

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

Health Alliance Plan PAC

ADDRESS (number and street)

2850 West Grand Boulevard

Check if different than previously reported. (ACC)

Detroit

MI

48202

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00410670

3. IS THIS REPORT

x

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Quarterly Report (YE)

x July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(d) 30-Day Post-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

01

01

2005

through

06

30

2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer James W Hoerbering

Signature of Treasurer Electronically Filed by James W Hoerbering

Date 07 14 2005

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

Office Use Only

FEC FORM 3X (Rev. 02/2003)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Health Alliance Plan PAC

Report Covering the Period: From: ^M01 ^D01 ^Y2005 To: ^M06 ^D30 ^Y2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2005		0.00
(b) Cash on Hand at Beginning of Reporting Period	0.00	
(c) Total Receipts (from Line 19)	30785.38	30785.38
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	30785.38	30785.38
7. Total Disbursements (from Line 31)	15762.95	15762.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	15022.43	15022.43
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:

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. 02/2003)

Page 3

Write or Type Committee Name
Health Alliance Plan PAC

Report Covering the Period: From: ^M01 ⁻01 ⁻2005 To: ^M06 ⁻30 ⁻2005

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)	27677.75	27677.75
(ii) Unitemized	3107.63	3107.63
(iii) TOTAL (add Lines 11(a)(i) and (ii))	30785.38	30785.38
(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)	30785.38	30785.38
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 Transfer (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))	30785.38	30785.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	30785.38	30785.38

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	262.95	262.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	262.95	262.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10500.00	10500.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	5000.00	5000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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 ActMty (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))..	15762.95	15762.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	15762.95	15762.95

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	30785.38	30785.38
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30785.38	30785.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	262.95	262.95
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	262.95	262.95

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

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

FOR LINE NUMBER: PAGE 6 / 23

(check only one)

<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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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 (Last, First, Middle Initial) A. Ronald W. Berry		Date of Receipt M / D / Y 04 / 25 / 2005
Mailing Address 1043 Woods Lane		Transaction ID: 50714.C20
City Grosse Pointe	State MI	Zip Code 48236
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Health Alliance Plan	Occupation SVP, CFO	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Mary Beth Bolton		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 21708 Chase		Transaction ID: 50714.C11
City Novi	State MI	Zip Code 48235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Health Alliance Plan	Occupation SVP - CMO	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Therese Boyle		Date of Receipt M / D / Y 05 / 23 / 2005
Mailing Address 121D Otter		Transaction ID: 50714.C112
City Waterford	State MI	Zip Code 48328
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Health Alliance Plan	Occupation Manager - Clinics	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
		Payroll Deduction: (300.0- 0/Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	3900.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 7 / 23

(check only one)

<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 (Last, First, Middle Initial) A. Jonathan W. Clement		Date of Receipt M / D / Y 04 / 25 / 2005
Mailing Address 923 Westchester Rd		Transaction ID: 50714.C120
City Grosse Pointe	State MI	Zip Code 48230-1829
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Health Alliance Plan	Occupation Vice President - Finance	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	
		Payroll Deduction: (40.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. Ronald R. Cook		Date of Receipt M / D / Y 04 / 08 / 2005
Mailing Address 8121 Agnes		Transaction ID: 50714.C4
City Detroit	State MI	Zip Code 48214
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Health Alliance Plan	Occupation Vice President-Government Affa	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Ronald R. Cook		Date of Receipt M / D / Y 05 / 11 / 2005
Mailing Address 8121 Agnes		Transaction ID: 50714.C121
City Detroit	State MI	Zip Code 48214
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Health Alliance Plan	Occupation Vice President-Government Affa	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
		Payroll Deduction: (25.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 8 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Kevin Coughlin		Date of Receipt M / D / Y 04 / 08 / 2005
Mailing Address 44315 S. Umberland Circle		Transaction ID: 50714.C5
City	State	Zip Code
Canton	MI	48187
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Health Alliance Plan	Occupation Manager, IS	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Donald Davis		Date of Receipt M / D / Y 04 / 25 / 2005
Mailing Address 11417 Fellows Creek Dr.		Transaction ID: 50714.C21
City	State	Zip Code
Plymouth	MI	48170
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Health Alliance Plan	Occupation V.P. Human Resources	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Michael A. Elmsd		Date of Receipt M / D / Y 04 / 08 / 2005
Mailing Address 3434 Essex Drive		Transaction ID: 50714.C6
City	State	Zip Code
Troy	MI	48064
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Health Alliance Plan	Occupation AVP-Technology & E Business	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	2800.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 23

(check only one)

<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 (Last, First, Middle Initial) A. Angela H. Gardner		Date of Receipt MM / DD / YYYY 06 / 07 / 2005
Mailing Address P.O. Box 24283		Transaction ID: 50714.C161
City Detroit	State MI	Zip Code 48224
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Health Alliance Plan	Occupation Director	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
		Payroll Deduction: (400.00/Pay Period)

Full Name (Last, First, Middle Initial) B. Jeannette H. Girty		Date of Receipt MM / DD / YYYY 05 / 20 / 2005
Mailing Address 18246 Stoepel		Transaction ID: 50714.C36
City Detroit	State MI	Zip Code 48221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Health Alliance Plan	Occupation Director, Client Services	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Diane Grehl		Date of Receipt MM / DD / YYYY 05 / 11 / 2005
Mailing Address 241D 22nd Street		Transaction ID: 50714.C53
City Wyandotte	State MI	Zip Code 48192
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Health Alliance Plan	Occupation Manager Quality Review	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
		Payroll Deduction: (300.00/Pay Period)

SUBTOTAL of Receipts This Page (optional)	1100.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 23

(check only one)

<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 (Last, First, Middle Initial) A. L. Elaine Helms		Date of Receipt M / D / Y 05 / 23 / 2005
Mailing Address 441 B Robinwood		Transaction ID: 50714.C40
City Royal Oak	State MI	Zip Code 48073
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Health Alliance Plan	Occupation AVP	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Donald Hirt		Date of Receipt M / D / Y 04 / 27 / 2005
Mailing Address 736 Lakepointe		Transaction ID: 50714.C25
City Grosse Pointe	State MI	Zip Code 48230
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Health Alliance Plan	Occupation VP Org. Performance	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Mumtaz A. Ibrahim		Date of Receipt M / D / Y 04 / 27 / 2005
Mailing Address 21833 Sheffield Drive		Transaction ID: 50714.C27
City Farmington	State MI	Zip Code 48335
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
Name of Employer Health Alliance Plan	Occupation Sr. Assoc. Med Director	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional)	2800.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Donald Kiefuk		Date of Receipt M / D / Y 05 / 20 / 2005
Mailing Address 39810 Karda		Transaction ID: 50714.C39
City Sterling Heights	State MI	Zip Code 48313
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Health Alliance Plan	Occupation AVP Claim Operation	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Philip Krauss		Date of Receipt M / D / Y 04 / 25 / 2005
Mailing Address 30528 N. Greenbriar		Transaction ID: 50714.C28
City Franklin	State MI	Zip Code 48025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Health Alliance Plan	Occupation Manager, MBI	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Julie LaJoyce		Date of Receipt M / D / Y 05 / 23 / 2005
Mailing Address 157B3 Jonas Avenue		Transaction ID: 50714.C38
City Allen Park	State MI	Zip Code 48101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Health Alliance Plan	Occupation Manager	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 23

(check only one)

<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 (Last, First, Middle Initial) A. Akin Martins		Date of Receipt M / D / Y 04 / 27 / 2005
Mailing Address 19183 Pennington Drive		Transaction ID: 50714.C28
City Detroit	State MI	Zip Code 48221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 275.00
Name of Employer Health Alliance Plan	Occupation Manager	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) B. Colleen McCleary		Date of Receipt M / D / Y 04 / 25 / 2005
Mailing Address 48188 Andover Drive		Transaction ID: 50714.C138
City Detroit	State MI	Zip Code 48274
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 277.75
Name of Employer Health Alliance Plan	Occupation Vice President, Associate Gen	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 277.75	
		Payroll Deduction: (55.55- /Pay Period)

Full Name (Last, First, Middle Initial) C. Maurice E. McMurray		Date of Receipt M / D / Y 04 / 15 / 2005
Mailing Address 17127 Fairfield		Transaction ID: 50714.CB
City Detroit	State MI	Zip Code 48221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Health Alliance Plan	Occupation SVP & General Counsel	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	2552.75
TOTAL This Period (last page this line number only)	

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. G.S. Mwaungulu		Date of Receipt M / D / Y 06 / 22 / 2005
Mailing Address 29816 Deer Run		Transaction ID: 50714.C35
City Farmington	State MI	Zip Code 48331
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Health Alliance Plan	Occupation Assoc. Medical Director	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Richard Nowakowski		Date of Receipt M / D / Y 05 / 11 / 2005
Mailing Address 8052 Seven Mile Road		Transaction ID: 50714.C33
City South Lyon	State MI	Zip Code 48178
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Nowakowski & Associates	Occupation President & CEO	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. Belektrina Pal		Date of Receipt M / D / Y 04 / 25 / 2005
Mailing Address 1977 Long Point Drive		Transaction ID: 50714.C22
City Bloomfield Hills	State MI	Zip Code 48302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
Name of Employer Health Alliance Plan	Occupation Sr. Assoc. Med Director	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 14 / 23

(check only one)

<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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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 (Last, First, Middle Initial) A. Francine Parker		Date of Receipt M / D / Y 04 / 15 / 2005
Mailing Address 22700 Gordon Switch		Transaction ID: 50714.C10
City Saint Clair Shores	State MI	Zip Code 48081-0000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Health Alliance Plan	Occupation President & CEO	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Patricia R. Richards		Date of Receipt M / D / Y 04 / 27 / 2005
Mailing Address 5570 Nottingham #102		Transaction ID: 50714.C29
City Dearborn	State MI	Zip Code 48126
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Health Alliance Plan	Occupation Sr. Vice President & COO	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Chrysal M. Roberts		Date of Receipt M / D / Y 05 / 09 / 2005
Mailing Address 24801 Pinehurst Avenue		Transaction ID: 50714.C31
City Oak Park	State MI	Zip Code 48237
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 425.00
Name of Employer Health Alliance Plan	Occupation Director	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

SUBTOTAL of Receipts This Page (optional)	▶	3925.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 15 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Dianne Ronan		Date of Receipt M / D / Y 05 / 11 / 2005
Mailing Address 2156 Cumberland Drive		Transaction ID: 50714.C103
City Brighton	State MI	Zip Code 48114
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Health Alliance Plan	Occupation Vice President Financial Svcs	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
		Payroll Deduction: (75.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. Nancy Ruhl		Date of Receipt M / D / Y 04 / 25 / 2005
Mailing Address 14965 Country Club		Transaction ID: 50714.C14
City Livonia	State MI	Zip Code 48154-5144
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Health Alliance Plan	Occupation AVP	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
		Payroll Deduction: (500.0- 0/Pay Period)

Full Name (Last, First, Middle Initial) C. Katherine Seher		Date of Receipt M / D / Y 05 / 11 / 2005
Mailing Address 3201 Witherbee		Transaction ID: 50714.C69
City Troy	State MI	Zip Code 48064
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Health Alliance Plan	Occupation Manager	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
		Payroll Deduction: (300.0- 0/Pay Period)

SUBTOTAL of Receipts This Page (optional)	1100.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 16 / 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Susan Schwandt		Date of Receipt M / D / Y 06 / 27 / 2005
Mailing Address 2007 Rector Court		Transaction ID: 50714.C37
City	State	Zip Code
Canton	MI	48188
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Health Alliance Plan	Occupation Public Relations Director	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Dennis Sirocky		Date of Receipt M / D / Y 05 / 03 / 2005
Mailing Address 881D Charbone		Transaction ID: 50714.C30
City	State	Zip Code
White Lake	MI	48386-4014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Health Alliance Plan	Occupation SVP, CFO	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Diane Skon		Date of Receipt M / D / Y 04 / 08 / 2005
Mailing Address 31646 Robinhood Drive		Transaction ID: 50714.C7
City	State	Zip Code
Franklin	MI	48025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Health Alliance Plan	Occupation Director, MBI	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	2900.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 17 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Jamie Spriet		Date of Receipt M / D / Y Y Y Y 04 / 27 / 2005
Mailing Address 885 Bishop Road		Transaction ID: 50714.C26
City	State	Zip Code
Grosse Pointe	MI	48230
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Health Alliance Plan	Occupation VP Sales & Marketing	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Peter A. Stewart		Date of Receipt M / D / Y Y Y Y 04 / 27 / 2005
Mailing Address 7961 Little Farm Lane		Transaction ID: 50714.C24
City	State	Zip Code
West Bloomfield	MI	48322
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Health Alliance Plan	Occupation Manager Auditing Services	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. Ronald C. Wecker		Date of Receipt M / D / Y Y Y Y 05 / 05 / 2005
Mailing Address 51 Chelton Lane		Transaction ID: 50714.C32
City	State	Zip Code
Oakland	CA	94611
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Health Alliance Plan	Occupation Special Advisor	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2200.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 18 / 23

(check only one)

<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 (Last, First, Middle Initial) A. Randy Walker		Date of Receipt M / D / Y 04 / 08 / 2005
Mailing Address 25474 Edge Mont		Transaction ID: 50714.C8
City Southfield	State MI	Zip Code 48034
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Health Alliance Plan	Occupation VP Medical Management Admin	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	27677.75

**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)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
	27		28a		28b		28c		29		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 P.O. Box 75000

City State Zip Code
Detroit MI 48275-

Purpose of Disbursement
MERCHANT FEE MAY

Candidate Name

Category/
Type

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

State: District

Transaction ID: 50714.E10

Date of Disbursement

05 / 03 / 2005

Amount of Each Disbursement this Period

185.50

MERCHANT FEE MAY

Full Name (Last, First, Middle Initial)

B. Comerica Bank

Mailing Address P.O. Box 75000

City State Zip Code
Detroit MI 48275-

Purpose of Disbursement
MERCHANT FEE JUNE

Candidate Name

Category/
Type

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

State: District

Transaction ID: 50714.E13

Date of Disbursement

06 / 02 / 2005

Amount of Each Disbursement this Period

77.45

MERCHANT FEE JUNE

SUBTOTAL of Disbursements This Page (optional) ▶

262.95

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

262.95

**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)

PAGE 20 / 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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. Americas Health Insurance Plan

Mailing Address 601 Pennsylvania Avenue NW
South Building Suite 500

City Washington State DC Zip Code 20004-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Office Sought: House Senate President
Disbursement For: 2005 Primary General
X Other (specify) ▼
State: District Annual/Other

Category/
Type

Transaction ID: 50714.E1
Date of Disbursement

05 / 11 / 2005

Amount of Each Disbursement this Period

5000.00

DIRECT CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. Citizens to Elect Edward Gaffney

Mailing Address 283 Kentwood Court

City Grosse Pointe State MI Zip Code 48236-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006 Primary General
X Other (specify) ▼
State: District

Category/
Type

Transaction ID: 50714.E4
Date of Disbursement

05 / 17 / 2005

Amount of Each Disbursement this Period

1000.00

DIRECT CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. Granholm for Governor

Mailing Address P.O. Box 17127

City Lansing State MI Zip Code 48901-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006 Primary General
X Other (specify) ▼
State: District

Category/
Type

Transaction ID: 50714.E15
Date of Disbursement

05 / 19 / 2005

Amount of Each Disbursement this Period

3000.00

DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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. Stabenow For U. S. Senate

Mailing Address P.O. Box 4945

City East Lansing State MI Zip Code 48826-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name
DEBBIE STABENOW

Office Sought: House Disbursement For: 2006
 Senate Primary General
 President
 State: MI District: D0 Other (specify) ▼

Category/
Type

Transaction ID: 50714.E9

Date of Disbursement

06 / 08 / 2005

Amount of Each Disbursement this Period

1500.00

DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

10500.00

**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)

PAGE 22 / 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)
A. Detroit Regional Chamber PAC II

Mailing Address 101 S. Washington Square
Suite 82D
City Lansing State MI Zip Code 48933-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: 2005
Primary General
X Other (specify) ▼
Annual/Other

Category/
Type

Transaction ID: 50714.E5
Date of Disbursement

05 / 24 / 2005

Amount of Each Disbursement this Period

1050.00

Full Name (Last, First, Middle Initial)
B. Committee to Elect Jai-Lee Dearing

Mailing Address 2735 Russell
City Detroit State MI Zip Code 48214-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: 2005
X Primary General
Other (specify) ▼

Category/
Type

Transaction ID: 50714.E18
Date of Disbursement

06 / 28 / 2005

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)
C. Bill Hardiman for State Senate Committee

Mailing Address P.O. Box 1689
City Grand Rapids State MI Zip Code 49501-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: 2006
X Primary General
Other (specify) ▼

Category/
Type

Transaction ID: 50714.E17
Date of Disbursement

06 / 24 / 2005

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional) ▶

1600.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Kilpatrick for Mayor

Mailing Address P.O. Box 44710

City State Zip Code
Detroit MI 48224-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Office Sought:	House	Disbursement For:	2005
	Senate	<input checked="" type="checkbox"/> Primary	General
	President	Other (specify) ▼	

State: District

Category/
Type

Transaction ID: 50714.E18

Date of Disbursement

06 / 17 / 2005

Amount of Each Disbursement this Period

3400.00

SUBTOTAL of Disbursements This Page (optional) ▶

3400.00

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

5000.00