

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Health Alliance Plan PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>		46414.34
(b) Cash on Hand at Beginning of Reporting Period.....	61367.24	
(c) Total Receipts (from Line 19)	17580.65	38112.85
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	78947.89	84527.19
7. Total Disbursements (from Line 31).....	17054.21	22633.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	61893.68	61893.68
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Health Alliance Plan PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15774.89	29290.38
(ii) Unitemized	1805.76	8822.47
(iii) TOTAL (add 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 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)).....▶	17580.65	38112.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	17580.65	38112.85

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	254.21	583.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	254.21	583.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	15800.00	21050.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	17054.21	22633.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17054.21	22633.51

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	17580.65	38112.85
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17580.65	38112.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	254.21	583.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	254.21	583.51

**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 26
	<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. Davis, Ron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6451 Kennesaw Rd
 City Canton State MI Zip Code 48187-1278
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir-Vendor Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 04 / 2023
Transaction ID : AE1FB2FE8EF9540D3A8E
 Amount of Each Receipt this Period 150.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

B. Wejrandt, Shannon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21353 Flag Dr
 City Macomb State MI Zip Code 48042-4332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir-Provider Network Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 22 / 2023
Transaction ID : A5D0CAFE34646400CAB5
 Amount of Each Receipt this Period 260.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

C. Palermo, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1820 Kenmore Dr
 City Grosse Pointe Woods State MI Zip Code 48236-1982
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP- Claim Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 12 / 22 / 2023
Transaction ID : A4152A138AF314C1681C
 Amount of Each Receipt this Period 416.00
 Memo Item
 Payroll Deduction: \$32.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	826.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 26
	<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. Rader, Tracie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3009 Grand Park
 City Rochester Hills State MI Zip Code 48307-5181
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir - Commercial Enrollment
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 12 / 22 / 2023
Transaction ID : A96AC16B9DFDA4FB4972
 Amount of Each Receipt this Period 520.00
 Memo Item
 Payroll Deduction: \$40.00/Bi-Weekly

B. Randle, Johnathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1867 Chipping Way
 City Bloomfield Hills State MI Zip Code 48302-1711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir-Gov't Programs Compliance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 12 / 22 / 2023
Transaction ID : A270DD231018C4BA4AAF
 Amount of Each Receipt this Period 650.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

C. Bennett, Charity, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 Rosewood Ave SE
 City Grand Rapids State MI Zip Code 49506-2828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP-Transformation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 07 / 2023
Transaction ID : AE08233D9FA7B463FB62
 Amount of Each Receipt this Period 480.00
 Memo Item
 Payroll Deduction: \$60.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	1650.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 26
	<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. Otuyelu, Nike, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24635 Queensfield Ct
 City Katy State TX Zip Code 77494-4549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Chief Compliance Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1035.00

Date of Receipt 12 / 22 / 2023
Transaction ID : A2BCCA63C07414A4190A
 Amount of Each Receipt this Period 897.00
 Memo Item
 Payroll Deduction: \$69.00/Bi-Weekly

B. Hibbett, Darryl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5434 Claridge Ln
 City West Bloomfield State MI Zip Code 48322-3862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir- Labor Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 12 / 22 / 2023
Transaction ID : ABDCD9142B63F4C8A972
 Amount of Each Receipt this Period 325.00
 Memo Item
 Payroll Deduction: \$25.00/Bi-Weekly

C. Matthews, Irita, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 861 Whittier Rd
 City Grosse Pointe Park State MI Zip Code 48230-1850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Senior Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 577.05

Date of Receipt 08 / 21 / 2023
Transaction ID : A012BD78ACCD844C0880
 Amount of Each Receipt this Period 115.41
 Memo Item
 Payroll Deduction: \$38.47/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	1337.41
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 26
	<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. Zbytowski, Jennifer, Brooks, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 49206 Saint Nicholas
 City Shelby Township State MI Zip Code 48317-6315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP-Admin & Bus Dev Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1115.00

Date of Receipt 12 / 22 / 2023
Transaction ID : A08B1411FB39E4BB790E
 Amount of Each Receipt this Period 650.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

B. Rajendra, Archana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1976 Belwood Dr
 City Okemos State MI Zip Code 48864-5969
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP-Deputy Gen Counsel Ins Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 10 / 07 / 2023
Transaction ID : A5219E0D001EC441EAD5
 Amount of Each Receipt this Period 615.36
 Memo Item
 Payroll Deduction: \$76.92/Bi-Weekly

C. Vanderburg, Marc, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25750 Ivanhoe Rd
 City Huntington Woods State MI Zip Code 48070-1606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP- Commercial Bus & Sales Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt 08 / 04 / 2023
Transaction ID : AADEF970DDA624DE0873
 Amount of Each Receipt this Period 117.00
 Memo Item
 Payroll Deduction: \$39.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	1382.36
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 26
	<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. Harder, Christine, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3060 Woodcreek Way
 City Bloomfield Hills State MI Zip Code 48304-1862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) SVP-Provider Network Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 08 / 04 / 2023
Transaction ID : A8F78AC66D9754E8DBC0
 Amount of Each Receipt this Period 225.00
 Memo Item
 Payroll Deduction: \$75.00/Bi-Weekly

B. Ronan, Dianna, Lynn, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2156 Cumberland Dr
 City Brighton State MI Zip Code 48114-8990
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP-Financial Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 12 / 22 / 2023
Transaction ID : AA1CCE6541F1E4E0399D
 Amount of Each Receipt this Period 650.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

C. Holzhausen, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2523 Wheeler Dr
 City Chelsea State MI Zip Code 48118-9224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) VP-ProviderContracting&NtwkDev
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 04 / 2023
Transaction ID : A137261C179034BB888F
 Amount of Each Receipt this Period 120.00
 Memo Item
 Payroll Deduction: \$40.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	995.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 26
	<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. Vargovich, Troy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41500 Ladywood Ct
 City Northville State MI Zip Code 48168-2342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir- Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 22 / 2023
Transaction ID : A3C2E0AB8F0DA4998AEF
 Amount of Each Receipt this Period 260.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

B. Hausenfluck, Merrill, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4223 W Vasconia St
 City Tampa State FL Zip Code 33629-8418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) SVP- Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1216.00

Date of Receipt 08 / 21 / 2023
Transaction ID : A1599E40F945E4925AD5
 Amount of Each Receipt this Period 304.00
 Memo Item
 Payroll Deduction: \$76.00/Bi-Weekly

C. Crowley, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5300 Riverwalk Trl
 City Commerce Twp State MI Zip Code 48382-2842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Pres-AdminSystemsResearch
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 21 / 2023
Transaction ID : AA02A72E7FF59410CA19
 Amount of Each Receipt this Period 225.00
 Memo Item
 Payroll Deduction: \$25.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	789.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 26
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Donovan, Buff, L, ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 22 / 2023
Mailing Address 22745 Power Rd		Transaction ID : A5BAD4525CF5E430CA13
City Farmington	State MI	Zip Code 48336-4019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer (for Individual) Health Alliance Plan	Occupation (for Individual) Dir-Population Health CBHM	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	Payroll Deduction: \$16.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Tischer, Charles, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 22 / 2023
Mailing Address 3095 Honor Dr		Transaction ID : A644FD885C9084796816
City Rochester Hills	State MI	Zip Code 48309-4013
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 260.00
Name of Employer (for Individual) Health Alliance Plan	Occupation (for Individual) Dir- Mid Michigan Market	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 445.00	Payroll Deduction: \$20.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Schoenjahn, Curtis, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 22 / 2023
Mailing Address 3660 Seney Dr		Transaction ID : A826AD0843F9D4DB5948
City Lake Orion	State MI	Zip Code 48360-2706
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 221.00
Name of Employer (for Individual) Health Alliance Plan	Occupation (for Individual) Dir- Mid-Market Business	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 425.00	Payroll Deduction: \$17.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	689.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Lafferty, Rory, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 759 Cherry Stone Dr
 City Canton State MI Zip Code 48188-5304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir- Government&Lgsltv Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 12 / 22 / 2023
Transaction ID : AA574730D072A452CAE7
 Amount of Each Receipt this Period 325.00
 Memo Item
 Payroll Deduction: \$25.00/Bi-Weekly

B. Treash, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 839 Ridgedale Ave
 City Birmingham State MI Zip Code 48009-5768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) SVP- Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1875.00

Date of Receipt 12 / 22 / 2023
Transaction ID : A5AE5C2FF5A9147C78DB
 Amount of Each Receipt this Period 975.00
 Memo Item
 Payroll Deduction: \$75.00/Bi-Weekly

C. Koslakiewicz, Glen, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30431 John Hauk St
 City Garden City State MI Zip Code 48135-1463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir- Fin Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 22 / 2023
Transaction ID : A7FF7F0F84ABB449EB76
 Amount of Each Receipt this Period 208.00
 Memo Item
 Payroll Deduction: \$16.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	1508.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 26
	<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. Heffner, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43464 Vintners Place Dr
 City Sterling Heights State MI Zip Code 48314-1333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Mgr- Client Domain Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 04 / 2023
Transaction ID : AB49321F48A3C4C5D9F8
 Amount of Each Receipt this Period 30.00
 Memo Item
 Payroll Deduction: \$15.00/Bi-Weekly

B. Bloom, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8308 Bridlewood Ct
 City Clarkston State MI Zip Code 48348-4373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) SVP & Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 22 / 2023
Transaction ID : AE1A6C80F7B334CD1A2F
 Amount of Each Receipt this Period 180.00
 Memo Item
 Payroll Deduction: \$15.00/Bi-Weekly

C. Pindolia, Kirit, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43850 Wabeek Ln
 City Northville State MI Zip Code 48168-8459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Medical Dir- Genetic & Genome
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.50

Date of Receipt 12 / 22 / 2023
Transaction ID : AD0DC8CBB56C14359B89
 Amount of Each Receipt this Period 184.56
 Memo Item
 Payroll Deduction: \$15.38/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	394.56
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 26
	<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. Billis, Lori, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 373 Hillcrest Ave
 City Grosse Pointe Farms State MI Zip Code 48236-3151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Medical Director-HCM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 31 / 2023
Transaction ID : A93A4FA7B53E34DE7A96
 Amount of Each Receipt this Period 400.00
 Memo Item

B. Genord, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1253 Tulberry Cir
 City Rochester State MI Zip Code 48306-4821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Offices Occupation (for Individual) EVP, HFHS & Pres & CEO, HAP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 15 / 2023
Transaction ID : A78990450E2AB43E1857
 Amount of Each Receipt this Period 1500.00
 Memo Item

C. Borschke, Frank, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1367 Whitehouse Ct
 City Rochester Hills State MI Zip Code 48306-3778
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Medical Director-HCM
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 01 / 2023
Transaction ID : AB319F127BDB94E51BE4
 Amount of Each Receipt this Period 500.00
 Memo Item
 Payroll Deduction: \$500.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	2400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 26
	<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. Kreis II, Kenneth, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 190 N Youngs Rd
 City Attica State MI Zip Code 48412-9683
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Mgr-Appl Devlpmt & eCommerce
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 22 / 2023
Transaction ID : A41E8074301AF4E5EB67
 Amount of Each Receipt this Period 108.00
 Memo Item
 Payroll Deduction: \$12.00/Bi-Weekly

B. Elinski, Jenifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3434 Essex Dr
 City Troy State MI Zip Code 48084-2739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Mgr Medical System Config & Regulatc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 09 / 01 / 2023
Transaction ID : AD71ED8389B5342B49B5
 Amount of Each Receipt this Period 275.00
 Memo Item
 Payroll Deduction: \$275.00/Bi-Weekly

C. De Ceuninck, Adriane, Jean, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 909 Still Valley Dr
 City Howell State MI Zip Code 48855-8360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Mgr-Marketing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 22 / 2023
Transaction ID : ACA03A2F285BA4C40BB3
 Amount of Each Receipt this Period 108.00
 Memo Item
 Payroll Deduction: \$12.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	491.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Hurley, Kevin, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45504 Morningside Rd
 City Canton State MI Zip Code 48187-5610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Mgr- Revenue Cycle & Recv Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 22 / 2023
Transaction ID : A536F446E43EA4483817
 Amount of Each Receipt this Period 108.00
 Memo Item
 Payroll Deduction: \$12.00/Bi-Weekly

B. Moton, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35651 Eastmont Dr
 City Sterling Heights State MI Zip Code 48312-3540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Dir-Provider Network Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 23 / 2023
Transaction ID : A98CB6F382CC84B51969
 Amount of Each Receipt this Period 400.00
 Memo Item
 Payroll Deduction: \$400.00/Bi-Weekly

C. Hearshen, Illana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6273 Potomac Cir
 City West Bloomfield State MI Zip Code 48322-2125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Mgr- Program Development
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 277.00

Date of Receipt 12 / 22 / 2023
Transaction ID : A659E41B003A64B729B6
 Amount of Each Receipt this Period 77.56
 Memo Item
 Payroll Deduction: \$11.08/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	585.56
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 18 OF 26
	<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. Johnson, Ginger, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8255 Rickie Ln
 City Westland State MI Zip Code 48185-1610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Mgr- IPRS & LTAC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 12 / 22 / 2023
Transaction ID : ADF22F8A02CDD454487E
 Amount of Each Receipt this Period 77.00
 Memo Item
 Payroll Deduction: \$11.00/Bi-Weekly

B. Vrana, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27813 Florence St
 City Saint Clair Shores State MI Zip Code 48081-1681
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Mgr-Information Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 22 / 2023
Transaction ID : A6F19B818EA984160989
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. Koczyk, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11571 Erins Way
 City Bruce Twp State MI Zip Code 48065-1402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Mgr-Provider Ops, ServiceExcel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 22 / 2023
Transaction ID : A1264DA078DA54D3D9AF
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	177.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Taylor, Jeffrey, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5153 Duffield Rd
 City Swartz Creek State MI Zip Code 48473-8601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Mgr-Performance Improvement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 22 / 2023
Transaction ID : AF424174929E24315BCF
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. Anderson, Margaret, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2920 Berkshire Dr
 City Bloomfield Hills State MI Zip Code 48301-3403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) SVP- Chief Sales &Mktg Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2023
Transaction ID : A5F660E8253594434ACE
 Amount of Each Receipt this Period 2500.00
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2550.00
TOTAL This Period (last page this line number only).....▶	15774.89

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Comerica Bank

Mailing Address PO Box 75000

City Detroit State MI Zip Code 48275-0001

Purpose of Disbursement

Bank Fees

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	4			2	0	2	3		

FEC Identification Number

C [Redacted]

Transaction ID : B65DCC8858

Amount of Each Disbursement this Period

[Redacted] 44.36

Memo Item

Full Name (Last, First, Middle Initial)

B. Comerica Bank

Mailing Address PO Box 75000

City Detroit State MI Zip Code 48275-0001

Purpose of Disbursement

Bank Fees

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	1			2	0	2	3		

FEC Identification Number

C [Redacted]

Transaction ID : B727E4DF6B!

Amount of Each Disbursement this Period

[Redacted] 41.64

Memo Item

Full Name (Last, First, Middle Initial)

C. Comerica Bank

Mailing Address PO Box 75000

City Detroit State MI Zip Code 48275-0001

Purpose of Disbursement

Bank Fees

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	2			2	0	2	3		

FEC Identification Number

C [Redacted]

Transaction ID : B5BDF8A8E:

Amount of Each Disbursement this Period

[Redacted] 41.41

Memo Item

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

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

[Redacted] 127.41

[Redacted]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Comerica Bank

Mailing Address PO Box 75000

City Detroit State MI Zip Code 48275-0001

Purpose of Disbursement

Bank Fees

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : BA4CE01B22

Amount of Each Disbursement this Period

41.09

Memo Item

Full Name (Last, First, Middle Initial)

B. Comerica Bank

Mailing Address PO Box 75000

City Detroit State MI Zip Code 48275-0001

Purpose of Disbursement

Bank Fees

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : B4DA80C4CF

Amount of Each Disbursement this Period

42.71

Memo Item

Full Name (Last, First, Middle Initial)

C. Comerica Bank

Mailing Address PO Box 75000

City Detroit State MI Zip Code 48275-0001

Purpose of Disbursement

Bank Fees

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : B7DA1CF021

Amount of Each Disbursement this Period

43.00

Memo Item

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

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

126.80

254.21

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. JOHN JAMES FOR CONGRESS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2023

Mailing Address P.O. BOX 628

City
ST. CLAIR SHORES

State
MI

Zip Code
48080

FEC Identification Number

C C00803502

Transaction ID : B3FFA3A3EA

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution to State Committee

Category/Type

Candidate Name

James, John, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: MI District: 10

Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

City

State

Zip Code

FEC Identification Number

C

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City

State

Zip Code

FEC Identification Number

C

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Memo Item

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

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

1000.00

1000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Kevin Hertel for State Senate

Mailing Address 22401 Lavon St.

City
Saint Clair Shores

State
MI

Zip Code
48081-2016

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2023			

FEC Identification Number

C

Transaction ID : BF9840028D7

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Dayna Polehanki for State Senate

Mailing Address PO Box 51843

City
Livonia

State
MI

Zip Code
48151-5843

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			07			2023			

FEC Identification Number

C

Transaction ID : BAEC17E3FA

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Dayna for Michigan

Mailing Address 29826 Linda Street

City
Livonia

State
MI

Zip Code
48154-3722

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2023

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			26			2023			

FEC Identification Number

C

Transaction ID : B3A3C8FE47

Amount of Each Disbursement this Period

500.00

Memo Item

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

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

1500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Committee to Elect Amos O'Neal

Mailing Address 207 Moton Drive

City
Saginaw

State
MI

Zip Code
48601-1478

Purpose of Disbursement
Contribution to State Committee
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2023			

FEC Identification Number

C [Redacted]

Transaction ID : BB7C2C48E6

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Graham Filler for State Representative

Mailing Address 12705 Warm Creek Drive

City
Dewitt

State
MI

Zip Code
48820-7867

Purpose of Disbursement
Contribution to State Committee
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2024
 Primary General
 Other (specify)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			26			2023			

FEC Identification Number

C [Redacted]

Transaction ID : B8CEF6ACC5

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. VOTE KELLY BREEN

Mailing Address 242 LINHART ST

City
NOVI

State
MI

Zip Code
48477

Purpose of Disbursement
Contribution to State Committee
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			07			2023			

FEC Identification Number

C [Redacted]

Transaction ID : B5D4A796C1

Amount of Each Disbursement this Period

250.00

Memo Item

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

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

1250.00

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Friends of Mike McFall

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 911

City Hazel Park State MI Zip Code 48030-0911

Purpose of Disbursement
Contribution to State Committee

Candidate Name

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

State: District:

Date of Disbursement: 12 / 01 / 2023

FEC Identification Number: C

Transaction ID : B7B1F22C9D

Amount of Each Disbursement this Period: 1000.00

Memo Item

B. VanderWall Majority Fund

Full Name (Last, First, Middle Initial)

Mailing Address 106 W. Allegan St, Ste 200

City Lansing State MI Zip Code 48933-1720

Purpose of Disbursement
Contribution to State Committee

Candidate Name

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

State: District:

Date of Disbursement: 10 / 02 / 2023

FEC Identification Number: C

Transaction ID : BCC1A77F83

Amount of Each Disbursement this Period: 750.00

Memo Item

C. VanderWall Majority Fund

Full Name (Last, First, Middle Initial)

Mailing Address 106 W. Allegan St, Ste 200

City Lansing State MI Zip Code 48933-1720

Purpose of Disbursement
Contribution to State Committee

Candidate Name

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

State: District:

Date of Disbursement: 07 / 07 / 2023

FEC Identification Number: C

Transaction ID : B02D8F1FB5

Amount of Each Disbursement this Period: 300.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2050.00
TOTAL This Period (last page this line number only).....▶	15800.00