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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or other	Tilali Ali Autii	011200 00111111	licc		Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR	PRINT ▼	Example: If ty over the lines		12FE4M	15
Health Alliance Plan PA	AC					
ADDRESS (number and street)	2850 We	st Grand Boulevard				
▼ Check if different						
than previously reported. (ACC)	Detroit				MI	48202
2. FEC IDENTIFICATION NU	MBER ▼	CITY	(STATE A	ZIP CODE ▲
C C00410670		3. IS RE	THIS EPORT	NEW (N) OR	AM (A	MENDED)
4. TYPE OF REPORT (Choose One)	(b) Mor Rep	ort On:	20 (M2)	May 20 (M5)		20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:			20 (M3)	Jun 20 (M6)		20 (M9) Dec 20 (M12) (Non-Election year Only)
April 15 Quarterly Report (Q1	(0)		20 (M4)	Jul 20 (M7)		20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2	(c)	12-Day PRE-Election	Primary (1		General	
October 15 Quarterly Report (Q3	3)	Report for the:	Convention		Special	
January 31 Year-End Report (YE	Ξ)	Election	on	/ D D /	Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d)	30-Day POST-Election Report for the:	General (3	30G)	Runoff (Special (30S)
Termination Report (TER)		Election	on M M		Y = Y = Y	in the State of
5. Covering Period 07	/ D 01		through	n 09	30	2016
I certify that I have examined this Type or Print Name of Treasurer	Report a		my knowledge an	d belief it is tro	ue, correct an	d complete.
1790 of Finit Name of Heasurer						
Signature of Treasurer	ty, Rory, , ,		[Electronic	ally Filed] [Date 10	14 2016
NOTE: Submission of false, errone	ous, or inc	omplete information	may subject the p	erson signing t	his Report to t	he penalties of 52 U.S.C. § 3010
Office Use						FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev.		F RECEIPTS AND DISBURSEMENTS		Page 2
Write or Type Committee Na				
Health Alliance Plan	PAC			
Report Covering the Period:	From: 07	01 2016	To: 09 / 30	2016
		COLUMN A This Period	COLUMN Calendar Year-	
6. (a) Cash on Hand January 1,	2016			20684.71
(b) Cash on Hand at Beginning of Reporti	ng Period	15436.10		
(c) Total Receipts (from		3985.22		12479.74
(d) Subtotal (add Lines 6(c) for Column A ar 6(a) and 6(c) for Col	nd Lines	19421.32		33164.45
7. Total Disbursements (from	m Line 31)	8396.42		22139.55
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line		11024.90		11024.90
9. Debts and Obligations On the Committee (Itemize a Schedule C and/or Schedule C a	all on	0.00		
10. Debts and Obligations On the Committee (Itemize a Schedule C and/or Schedule C	all on	0.00		
This committee has o	qualified as a multican	didate committee. (see FEC FORM 1M)		
	F	or further information contact:		
		Federal Election Commission 999 E Street, NW Washington, DC 20463		
		Toll Free 800-424-9530 Local 202-694-1100		

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write o	r Type	Committee	Name
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r	теа	ITN	ΑII	iance	Plan	PA	ι,

I. Receipts		
i. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
ontributions (other than loans) From:		
•		
(i) Itemized (use Schedule A)	3754.22	9028.76
(ii) Unitemized(iii) TOTAL (add	231.00	3450.98
Lines 11(a)(i) and (ii)	3985.22	12479.74
Political Party Committees	0.00	0.00
(such as PACs)	0.00	0.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	3985.22	12479.74
ansfers From Affiliated/Other	0.00	0.00
Loans Received	0.00	0.00
oan Repayments Received	0.00	0.00
fsets To Operating Expenditures lefunds, Rebates, etc.)		
earry Totals to Line 37, page 5)	0.00	0.00
olitical Committees	0.00	0.00
vividends, Interest, etc.)	0.00	0.00
(from Schedule H3)	0.00	0.00
) Levin Funds (from Schedule H5)	0.00	0.00
) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	Individuals/Persons Other

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

	II. Disbursements	ursements COLUMN A Total This Period						
	Operating Expenditures:	Total This Fellou	Calendar Year-to-Date					
((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	1196.42	1564.55					
,	Expenditures (c) Total Operating Expenditures	1190.42	1304.33					
((c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	1196.42	1564.55					
-	Transfers to Affiliated/Other Party	1130.42	1001100					
	Committees	0.00	0.00					
	Contributions to Federal Candidates/Committees	4 4	4 4					
á	and Other Political Committees	500.00	500.00					
	Independent Expenditures							
((use Schedule E) Coordinated Party Expenditures	0.00	0.00					
((52 U.S.C. § 30116(d))	0.00						
((use Schedule F)	0.00	0.00					
	oan Bonaymonts Mado	0.00	0.00					
١	Loan Repayments Made	0.00	0.00					
	Loans Made	0.00	0.00					
I	Refunds of Contributions To:	0.00	4 4					
((a) Individuals/Persons Other Than Political Committees	0.00	0.00					
		4 4	7 7 7					
((b) Political Party Committees	0.00	0.00					
((c) Other Political Committees	4 4	4 4					
	(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							
	Non-Federal Donations)	6700.00	20075.00					
		4 4	4 4					
	Federal Election Activity (52 U.S.C. § 30101(2	20))						
((a) Allocated Federal Election Activity							
	(from Schedule H6)	222						
	(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	7 7 7						
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00					
	•	4 4	4 4					
	Total Disbursements (add Lines 21(c), 22,							
2	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	8396.42	22139.55					
		4 311						
	Total Federal Disbursements							
	(subtract Line 21(a)(ii) and Line 30(a)(ii)							
- 1	from Line 31)	8396.42	22139.55					

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) 3985.22 12479.74 (from Line 11(d), page 3) 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 3985.22 12479.74 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 1196.42 1564.55 (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 1196.42 1564.55 (subtract Line 37 from Line 36)

Use separate schedule(s) for each category of the

		LINE			PAGE	6	OF	20	
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		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 Giroux, Mark, , , Date of Receipt Mailing Address 2127 Woodland Avenue 30 2016 City Zip Code State Transaction ID: PR100554525442 MI Royal Oak 48073-3876 Amount of Each Receipt this Period FEC ID number of contributing 140.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **AVP- Provider Contracting** Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 380.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Sullivan, Timothy, , , Date of Receipt Mailing Address 18331 Laraugh Drive 2016 City State Zip Code Transaction ID : PR100554825442 Northville MI 48168 Amount of Each Receipt this Period FEC ID number of contributing 215.39 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan VP- Healthcare Affrd & Prf Imp Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$30.77 Bi-Weekly) Other (specify) 584.63 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Kelmenson, Robin, D., Date of Receipt Mailing Address 5412 Tequesta Drive 30 2016 City State Zip Code Transaction ID : PR122949725442 MI West Bloomfield 48323 Amount of Each Receipt this Period FEC ID number of contributing C 112.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Sr Medical Director Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$16.00 Bi-Weekly) 304.00 Other (specify) 467.39 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee to	5 SOLICIT CONTINUATIONS FROM SUCH COMMITTEE.
Health Alliance Plan PAC		
Full Name of Individual (Last, First, Middle Ini Hutchison, Todd, Eric, ,	tial) or Full Organization Name	Date of Receipt
Mailing Address 773 Whittier		09 30 2016
City Grosse Pointe Park	State Zip Code MI 48230	Transaction ID : PR124815125442
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	403.90
Name of Employer (for Individual) Health Alliance Plan	Occupation (for Individual) SVP- Chief Finance Officer	Memo Item
Receipt For: Primary General Other (specify) ▼	P/R Deduction (\$57.70 Bi-Weekly)	
Full Name of Individual (Last, First, Middle Ini Zatek, Cristina, M, ,	tial) or Full Organization Name	Date of Receipt
Mailing Address 1205 Mohawk Avenue	Tour -	09 30 2016
City Royal Oak	State Zip Code MI 48067	Transaction ID : PR130557125442
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	112.00
Name of Employer (for Individual) Health Alliance Plan	Occupation (for Individual) Dir- Commercial Group Srvcs	Memo Item
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	288.00	P/R Deduction (\$16.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt
Mailing Address 22745 Power Rd.		09 30 2016
City	State Zip Code	Transaction ID : PR131868125442
Farmington	MI 48336	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	105.00
Name of Employer (for Individual) Health Alliance Plan	Occupation (for Individual) Dir- CBHM	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	285.00	P/R Deduction (\$15.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		620.90
TOTAL This Period (last page this line number	only)	

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

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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 Mcinnis, Meghan, Sheedy,, Date of Receipt Mailing Address 5042 Avery Street 30 2016 City Zip Code State Transaction ID: PR131942625442 MI Detroit 48208 Amount of Each Receipt this Period FEC ID number of contributing C 175.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Dir-Provider Services** Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Bi-Weekly) 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Matthews, Irita, , , Date of Receipt Mailing Address 861 Whittier 09 2016 City State Zip Code Transaction ID: PR75326425442 MI Grosse Pointe Park 48230 Amount of Each Receipt this Period FEC ID number of contributing 269.22 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 (\$38.46 Bi-Weekly) Other (specify) 730.74 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Calabria, John, David, Date of Receipt Mailing Address 2030 Brinston 30 2016 City Zip Code State Transaction ID : PR75330625442 MI Troy 48083 Amount of Each Receipt this Period FEC ID number of contributing C 140.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Sr Medical Director Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 380.00 Other (specify) 584.22 SUBTOTAL of Receipts This Page (optional).....

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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 Koslakiewicz, Glen, P,, Date of Receipt Mailing Address 30431 John Hauk 30 2016 City Zip Code State Transaction ID: PR75332525442 MI Garden City 48135 Amount of Each Receipt this Period FEC ID number of contributing C 112.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Dir- Fin Operations** Health Alliance Plan Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$16.00 Bi-Weekly) 304.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Walsh, Matthew, M,, Date of Receipt Mailing Address 5770 Kirkridge Trail 09 2016 City State Zip Code Transaction ID: PR75334725442 Oakland Township MI 48306 Amount of Each Receipt this Period FEC ID number of contributing 525.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan **SVP- Chief Operating Officer** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$75.00 Bi-Weekly) Other (specify) 1425.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Powell, Rachel, A, , Date of Receipt Mailing Address 543 Thurber 30 2016 City Zip Code State Transaction ID : PR75336225442 MI Troy 48085 Amount of Each Receipt this Period FEC ID number of contributing C 126.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Dir - MA Revenue Management Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$18.00 Bi-Weekly) 342.00 Other (specify) 763.00 SUBTOTAL of Receipts This Page (optional).....

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FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c

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for each category of the 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 Hoffman, Cynthia, L,, Date of Receipt Mailing Address 5768 Whitehaven Dr 30 2016 City Zip Code State Transaction ID: PR75337425442 MI Troy 48085 Amount of Each Receipt this Period FEC ID number of contributing C 175.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Dir- eCommerce & Tech Planning Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Bi-Weekly) 475.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Allen, Scott, T,, Date of Receipt Mailing Address 3066 Richmond Dr. 09 2016 City State Zip Code Transaction ID: PR75339425442 MI Clarkston 48348 Amount of Each Receipt this Period FEC ID number of contributing 175.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan AVP - Labor Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Bi-Weekly) Other (specify) 475.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Hurley, Kevin, Michael, Date of Receipt Mailing Address 45504 Morningside Rd. 30 2016 City State Zip Code Transaction ID : PR75339925442 MI Canton 48187 Amount of Each Receipt this Period FEC ID number of contributing C 80.71 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Mgr- Revenue Cycle & Recv Mgmt Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$11.53 Bi-Weekly) 219.07 Other (specify) 430.71 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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

F	OR	LINE	NU	MBER	PAGE	_ ′	11	OF		20	
(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 Initial) or Full Organization Name Siegmund, Donna, M,, Date of Receipt Mailing Address 9 Sylvan 30 2016 City Zip Code State Transaction ID: PR75340625442 Pleasant Ridge MI 48069 Amount of Each Receipt this Period FEC ID number of contributing C 84.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Sr Project Manager Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$12.00 Bi-Weekly) 228.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Lafferty, Rory, P., , Date of Receipt Mailing Address 759 Cherry Stone Drive 09 2016 #2D City State Zip Code Transaction ID : PR75341725442 MI Canton 48188 Amount of Each Receipt this Period FEC ID number of contributing 140.00 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) Other (specify) 380.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Keiper, Joel, T., Date of Receipt Mailing Address 3812 Miller Way South 30 2016 City State Zip Code Transaction ID: PR87082125442 MI Bloomfield 48301 Amount of Each Receipt this Period FEC ID number of contributing C 69.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan VP- Corp Strategic Planning Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$23.00 Bi-Weekly) 345.00 Other (specify) 293.00 SUBTOTAL of Receipts This Page (optional).....

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

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

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FOR LINE NUMBER:					PAGE	•	12 OF		20		
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	ny information copied from such Reports and S for commercial purposes, other than using the					
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC					
Α.	Full Name of Individual (Last, First, Middle Ini Lipscomb, Deandre, Antwan, ,	itial) or Full Org	anization Name	Date of Receipt		
	Mailing Address 29545 Greening St.	09 30 2016				
	City Farmington Hills	Transaction ID : PR87082325442 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		210.00		
	Name of Employer (for Individual) Health Alliance Plan	VP- C	eation (for Individual) community Outreach ear-to-Date ▼	Memo Item		
	Receipt For: Primary General Other (specify) ▼	P/R Deduction (\$30.00 Bi-Weekly)				
В.	Full Name of Individual (Last, First, Middle Ini Waddell, Kristy, , , Mailing Address 1554 Brentwood Drive	Date of Receipt				
	City	09 30 2016				
	Troy	State MI	Zip Code 48098	Transaction ID: PR87082625442 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		105.00		
	Name of Employer (for Individual) Health Alliance Plan	I .	oation (for Individual) farket Intelligence	Memo Item		
	Receipt For: Primary General Other (specify) ▼	Aggregate Yo	ear-to-Date ▼ 285.00	P/R Deduction (\$15.00 Bi-Weekly)		
С .	Full Name of Individual (Last, First, Middle Ini Champney, Dan, Ellis, ,	tial) or Full Org	anization Name	Date of Receipt		
	Mailing Address 9186 Hidden Oaks Dr	09 30 2016				
	City Grand Blanc	State MI	Zip Code 48439	Transaction ID : PR99462025442 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		280.00		
	Name of Employer (for Individual) Health Alliance Plan		oation (for Individual) y General Counsel	Memo Item		
	Receipt For: Primary General Other (specify)	Aggregate Yo	ear-to-Date ▼ 760.00	P/R Deduction (\$40.00 Bi-Weekly)		
S	SUBTOTAL of Receipts This Page (optional)			595.00		
	TOTAL This Period (last page this line number	only)		3754.22		

S 17

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 13 C						
ITEMIZED DISBURSEMENTS		parate schedule(s) category of the	(check c	,					
		Summary Page	X 21			26 27 29 30b			
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NAME OF COMMITTEE (In Full)									
Health Alliance Plan PAC									
Full Name (Last, First, Middle Initial)				5.					
A. Comerica Bank				M = M	f Disburse	D / Y Y Y Y			
Mailing Address P.O. Box 75000				08	0	2016			
City	State MI	Zip Code		FEC Id	lentificatio	n Number			
Detroit Purpose of Disbursement	IVII	48275							
merchant fee			001	C					
Candidate Name				- 1		ID: 10021004			
			Category/ Type	Amour	it of Each	Disbursement this Period			
Office Sought: House Disburse	ment For:	I		 [30.00			
Senate	Primary				merchant fee				
President	Other (spe	ecify) 🔻		Me	emo Item	moronant roo			
State: District:									
Full Name (Last, First, Middle Initial) B. Comerica Bank				Date o	f Diehuree	ament			
B. Comerica Bank					Date of Disbursement				
Mailing Address P.O. Box 75000	Mailing Address P.O. Box 75000					2016			
City	FFC Id	lentificatio	n Number						
Detroit Purpose of Disbursement	MI	48275							
merchant fee			001						
Candidate Name						ID: 10021005			
		Category/ Type			it of Each	Disbursement this Period			
Office Sought: House Disburse	ment For:			- [47.98				
Senate	Primary	General			merchant fee				
President	Other (spe	ecify)		Me	emo Item				
State: District:									
Full Name (Last, First, Middle Initial) C. Comerica Bank				Date o	f Disburse				
Mailing Address P.O. Box 75000	Mailing Address P.O. Box 75000					2 2016			
City	State	Zip Code		FEO 1	lontificatio	n Number			
Detroit	MI	48275		FEU IC	lentificatio	II INUIIIDEI			
Purpose of Disbursement merchant fee	Purpose of Disbursement					ID : 10075450			
Candidate Name	Candidate Name Category/ Type					Disbursement this Period			
Office Sought: House Disburse	ment For:		.,,,,	-		30.00			
Senate	Primary	General			4	merchant fee			
President	Other (spe	ecify) 🔻		Me	emo Item	moronant roo			
State: District:	State: District:								
SUBTOTAL of Disbursements This Page (optional).			······		-	107.98			
TOTAL This Period (last page this line number only	۸								

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Detailed Summany Page	IT	EMIZED DISBURSEMENTS			I ` ·	· ′			
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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 part) Health Alliance Plan PAC Full Name (i.ast, First, Middle Initial) A. Comerica Bank Mailing Address P.O. Box 75000 City State	Δr	v information copied from such Reports and States	nente may r	not he sold or use					
Health Alliance Plan PAC Full Name (Last, First, Middle Initial) City State Zip Code Detroit MI 48275 Purpose of Disbursement merchant fee Candidate Name Office Sought: House President State: District:									
Full Name (Last, First, Middle Initial) A. Comerica Bank Mailling Address P.O. Box 75000 City		• • •							
A. Comerica Bank Mailing Address P.O. Box 75000 City Detroit Detroi	$ \rangle$	Health Alliance Plan PAC							
City	_					D-44 D			
Mailing Address P.O. Box 75000 City Detroit	A.	Comerica Bank	Date of D						
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Health Alliance Plan PAC										
Full Name (Last, First, Middle Initial)				Date	- (D					
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Mailing Address P.O. Box 75000				0		1			016	
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ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE (check only 21b 28a			22 🗶 23 🗌 26 📗 27		
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full)						
Health Alliance Plan PAC						
Full Name (Last, First, Middle Initial) A. Casperson For Congress Mailing Address P.O. Box 499				Date of Disbursement 07 26 2016		
	State	Zip Code				
Escanaba Purpose of Disbursement Direct Contribution	MI	49829	011	C C00435420		
Candidate Name Casperson, Tom, , , Office Sought:	ment For: 2	016	Category/ Type	Transaction ID: 9984471 Amount of Each Disbursement this Period 500.00		
	Primary Other (spec	General ify) ▼		Direct Contribution Memo Item		
Full Name (Last, First, Middle Initial) B.				Date of Disbursement		
Mailing Address	Mailing Address					
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Purpose of Disbursement Candidate Name				C Assessed of Early Bishamous and this Buried		
	ment For: Primary General Other (specify)			Amount of Each Disbursement this Period Memo Item		
Full Name (Last, First, Middle Initial) C.				Date of Disbursement		
Mailing Address						
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or for commercial purposes, other than using the nam	e and address	s of any political	committee to	solicit contributions fr	om such committee.			
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC								
Full Name (Last, First, Middle Initial)				Date of Disburseme				
A. Michigan Values Leadership Fund				M M / D D	ent			
Mailing Address P.O. Box 261				08 09 2016				
City DeWitt		ip Code 48820		FEC Identification N	Number			
Purpose of Disbursement Direct Contribution			044	C				
Candidate Name			011	Transaction ID	: 10004454 sbursement this Period			
			Category/ Type	Amount of Each Di				
Office Sought: House Disbursem	nent For: Primary	General		500.00				
	Other (specify)			Dir Memo Item	ect Contribution			
State: District:				Memo item				
Full Name (Last, First, Middle Initial) B. CTE Auctio W. Corrett for 26th Dict.	riot ludgo			Date of Disburseme	ont .			
B. CTE Austin W Garrett for 36th Dist	nct Judge			M M / D D	/ Y Y Y Y Y			
Mailing Address PO Box 321133	Mailing Address PO Box 321133							
City S Detroit		ip Code 48232		FEC Identification N	Number			
Purpose of Disbursement	IVII	40232		С				
Direct Contribution Candidate Name	011 Category/ Type			Transaction ID	: 10004455			
Garrett, Austin, W, ,				Amount of Each Disbursement this Per				
Office Sought: House Disbursem	nent For:		71		500.00			
	Primary Other (specify)	General		Dir	rect Contribution			
State: District:	Other (specify))		Memo Item				
Full Name (Last, First, Middle Initial)								
C. Friends of Phil Phelps				Date of Disburseme	ent			
Mailing Address 1021 Kensington Avenue				08 24	2016			
,		ip Code		FEC Identification N	Number			
Flint Purpose of Disbursement	MI	48503		C				
Direct Contribution			011	Transaction ID) : 10024020			
Candidate Name Phelps, Phil, , ,			Category/ Type	Amount of Each Dis	sbursement this Period			
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	Primary	General		Dii	rect Contribution			
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NAME OF COMMITTEE (In Full) Health Alliance Plan PAC						
Full Name (Last, First, Middle Initial) - Brian Calley for Michigan			Date of Disbursement			
Mailing Address PO Box 230197			09 / 15 / 2016			
City Grand Rapids	State Zip Code MI 49523		FEC Identification Number			
Purpose of Disbursement Direct Contribution Candidate Name		011	Transaction ID : 10077959 Amount of Each Disbursement this Period			
Calley, Brian, , , Office Sought: House Disburs Senate	ement For: Primary General	Category/ Type	Amount of Each Disbursement this Period 2500.00			
President State: District:	Other (specify)		Direct Contribution Memo Item			
Full Name (Last, First, Middle Initial) - Friends of Jim Ananich			Date of Disbursement			
Mailing Address PO Box 16195						
City Lansing Purpose of Disbursement	State Zip Code MI 48901		FEC Identification Number			
Direct Contribution Candidate Name		011 Category/	Transaction ID : 10077960 Amount of Each Disbursement this Period			
Ananich, Jim, , , Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)	Туре	500.00 Direct Contribution Memo Item			
State: District: Full Name (Last, First, Middle Initial)	_		Wellio Itelli			
Knezek for Michigan PAC			Date of Disbursement			
Mailing Address 8033 ARNOLD ST City	State Zip Code		09 15 2016			
DEARBORN HEIGHTS Purpose of Disbursement	MI 48127		FEC Identification Number			
Direct Contribution Candidate Name		011 Category/	Transaction ID : 10077961 Amount of Each Disbursement this Period			
Senate President	ement For: Primary General Other (specify) ▼	Туре	500.00 Direct Contribution Memo Item			
State: District:						

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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. Mark Gaffney for Wayne State Univ	ersity		Date of Disbursement				
Mailing Address PO Box 20321			09 22 2016				
City S Ferndale	State Zip Code MI 48220		FEC Identification Number				
Purpose of Disbursement	40220		С				
Direct Contribution		011	Transaction ID : 10087880				
Cartina V. Mark		Category/	Amount of Each Disbursement this Period				
Gaffney, Mark, , , Office Sought: House Disbursem	nent For:	Туре	250.00				
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President State: District:	Other (specify) ▼		Direct Contribution Memo Item				
Full Name (Last, First, Middle Initial)							
B. Mike Duggan for Detroit Committee)		Date of Disbursement				
Mailing Address PO Box 32524			09 22 2016				
,	State Zip Code		FEC Identification Number				
Detroit Purpose of Disbursement	MI 48232						
Direct Contribution		011	C				
Candidate Name		Category/	Transaction ID: 10087881 Amount of Each Disbursement this Period				
Duggan, Mike, , ,		Type					
Office Sought: House Disbursem			1000.00				
	Primary General Other (specify)		Direct Contribution				
State: District:	Other (specify)		Memo Item				
Full Name (Last, First, Middle Initial)							
C. Michigan Association of Health Plan	ns PAC (MAHP PA	C)	Date of Disbursement				
Mailing Address 327 Seymour			07 12 2016				
City	State Zip Code		FEC Identification Number				
Lansing Rurness of Disbursement	MI 48933						
Purpose of Disbursement in-kind purchase of gas grill reimb for gift baskets for	011	C					
Candidate Name		Category/ Type	Transaction ID: 9962238 Amount of Each Disbursement this Period				
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NAME OF COMMITTEE (In Full)								
Health Alliance Plan PAC								
Full Name (Last, First, Middle Initial)		<u> </u>		Date of D	oburoome-	<u> </u>		
A. 14th Congressional District Democ	ratic Party	У		Date of Di	sbursemen			
Mailing Address 15379 Ohio Street				07	19	2016		
City		Zip Code		FEC Identi	fication Nu	mber		
Detroit Purpose of Disbursement	MI	48238				· · · · ·		
Direct Contribution			011	C				
Candidate Name					action ID :	9968773 ursement this Period		
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President	Other (specify	y) ▼		Memo				
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Full Name (Last, First, Middle Initial) B. Friends of Frank Liberati				Date of Di	shursaman	t		
B. Friends of Frank Liberati					Date of Disbursement			
Mailing Address 9068 Quandt				07	19	2016		
,		Zip Code		FEC Identi	fication Nu	mber		
Allen Park Purpose of Disbursement	MI	48101						
Direct Contribution			011	C				
Candidate Name			Category/		action ID :			
Liberati, Frank, , MI Rep.,	Type			Amount of Each Disbursement this Period				
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President	Other (specify	/)		Memo	Item			
State: District:								
Full Name (Last, First, Middle Initial) C. Pop Fraderick for State Penrocepts	otivo			Date of Di	shursemen	t		
C. Ben Frederick for State Representa	alive			M M /	D D	/		
Mailing Address 600 North Water Street	07	19	2016					
City	State	Zip Code		FEC Identi	fination N	mhor		
Owosso	MI	48867		reo luenti	ncauon Nu	IIIDEI		
Purpose of Disbursement Direct Contribution				C				
			011		action ID :			
Frederick, Ben, , ,	Candidate Name Category/					ursement this Period		
Office Sought: House Disburser	ment For:		Туре			200.00		
Senate	Primary	General			Diro	ct Contribution		
President	Other (specify			Memo		or Continuation		
State: District:				LI WIEIIIO	110111			
SUBTOTAL of Disbursements This Page (optional)					7	800.00		
TOTAL This Deviced (feet						6700.00		
TOTAL This Period (last page this line number only)				1000	4 1 1	5. 55.55		