

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** C00410670
3. IS THIS REPORT 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)
 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 (12G)
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 04 01 2010 through 04 30 2010

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 Ronald S. Siemiontkowski

Signature of Treasurer Electronically Filed by Ronald S. Siemiontkowski Date 05 11 2010

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							
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Health Alliance Plan PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		52692.71
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	61470.62									
(c) Total Receipts (from Line 19)	3428.40	17577.70								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	64899.02	70270.41								
7. Total Disbursements (from Line 31)	432.50	5803.89								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	64466.52	64466.52								
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. 06/2004)

Write or Type Committee Name
Health Alliance Plan PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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)	2044.88	11789.72
(ii) Unitemized	1383.52	5787.98
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3428.40	17577.70
(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)	3428.40	17577.70
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))	3428.40	17577.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3428.40	17577.70

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	32.50	203.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	32.50	203.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2000.00
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.....	400.00	3600.00
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 Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	432.50	5803.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	432.50	5803.89

DETAILED SUMMARY PAGE
of Disbursements

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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)	3428.40	17577.70
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3428.40	17577.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	32.50	203.89
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	32.50	203.89

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 12
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A.	Full Name (Last, First, Middle Initial) Scott Allen		Date of Receipt MM / DD / YYYY 04 / 05 / 2010
	Mailing Address 3066 Richmond Dr		Transaction ID: 00511.C7617
	City Clarkston	State MI	Zip Code 48348-5063
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
	Name of Employer Health Alliance Plan	Occupation Assoc Dir, Labor Affairs	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	Payroll Deduction: (25.00- /Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Jonathan W. Clement		Date of Receipt MM / DD / YYYY 04 / 05 / 2010
	Mailing Address 923 Westchester		Transaction ID: 00511.C7575
	City Grosse Pointe	State MI	Zip Code 48230-1829
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
	Name of Employer Health Alliance Plan	Occupation VP - Underwriting & Rating	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00	Payroll Deduction: (40.00- /Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Jeanne Dunk		Date of Receipt MM / DD / YYYY 04 / 12 / 2010
	Mailing Address 1429 Iroquois		Transaction ID: 100007524
	City Detroit	State MI	Zip Code 48214
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Health Alliance Plan	Occupation Manager	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	445.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 12
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A.	Full Name (Last, First, Middle Initial) Michael A. Elinski		Date of Receipt MM / DD / YYYY 04 / 05 / 2010
	Mailing Address 3434 Essex		Transaction ID: 00511.C7610
	City Troy	State MI	Zip Code 48084
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
	Name of Employer Health Alliance Plan	Occupation AVP - Technology & eBusiness D	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00	Payroll Deduction: (30.00- /Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Howard Flasch		Date of Receipt MM / DD / YYYY 04 / 05 / 2010
	Mailing Address 1459 N Rochester Rd		Transaction ID: 00511.C7578
	City Oakland	State MI	Zip Code 48363-1630
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
	Name of Employer Health Alliance Plan	Occupation VP - Product Development	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00	Payroll Deduction: (40.00- /Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Mark Hall		Date of Receipt MM / DD / YYYY 04 / 05 / 2010
	Mailing Address 25450 Constitution		Transaction ID: 00511.C7603
	City Novi	State MI	Zip Code 48375-1763
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.88
	Name of Employer Health Alliance Plan	Occupation AVP - NB Dist Channel Mgmt	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 692.64	Payroll Deduction: (76.96- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	440.88
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 12

(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

A.

Full Name (Last, First, Middle Initial)
Cynthia Hoffman

Mailing Address 5768 Whitehaven Dr

City State Zip Code
Troy MI 48085-3188

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Health Alliance Plan Mgr - eCommerce & Tech Plannin

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 0

Transaction ID: 00511.C7597

Amount of Each Receipt this Period

90.00

Receipt

Payroll Deduction: (30.00-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Donald Kiefiuk

Mailing Address 39810 Karda

City State Zip Code
Sterling Heights MI 48313

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Health Alliance Plan AVP Claim Operation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 0

Transaction ID: 00511.C7577

Amount of Each Receipt this Period

120.00

Receipt

Payroll Deduction: (40.00-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Christopher Pike

Mailing Address 1657 Wilmington Ct

City State Zip Code
Rochester MI 48309

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Health Alliance Plan AVP - Information Tech Supp

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 640.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 0

Transaction ID: 00511.C7592

Amount of Each Receipt this Period

240.00

Receipt

Payroll Deduction: (80.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶

450.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A.	Full Name (Last, First, Middle Initial) Donna Reid		Date of Receipt MM / DD / YYYY 04 / 05 / 2010
	Mailing Address 2850 W Grand Blvd		Transaction ID: 00511.C7596
	City Detroit	State MI	Zip Code 48202-2643
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 99.00
	Name of Employer Health Alliance Plan	Occupation Management	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 231.00	Payroll Deduction: (33.00- /Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Dianna Ronan		Date of Receipt MM / DD / YYYY 04 / 05 / 2010
	Mailing Address 2156 Cumberland		Transaction ID: 00511.C7595
	City Brighton	State MI	Zip Code 48114
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
	Name of Employer Health Alliance Plan	Occupation VP - Financial Services	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 720.00	Payroll Deduction: (80.00- /Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Ronald R. Stallworth		Date of Receipt MM / DD / YYYY 04 / 05 / 2010
	Mailing Address 8121 Agnes		Transaction ID: 00511.C7599
	City Detroit	State MI	Zip Code 48214
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
	Name of Employer Health Alliance Plan	Occupation VP - Government Affairs	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	Payroll Deduction: (40.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	459.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 12
	(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

A.	Full Name (Last, First, Middle Initial) Paula Tapert	Date of Receipt
	Mailing Address 33942 Coachwood Dr	<input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City State Zip Code Sterling Heights MI 48312-6516	Transaction ID: 100007502
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="250.00"/>
	Name of Employer Occupation Health Alliance Plan Dir- Brand Management	Receipt
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>

Payroll Deduction: (250.0-0/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="250.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="2044.88"/>

**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 11 / 12

<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
<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

A.

Full Name (Last, First, Middle Initial)
Comerica Bank

Transaction ID: 200000311
Date of Disbursement

Mailing Address P.O. Box 75000

^M <input type="text"/> 0	^M <input type="text"/> 4	/	^D <input type="text"/> 0	^D <input type="text"/> 2	/	^Y <input type="text"/> 2	^Y <input type="text"/> 0	^Y <input type="text"/> 1	^Y <input type="text"/> 0
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City State Zip Code
Detroit MI 48275-

Amount of Each Disbursement this Period

32.50

Purpose of Disbursement
March Operating Expense

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

MARCH OPERATING EXPENSE

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

32.50

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

32.50

**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 12 / 12

<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

A.

Full Name (Last, First, Middle Initial)
Rudy Hobbs for State Representative

Transaction ID: 200000312

Date of Disbursement

Mailing Address PO Box 3353

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City State Zip Code
Southfield MI 48037-3353

Amount of Each Disbursement this Period

400.00

Purpose of Disbursement
DIRECT CONTRIBUTION

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

400.00

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

400.00
