PAGE 1 / 15

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or Other Than An Auth	onzed Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Health Alliance Plan Pa	AC		
ADDRESS (number and street)	2850 West Grand Boulevard		
▼ Check if different			
than previously reported. (ACC)	Detroit		MI 48202 -   -
2. FEC IDENTIFICATION NU	IMBER ▼ CITY	(▲	STATE ▲ ZIP CODE ▲
C C00410670	3. IS	THIS NEW (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb :	20 (M2) May 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:	Mar :	20 (M3) Jun 20 (M6	(Non-Election Year Only)
April 15 Quarterly Report (Q		20 (M4) <b>x</b> Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q	(C) 12-Day	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Q	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (Y	E) Election	on M M / D D /	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	on	in the State of
5. Covering Period 06	01 2018	through 06	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined the	s Report and to the best of Lafferty, Rory, , ,	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasurer			
Signature of Treasurer	ty, Rory, , ,	[Electronically Filed]	Date 07 / 16 / 2018
NOTE: Submission of false, errone	eous, or incomplete information	may subject the person signing	this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016

### SHMMADY DAGE

550 5 00 5	OF RECEIPTS AND DISBURSEMENTS	5 0
FEC Form 3X (Rev. 05/2016)		Page <b>2</b>
Write or Type Committee Name		
Health Alliance Plan PAC		
Report Covering the Period: From:	06 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	o: 06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2018		20249.90
(b) Cash on Hand at  Beginning of Reporting Period	. 18813.51	
(c) Total Receipts (from Line 19)	. 1783.95	9538.95
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	. 20597.46	29788.85
7. Total Disbursements (from Line 31)	3827.98	13019.37
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	. 16769.48	16769.48
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations Owed BY     the Committee (Itemize all on     Schedule C and/or Schedule D)	0.00	
This committee has qualified as a mu	Iticandidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Tall Frag 000 404 0500	

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

Page 3 FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

ĺ	Hea	lth	Allia	nce	Plan	PAC
П	เเธน	ILII	$\neg$ IIIIC	11100	ı ıaıı	$I \wedge C$

Report Covering the Period: From:	01 2018 To	: 06 30 / Y Y Y Y
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees  (i) Itemized (use Schedule A)	1318.95	4523.25
(ii) Unitemized(iii) TOTAL (add	465.00	5015.70
Lines 11(a)(i) and (ii)	1783.95	9538.95
(b) Political Party Committees	0.00	0.00
(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1783.95	9538.95
2. Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received     Offsets To Operating Expenditures     (Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5)	0.00	0.00
Political Committees	0.00	0.00
(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
Total Passints (add Lines 11/d)		
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	1783.95	9538.95
. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	1783.95	9538.95

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:      Allocated Federal/Non-Federal      Activity (from Schodule III)		Saistida Tour to Bute
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(i) I dadrar chard		
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	77.98	469.37
Expenditures(c) Total Operating Expenditures	11.30	103.37
(add 21(a)(i), (a)(ii), and (b))▶	77.98	469.37
2. Transfers to Affiliated/Other Party	1 1 1 1 1 1 1 1 1	
Committees	0.00	0.00
Federal Candidates/Committees and Other Political Committees	1500.00	1500.00
Independent Expenditures	0.00	
(use Schedule E)	0.00	0.00
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
·		0.00
Loan Repayments Made	0.00	0.00
Loans Made		0.00
Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
_	4 4	4 4
(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
(ddd Eiriob 20(d), (b), drid (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	2250.00	11050.00
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	0.00	0.00
(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	5,50	
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	3827.98	13019.37
. Total Federal Disbursements	, , , , , , , , , , , , ,	
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	3827.98	13019.37
	0027.00	13019.37

#### **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) 1783.95 9538.95 (from Line 11(d), page 3) ..... 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 9538.95 1783.95 (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures 77.98 469.37 (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 77.98 469.37 (subtract Line 37 from Line 36) ......

Name of Employer (for Individual)

General

Health Alliance Plan

Primary

Receipt For:

Use separate schedule(s) for each category of the

l	F	ЭR	LINE	NU	IMBER	:	PAGE	6	OF	15
l	(c	he	ck only	or	ne)					
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l			13		14		15	16	6	17

Detailed Summary Page 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 Donovan, Buff, L, , Date of Receipt Mailing Address 22745 Power Rd. 30 2018 City Zip Code State Transaction ID: PR131868136134 MI Farmington 48336 Amount of Each Receipt this Period FEC ID number of contributing C 48.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Dir-CBHM Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$16.00 Bi-Weekly) 208.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MacDermott, Alice, , , Date of Receipt Mailing Address 23141 Hollander 06 2018 City State Zip Code Transaction ID : PR133388036134 MI Dearborn 48128 Amount of Each Receipt this Period FEC ID number of contributing 63.45 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Associate General Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$21.15 Bi-Weekly) Other (specify) ▼ 274.95 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Navarra, Reina, Maria, Date of Receipt Mailing Address 43529 Bayfield Dr. 30 2018 City State Zip Code Transaction ID: PR133388136134 MI Clinton Twp 48038 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item

Other (specify) 171.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

260.00

Occupation (for Individual)

**Dir- Regulatory Audits** 

Aggregate Year-to-Date ▼

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

### SCHEDULE A (FEC Form 3X)

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

Use separate schedule(s) for each category of the

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l		13		14	15	16	;	17	

ITEMIZED RECEIPTS Detailed Summary Page 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 Schneider, Steven, , , Date of Receipt Mailing Address 874 Bridgestone 30 2018 City Zip Code State Transaction ID: PR133388236134 MI Rochester Hills 48309 Amount of Each Receipt this Period FEC ID number of contributing C 52.50 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Dir- Support Svcs Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$17.50 Bi-Weekly) 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Boyer, Julie, , , Date of Receipt Mailing Address 9201 Downing Rd 06 2018 City State Zip Code Transaction ID : PR149941436134 MI Birch Run 48415 Amount of Each Receipt this Period FEC ID number of contributing 51.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Dir- IT Midwest & Flint Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$17.00 Bi-Weekly) Other (specify) ▼ 221.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Harder, Christine, , , Date of Receipt Mailing Address 3060 Woodcreek Way 30 2018 City State Zip Code Transaction ID: PR149941736134 MI Bloomfield Hills 48304 Amount of Each Receipt this Period FEC ID number of contributing C 135.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan VP- Enroll, Billing, Paymt Ops Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$45.00 Bi-Weekly) 540.00 Other (specify) 238.50 SUBTOTAL of Receipts This Page (optional).....

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

F	OR	LINE	NU	MBER	:	PAGE	8	OF	15
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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 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 Germain, Carolyn, , , Date of Receipt Mailing Address 3053 S Nichols Rd 30 2018 City Zip Code State Transaction ID: PR150218336134 MI Lennon 48449 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 Dir- Health Care Innov & Integ Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$40.00 Bi-Weekly) 280.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Matthews, Irita, , , Date of Receipt Mailing Address 861 Whittier 06 2018 City State Zip Code Transaction ID : PR75326436134 MI Grosse Pointe Park 48230 Amount of Each Receipt this Period FEC ID number of contributing 138.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Associate General Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$46.00 Bi-Weekly) Other (specify) ▼ 598.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Zbytowski, Jennifer, Brooks, Date of Receipt Mailing Address 49206 St. Nicholas

30 2018 City State Zip Code Transaction ID: PR75326636134 MI Shelby Township 48317 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan VP- Utilization Mgt & Case Mgt Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Bi-Weekly) 325.00 Other (specify) 333.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7 FEC Schedule A (Form 3X) Rev. 06/2016

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

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

Use separate schedule(s)

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for each category of the Detailed Summary Page 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 Calabria, John, David, , Date of Receipt Mailing Address 2030 Brinston 30 2018 City Zip Code State Transaction ID: PR75330636134 MI Troy 48083 Amount of Each Receipt this Period FEC ID number of contributing C 51.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sr Medical Director Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$17.00 Bi-Weekly) 221.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Koslakiewicz, Glen, P, , Date of Receipt Mailing Address 30431 John Hauk 06 2018 City State Zip Code Transaction ID : PR75332536134 Garden City MI 48135 Amount of Each Receipt this Period FEC ID number of contributing 48.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Dir- Fin Operations Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$16.00 Bi-Weekly) Other (specify) ▼ 208.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Ronan, Dianna, Lynn, , Date of Receipt Mailing Address 2156 Cumberland 30 2018 City State Zip Code Transaction ID: PR75334036134 MI Brighton 48114 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 VP - Financial Services Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$50.00 Bi-Weekly) 650.00 Other (specify)

7

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249.00

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separate schedule(s) each category of the ailed Summary Page	(ch	(check only one)								
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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 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 Ir Ledesma, Sandra, Lee, ,  Mailing Address 22429 Provincial	nitial) or Full Orga	nization Name	Date of Receipt
		T=: - :	06 30 2018
City	State	Zip Code	Transaction ID : PR75336936134
Woodhaven	MI	48183	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		48.00
Name of Employer (for Individual) Health Alliance Plan	'	tion (for Individual) plication Development	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 208.00	P/R Deduction (\$16.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle Ir Hoffman, Cynthia, L, ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 5768 Whitehaven Dr		la.	06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID : PR75337436134
Troy	MI	48085	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer (for Individual) Health Alliance Plan		ution (for Individual) commerce & Tech Planning	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle In Vanderburg, Marc, , ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 25750 Ivanhoe		Toronto de la companya della companya della companya de la companya de la companya della company	06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Huntington Woods	State MI	Zip Code 48070	Transaction ID: PR75341036134
FEC ID number of contributing federal political committee.	C	10010	Amount of Each Receipt this Period  60.00
Name of Employer (for Individual) Health Alliance Plan		tion (for Individual) roup Cust Service	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		·····	168.00
TOTAL This Period (last page this line number	only)		

15 FOR LINE NUMBER: PAGE 11 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 Lafferty, Rory, P., , Date of Receipt Mailing Address 759 Cherry Stone Drive 30 2018 #2D City Zip Code State Transaction ID: PR75341736134 MI Canton 48188 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Dir- Government&Lgsltv Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lipscomb, Deandre, Antwan, Date of Receipt Mailing Address 29545 Greening St. 06 2018 City State Zip Code Transaction ID : PR87082336134 MI Farmington Hills 48334 Amount of Each Receipt this Period FEC ID number of contributing 99.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan VP- Community Outreach Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$33.00 Bi-Weekly) Other (specify) 330.00 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) 159.00 SUBTOTAL of Receipts This Page (optional)..... 1318.95 TOTAL This Period (last page this line number only).....

#### S 17

SCHEDULE B (FEC Form 3X)			NE NUMBER: PAGE 12 OF 15					
ITEMIZED DISBURSEMENTS		parate schedule(s) n category of the	(0110011 0	<i></i> ′				
		d Summary Page	<b>X</b> 21		23 28c	26	27 30b	
Anni information coming from such Demants and Otak								
Any information copied from such Reports and State or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)								
Health Alliance Plan PAC								
Full Name (Last, First, Middle Initial)								
A. Comerica Bank				M = M	f Disburse	D / Y	Y	1
Mailing Address P.O. Box 75000				06	Ö	4	2018	_
City	State MI	Zip Code		FEC Id	entification	Number		
Detroit Purpose of Disbursement	IVII	48275						
Merchant Fee			001	C				
Candidate Name						ID: 11266	669 ent this Per	riad
			Category/ Type	Amoun	l OI Eacii	Disbuiseili	ieni uns rei	lou
Office Sought: House Disburse	ement For:			<b>-</b>     [			30.00	
Senate	Primary	General			,	Merchant F		
President	Other (sp	ecify) $\blacktriangledown$		Me	mo Item	Wich Griding 1	00	
State: District:								
Full Name (Last, First, Middle Initial)  B. Comerica Bank				Date of	f Disburse	mont		
B. Comerica Bank				M M			YYY	
Mailing Address P.O. Box 75000				06		1 7	2018	
City	State	Zip Code		FFC Id	entification	n Number		
Detroit	MI	48275						
Purpose of Disbursement Merchant Fee			001	C				
Candidate Name						ID : 11305	-	at a lat
			Category/ Type	Amoun	t of Each	Disbursem	ent this Per	100
Office Sought: House Disburse	ement For:			47.98				
Senate	Primary	General		Merchant Fee				
President	Other (sp	ecify)		Memo Item				
State: District:								
Full Name (Last, First, Middle Initial)  C.				Date of	f Disburse	ment		
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Mailing Address				W - W	]			
City	State	Zip Code		FEC Id	entification	n Number		
Purpose of Disbursement				С				
·								
Candidate Name			Amoun	t of Each	Disbursem	ent this Per	riod	
Office Sought: House Disburse	ement For:	<u> </u>					. 1	
Senate	Primary	General			7			
President	Other (sp	ecify) 🔻		Me	mo Item			
State: District:					•			
SUBTOTAL of Disbursements This Page (optional)							77.98	П
, , , , , , , , , , , , , , , , , , ,				-		7		一
TOTAL This Period (last page this line number only	/)						77.98	

CHEDULE B (FEC Form 3X)    FOR LINE				E NUMBER: PAGE 13 OF 15					
TEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only		oc oz				
		Summary Page	21b 28a	22 <b>x</b> 23 28c 28c	26 27 29 30b				
Any information copied from such Reports and Staten	l nents may n	not be sold or use							
or for commercial purposes, other than using the nam									
NAME OF COMMITTEE (In Full)									
Health Alliance Plan PAC									
Full Name (Last, First, Middle Initial)									
A. Friends of Brenda Jones				Date of Disburse	ment				
				M M / D	D / Y   Y   Y   Y				
Mailing Address PO Box 21146				06 08	2018				
City	State	Zip Code		FFO 1-1	- Ni. wala - w				
Detroit	MI	48221		FEC Identification	n Number				
Purpose of Disbursement Direct Contribution			244	C C0066813	37				
Candidate Name			011	Transaction ID : 11275119					
Jones, Brenda, , ,			Category/ Type	Amount of Each Disbursement this Period					
	nent For: 2	<u> </u> 2018	Туро		500.00				
Senate x	Primary	General			Direct Contribution				
	Other (spec	cify) 🔻		Memo Item	Direct Contribution				
State: MI District: 13									
Full Name (Last, First, Middle Initial)  3. Tim Greimel for Congress				Date of Disburse	ment				
- Till Greimer of Congress		M M / D D / Y Y Y Y							
Mailing Address PO Box 700		06 08	8 2018						
City	State	Zip Code		EEC Identification	Number				
Troy	MI	48099		FEC Identification Number					
Purpose of Disbursement Direct Contribution	01:		011	C C0065931	8				
Candidate Name					ID: 11275127				
Greimel, Tim, , ,	Cateo				Disbursement this Period				
	nent For: 2	2018		500.00					
Senate Primary General				Direct Contribution					
State: MI District: 11	Other (spec	city)		Memo Item					
Full Name (Last, First, Middle Initial)									
C. Bergman for Congress				Date of Disburse	ment				
				M M / D D / Y Y Y					
Mailing Address 3585 Bunker Hill Rd, #434	Mailing Address 3585 Bunker Hill Rd, #434								
City	State	Zip Code			. November				
Acme	MI	49610		FEC Identification	1 Number				
Purpose of Disbursement Direct Contribution	011		044	C C0061421	14				
Candidate Name					ID : 11275128				
Bergman, Jack, , Rep.,	Rep., Category/			Amount of Each Disbursement this Per					
	ment For: 2018		71 -		500.00				
Senate Primary General					Direct Contribution				
	Other (spec	cify) 🔻		Memo Item					
State: MI District: 01									
SUBTOTAL of Disbursements This Page (optional)					1500.00				
					4500.00				
TOTAL This Period (last page this line number only)					1500.00				

## 17

SC	HEDULE B (FEC Form 3X)	Han	ovoto ashadula()		FOR LINE NUMBER:				15	
ITE	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check onl		<b>∃</b>	06	7 م		
			Summary Page	21b 28a	22 28b	23 28c <b>x</b>	26	27 30b		
Anv	/ information copied from such Reports and Stater	nents may	not be sold or us						ns	
	for commercial purposes, other than using the nar									
	NAME OF COMMITTEE (In Full)									
$ \rangle$	Health Alliance Plan PAC									
<u> </u>	Full Name (Last, First, Middle Initial)									
A.	Friends of Frank Liberati				Date of Disbursement					
	Mailing Address 9068 Quandt				06 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	,	State	Zip Code		FEC Ident	ification Nu	ımber			
	Allen Park Purpose of Disbursement	MI	48101					-		
	Direct Contribution			011	C					
	Candidate Name			Category/		action ID : Each Dist			riod	
	Liberati, Frank, , MI Rep.,			Type					_	
	Office Sought: House Disburser  Senate	ment For:			250.00					
	President	Primary Other (spe	General Cifv) ▼		п		ct Contribu	ution		
	State: District:	· · ·	3, 1		Memo	Item				
	Full Name (Last, First, Middle Initial)									
B. Knezek for Michigan PAC					Date of Disbursement					
	Mailing Address 8033 ARNOLD ST				06	08		018	1	
	0000 / IIII 01000 O					- 11				
	,	State	Zip Code		FEC Ident	ification Nu	ımber			
	DEARBORN HEIGHTS Purpose of Disbursement	MI	48127		C					
	Direct Contribution			011	Transaction ID : 11275118					
7	Candidate Name			Category/		Each Disk			riod	
	Office Sought: House Disburser			Туре				500.00	$\neg$	
	Office Sought: House Disburser Senate	Primary	General			Diro	ct Contribu	- 465	_	
	President	Other (spe			Mama		Ct Contrib	Juon		
	State: District:				Memo	item				
	Full Name (Last, First, Middle Initial)				Data at D					
C.	Stamas Leadership PAC				M M M	sbursemer		YYY	-	
	Mailing Address 1731 Glue Grass Road				06	15		018		
	,	State	Zip Code		FEC Ident	ification Nu	ımber			
	Lansing Purpose of Disbursement	MI	48906					_		
	Direct Contribution			011	Transaction ID : 11299268					
	Candidate Name			Category/		Each Dist			riod	
	Office Sought: House Disburser	mont For:		Туре				500.00	$\neg$	
	Office Sought: House Disburser  Senate	ment For: Primary	General			D:	at Oa a tall	- 460		
	President	Other (spe			Memo		ct Contrib	ution		
	State: District:				I I WEITIG	item				
SI	JBTOTAL of Disbursements This Page (optional)					<del></del>	T .	1250.00		
$\vdash$					-			-	一	
TC	OTAL This Period (last page this line number only)	)			1					

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	1	FOR LINE NUMBER: PAGE 15 OF 15				
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c <b>x</b> 29 30b				
Any information copied from such Reports and Stater or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)	and address of any politic	55.111111100 10	23 2222				
Health Alliance Plan PAC							
Full Name (Last, First, Middle Initial)  Gretchen Whitmer for Governor			Date of Disbursement				
- Greccien williner for Governor							
Mailing Address PO Box 15282			06 20 2018				
City Lansing	State Zip Code MI 48901		FEC Identification Number				
Purpose of Disbursement Direct Contribution	40301	100	C				
Candidate Name		011	Transaction ID : 11311379				
Whitmer, Gretchen, , ,		Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disburser		71	1000.00				
Senate President	Primary General		Direct Contribution				
State: District:	Other (specify) ▼		Memo Item				
Full Name (Last, First, Middle Initial)							
3.		Date of Disbursement					
Mailing Address			M = M / D = D / Y = Y = Y				
City	State Zip Code		FEC Identification Number				
Purpose of Disbursement			С				
Candidate Name	Category/		Amount of Each Disbursement this Period				
Office Sought: House Disburser	ment For:	Туре					
Senate		4 4					
President State: District:	Other (specify)		Memo Item				
Full Name (Last, First, Middle Initial)			Date of Disbursement				
			M M / D D / Y Y Y				
Mailing Address							
City	State Zip Code		FEC Identification Number				
Purpose of Disbursement	urpose of Disbursement						
Candidate Name	Amount of Each Disbursement this Period						
Office Sought: House Disburser	Type						
Senate	Primary General						
State: District:	Other (specify) ▼		Memo Item				
SUBTOTAL of Disbursements This Page (optional)		·····•	1000.00				
TOTAL This Period (last page this line number only)	)		2250.00				