI 48081-1681 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Mgr-Information Technology Payroll Deduction: \$10.00/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kopczyk, Michelle, , , Date of Receipt Mailing Address 11571 Erins Way 2023 22 City State Zip Code Transaction ID: A1264DA078DA54D3D9AF MI Bruce Twp 48065-1402 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Mgr-Provider Ops, ServiceExcel Payroll Deduction: \$10.00/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 177.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

26 FOR LINE NUMBER: PAGE 19 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Taylor, Jeffrey, P,, Date of Receipt Mailing Address 5153 Duffield Rd 2023 City Zip Code State Transaction ID: AF424174929E24315BCF MI Swartz Creek 48473-8601 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Mgr-Performance Improvement Payroll Deduction: \$10.00/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Anderson, Margaret, , , Date of Receipt Mailing Address 2920 Berkshire Dr 10 2023 City State Zip Code Transaction ID: A5F660E8253594434ACE Bloomfield Hills MI 48301-3403 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SVP- Chief Sales &Mktg Officer Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2550.00 SUBTOTAL of Receipts This Page (optional)..... 15774.89 TOTAL This Period (last page this line number only).....

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Full Name (Last, First, Middle Initial)				Date of Disbursement			
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City Detroit		Code 8275-0001		FEC Identification Number			
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Bank Fees							
Candidate Name			Category/	Transaction ID: B65DCC8858 Amount of Each Disbursement this Period			
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	ment For:	7 - :		44.36			
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B. Comerica Bank				Date of Disbursement			
Mailing Address PO Box 75000				08 11 / Y Y Y Y Y			
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Detroit		8275-0001		FEC Identification Number			
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^{C.} Comerica Bank				Date of Disbursement			
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Purpose of Disbursement Bank Fees Candidate Name	Primary	General		Amount of Each Disbursement this Period 41.41			
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Health Alliance Plan PAC Full Name (Last, First, Middle Initial) A. Comerica Bank Mailing Address PO Box 75000 City Derroit State: District: Full Name (Last, First, Middle Initial) B. Comerica Bank Mailing Address PO Box 75000 City Derroit Fundance Plant, First, Middle Initial) B. Comerica Bank Mailing Address PO Box 75000 City Derroit Full Name (Last, First, Middle Initial) B. Comerica Bank Mailing Address PO Box 75000 City Derroit Full Name (Last, First, Middle Initial) B. Comerica Bank Mailing Address PO Box 75000 City Derroit Fundance Plant First, Middle Initial) B. Comerica Bank Mailing Address PO Box 75000 City Derroit Fundance Plant First, Middle Initial) Comerica Bank Mailing Address PO Box 75000 City Derroit Fundance Plant First, Middle Initial) Comerica Bank Mailing Address PO Box 75000 City Derroit Fundance Plant First, Middle Initial) Comerica Bank Mailing Address PO Box 75000 City Derroit Fundance Plant First, Middle Initial) Comerica Bank Mailing Address PO Box 75000 City Derroit Fundance Plant First, Middle Initial) Comerica Bank Mailing Address PO Box 75000 City Derroit Fundance Plant First, Middle Initial) Comerica Bank Mailing Address PO Box 75000 City Derroit Fundance Plant First, Middle Initial) Comerica Bank Mailing Address PO Box 75000 City Derroit Fundance Plant First, Middle Initial) Comerica Bank Mailing Address PO Box 75000 City Derroit Fundance Plant First, Middle Initial) Comerica Bank Mailing Address PO Box 75000 City Derroit Fundance Plant First, Middle Initial Disbursement For: Transaction ID: BADA904CF Trans	ITEMIZED DISBURSEMENTS			1 ` *	´	7.00 <u> </u>		
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 committees. NAME OF COMMITTEE (In Fill) Health Alliance Plan PAC Full Name (Last, First, Middle Initial) Comerica Bank Mailing Address PO Box 75000 City Detroit Bank Fees Candidate Name Category/ Type City Detroit Full Name (Last, First, Middle Initial) Comerica Bank Mailing Address PO Box 75000 City Detroit Full Name (Last, First, Middle Initial) Comerica Bank Mailing Address PO Box 75000 City Detroit Full Name (Last, First, Middle Initial) Comerica Bank Mailing Address PO Box 75000 City Detroit Full Name (Last, First, Middle Initial) Comerica Bank Mailing Address PO Box 75000 City Detroit Full Name (Last, First, Middle Initial) Comerica Bank Mailing Address PO Box 75000 City Detroit Full Name (Last, First, Middle Initial) Comerica Bank Mailing Address PO Box 75000 City Detroit Full Name (Last, First, Middle Initial) Comerica Bank Mailing Address PO Box 75000 City Detroit Full Name (Last, First, Middle Initial) Comerica Bank Mailing Address PO Box 75000 City Detroit Full Name (Last, First, Middle Initial) Comerica Bank Mailing Address PO Box 75000 City Detroit Full Name (Last, First, Middle Initial) Comerica Bank Mailing Address PO Box 75000 City Detroit Full Name (Last, First, Middle Initial) Comerica Bank Mailing Address PO Box 75000 City State Distinct Full Name (Last, First, Middle Initial) Comerica Bank Mailing Address PO Box 75000 City State Distinct Full Name (Last, First, Middle Initial) Comerica Bank Mailing Address PO Box 75000 City State Distinct Full Name (Last, First, Middle Initial) Comerica Bank Mailing Address PO Box 75000 City State Distinct Full Name (Last, First, Middle Initial) Comerica Bank Mailing Address PO Box 75000 Memo Item Firmany Gategory Type Firmany General Firmany Gategory Type Firmany Gategory Type Manount of Each Disbursement Inits Period Type Type Type Type Type								
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Comerica Barik Mailing Address PO Box 75000 City Detroit Purpose of Disbursement Bank Fees Candidate Name Category/ Type Office Sought: House Primary General Other (specify) State: District: Subtotal of Disbursements This Page (optional)					Dota of D	obuwa		
City Detroit Purpose of Disbursement Bank Fees Candidate Name Office Sought: House President President State: District: Substate Disbursements This Page (optional)	Comerica Bank							
Detroit Purpose of Disbursement Bank Fees Candidate Name Office Sought: House Senate Primary General President State: District: Substotal of Disbursements This Page (optional)	Mailing Address PO Box 75000							
Detroit Purpose of Disbursement Bank Fees Candidate Name Office Sought: House Senate Primary General President State: District: State: District: House Other (specify) ▼ Substitute Name MI 48275-0001 Category/ Type Category/ Type Category/ Type Memo Item 126.80	City	State	Zip Code		EEC Ident	ification N	ımher	
Bank Fees Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ State: District: Substitute: Substitute Primary General Other (specify) ▼ Substitute Primary General Other (specify) ▼ Substitute Primary General Other (specify) ▼ Memo Item	Detroit	MI	48275-0001			moanon Ni	ATTIDE!	
Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ State: District: Substrict: House Senate Primary General Other (specify) ▼ State: District: Memo Item 126.80					C			
Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: Substrict: Memo Item 126.80								
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ Subtrotal of Disbursements This Page (optional)	Candidate Name				Amount of	Each Dist	oursement this Period	
Senate President Other (specify) ▼ State: District: Memo Item 126.80	Office Sought: House Disburser	nent For:		i ype			43.00	
State: District: Memo Item SUBTOTAL of Disbursements This Page (optional)			General				4 4	
State: District: SUBTOTAL of Disbursements This Page (optional)	President	Other (spec	cify) 🔻		Memo	Item		
356 21	State: District:				LI WICHIO			
356 21							400.00	
TOTAL This Period (last page this line number only)	SUBTOTAL of Disbursements This Page (optional)			·····•			126.80	
	TOTAL This Period (last page this line number only)						254.21	

		28b 28c 29 30b on for the purpose of soliciting contributions solicit contributions from such committee.
		Date of Disbursement
		M M / D D / Y Y Y Y
		10 02 2023
de)		FEC Identification Number
		C C00803502
Cat	togon/	Transaction ID: B3FFA3A3EA Amount of Each Disbursement this Period
	tegory/ Type	Amount of Each disbursement this Fellou
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		Memo Item
		Date of Disbursement
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de		FEC Identification Number
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		Memo Item
	Seneral	General

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	E NUMBER: PAGE 23 OF 26 nly one)		
	for each category of the Detailed Summary Page	21b 28a	22 23 26 27 28b 28c X 29 30b		
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	nents may not be sold or us ne and address of any politic	sed by any personal committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)					
Health Alliance Plan PAC					
Full Name (Last, First, Middle Initial)			Date of Disbursement		
Kevin Hertel for State Senate			M M / D D / Y Y Y		
Mailing Address 22401 Lavon St.			10 02 2023		
Saint Clair Shores	State Zip Code MI 48081-2016		FEC Identification Number		
Purpose of Disbursement					
Contribution to State Committee Candidate Name			Transaction ID : BF9840028D7		
Candidate Name		Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disbursen	nent For: 2026	турс	500.00		
	Primary General				
President State: District:	Other (specify) ▼		Memo Item		
Full Name (Last, First, Middle Initial)			_		
B. Dayna Polehanki for State Senate			Date of Disbursement		
Mailing Address PO Box 51843			07 07 2023		
City	State Zip Code		FEC Identification Number		
Livonia	MI 48151-5843				
Purpose of Disbursement Contribution to State Committee			C		
Candidate Name		Category/ Type	Transaction ID : BAEC17E3FA Amount of Each Disbursement this Period		
Office Sought: House Disbursen	nent For: 2026	.,,,,,	500.00		
	Primary General				
President State: District:	Other (specify)		Memo Item		
Full Name (Last, First, Middle Initial)			Date of Disbursement		
Dayna for Michigan					
Mailing Address 29826 Linda Street			09 26 2023		
City	State Zip Code		FEC Identification Number		
Livonia	MI 48154-3722				
Purpose of Disbursement Contribution to State Committee			C		
Candidate Name		Category/ Type	Transaction ID: B3A3C8FE47 Amount of Each Disbursement this Period		
Office Sought: House Disbursen	nent For: 2023	Турс	500.00		
	Primary General		7 7 4		
	Other (specify) ▼		Memo Item		
State: District:	Other		_		
SUBTOTAL of Disbursements This Page (optional)			1500.00		
<u> </u>					
TOTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) FOR LINE (check only	•	
TIEMIZED DIODONOLMENTO	for each category of the Detailed Summary Page	21b 28a	22 23 26 27 28b 28c X 29 30b	
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)	, y p		****	
Health Alliance Plan PAC				
Full Name (Last, First, Middle Initial)			Date of Disbursement	
A. Committee to Elect Amos O'Neal			M M / D D / Y Y Y Y	
Mailing Address 207 Moton Drive			10 24 2023	
,	State Zip Code MI 48601-1478		FEC Identification Number	
Saginaw Purpose of Disbursement	MI 48601-1478	<u> </u>		
Contribution to State Committee			C	
Candidate Name		Catanani	Transaction ID : BB7C2C48E6	
		Category/ Type	Amount of Each Disbursement this Period	
Office Sought: House Disburse	ment For: 2024	, ,,	500.00	
Senate	Primary General		7 7	
President State: District:	Other (specify) ▼		Memo Item	
Full Name (Last, First, Middle Initial)				
B			Date of Disbursement	
Graham Filler for State Representative			M M / D D / Y Y Y Y	
Mailing Address 12705 Warm Creek Drive			09 26 2023	
,	State Zip Code		FEC Identification Number	
Dewitt Purpose of Dishursement	MI 48820-7867	ı		
Purpose of Disbursement Contribution to State Committee			C	
Contribution to State Committee Candidate Name			Transaction ID : B8CEF6ACC5	
		Category/ Type	Amount of Each Disbursement this Period	
Office Sought: House Disburser	ment For: 2024	1,750	500.00	
Senate	Primary General		7 7 7	
President	Other (specify)		Memo Item	
State: District:			Metho Relli	
Full Name (Last, First, Middle Initial)				
^{C.} VOTE KELLY BREEN			Date of Disbursement	
Mailing Address 242 LINHART ST			07 07 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code			
NOVI	MI 48477		FEC Identification Number	
Purpose of Disbursement Contribution to State Committee			С	
			Transaction ID : B5D4A796C1	
Candidate Name		Category/	Amount of Each Disbursement this Period	
Office Sought: House Disburse	ment For: 2024	Туре	250.00	
Senate Sought. Senate Primary General			7 7	
President	Other (specify) ▼		Mama Itam	
State: District:	• • • •		Memo Item	
'				
SUBTOTAL of Disbursements This Page (optional)			1250.00	
		<u> </u>		
TOTAL This Period (last page this line number only))			

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 OF 26 (check only one) 21b 22 23 26 27 28a 28b 28c 29 30b	_
		ed by any person for the purpose of soliciting contributions cal committee to solicit contributions from such committee.	_
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC	,		_
Full Name (Last, First, Middle Initial) Building Bridges PAC Mailing Address P.O. BOX 12056		Date of Disbursement 10 24 2023	
Lansing Purpose of Disbursement Contribution to State Committee Candidate Name Office Sought: House Disbursem Senate	State Zip Code 48901-2056 ment For: 2023 Primary General Other (specify) Zip Code 48901-2056	Category/ Type FEC Identification Number C Transaction ID : B7017874CC; Amount of Each Disbursement this Period 10000.00 Memo Item	
State: District: Full Name (Last, First, Middle Initial) Committee to Elect Rick Outman for Mailing Address PO Box 812	or State Senate	Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	_
Stanton Purpose of Disbursement Contribution to State Committee Candidate Name Office Sought: House Disbursem Senate	State Zip Code 48888-0812 ment For: 2026 Primary General Other (specify)	Category/ Type FEC Identification Number C Transaction ID : B1BEF48BC0 Amount of Each Disbursement this Period 500.00 Memo Item	
Full Name (Last, First, Middle Initial) C. Go Far PAC Mailing Address PO Box 195		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Dearborn Purpose of Disbursement Contribution to State Committee Candidate Name Office Sought: House Disbursem Senate	State Zip Code 48121-0195 ment For: 2023 Primary General Other (specify) Other	Category/ Type FEC Identification Number C Transaction ID : BE5C994B57 Amount of Each Disbursement this Period 500.00 Memo Item	
SUBTOTAL of Disbursements This Page (optional)		11000.00	
TOTAL This Period (last page this line number only).			

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	FOR LINE	
TEMIZED DISBURSEMENTS	for each category of the	/ CITECK OILLY	
	Detailed Summary Page	21b 28a	22 23 26 27 28b 28c X 29 30b
A : (: : : : 1 (: : 1 D : : : 1 O : : :			
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam	nents may not be sold or u ne and address of any polit	sed by any pers ical committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Health Alliance Plan PAC			
Treatti Alliance Flan FAC			
Full Name (Last, First, Middle Initial)			5 . (5)
A. Friends of Mike McFall			Date of Disbursement
Mailing Address PO Box 911			12 01 2023
Walling Address 1 & Box 611			12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
City	State Zip Code		FEC Identification Number
Hazel Park	MI 48030-0911		
Purpose of Disbursement			C
Contribution to State Committee Candidate Name			Transaction ID : B7B1F22C9D
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disbursen	ment For: 2024	Туре	1000.00
	Primary General		7 7 7
President	Other (specify) ▼		Memo Item
State: District:			Monto item
Full Name (Last, First, Middle Initial)			
^{B.} VanderWall Majority Fund			Date of Disbursement
			10 02 2023
Mailing Address 106 W. Allegan St, Ste 200			10 02 2023
City	State Zip Code		FEC Identification Number
Lansing	MI 48933-1720		
Purpose of Disbursement			C
Contribution to State Committee Candidate Name			Transaction ID : BCC1A77F83
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disbursen	ment For: 2023	туре	750.00
	Primary General		4 4
President	Other (specify)		Memo Item
State: District:	Other		Wellio Itelli
Full Name (Last, First, Middle Initial)			
^{C.} VanderWall Majority Fund			Date of Disbursement
Mailing Address 106 W. Allegan St, Ste 200			07 07 2023
Mailing Address 100 W. Allegan St, Ste 200			01 01 2020
City	State Zip Code		FEC Identification Number
Lansing	MI 48933-1720		
Purpose of Disbursement Contribution to State Committee			
Candidate Name			Transaction ID : B02D8F1FB5
Garididate Ivanie		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disbursen	ment For: 2023	.,,,,	300.00
Senate	Primary General		4 4
President	Other (specify) ▼		Memo Item
State: District:	Other		L
			2050.00
SUBTOTAL of Disbursements This Page (optional)		·····•	2030.00
TOTAL This Period (last page this line number only)			15800.00
(page o)			