

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 01 01 2008 through 01 31 2008

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 Hoerberling

Signature of Treasurer Electronically Filed by James W Hoerberling Date 02 11 2008

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. 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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		55581.58
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	55581.58									
(c) Total Receipts (from Line 19)	7331.80	7331.80								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	62913.38	62913.38								
7. Total Disbursements (from Line 31)	7923.31	7923.31								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	54990.07	54990.07								
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**

Write or Type Committee Name
Health Alliance Plan PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	4625.00	4625.00
(i) Itemized (use Schedule A)	2706.80	2706.80
(ii) Unitemized	7331.80	7331.80
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	7331.80	7331.80
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))	7331.80	7331.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7331.80	7331.80

DETAILED SUMMARY PAGE
of Disbursements

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.....	123.31	123.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	123.31	123.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	6000.00
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.....	1800.00	1800.00
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))..	7923.31	7923.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7923.31	7923.31

DETAILED SUMMARY PAGE
of Disbursements

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)	7331.80	7331.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7331.80	7331.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	123.31	123.31
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	123.31	123.31

**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 / 11
	<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) Therese Boyle		Date of Receipt
	Mailing Address 1210 Otter		<input type="text" value="01"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Waterford	MI	48328
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Health Alliance Plan		Occupation Manager - Claims	Transaction ID: 80211.C4472
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="275.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="275.00"/>
		Receipt	Payroll Deduction: (275.0-0/Pay Period)

B.	Full Name (Last, First, Middle Initial) John D. Calabria		Date of Receipt
	Mailing Address 2030 Brinston Drive		<input type="text" value="01"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Troy	MI	48083
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Health Alliance Plan		Occupation Assoc Med Dir	Transaction ID: 80111.C4413
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="500.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="500.00"/>
		Receipt	

C.	Full Name (Last, First, Middle Initial) Kevin Coughlin		Date of Receipt
	Mailing Address 43119 Hanford Rd		<input type="text" value="01"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Canton	MI	48187-3335
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Health Alliance Plan		Occupation Manager, IS	Transaction ID: 80211.C4421
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="300.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="300.00"/>
		Receipt	Payroll Deduction: (300.0-0/Pay Period)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1075.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 / 11
	<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) Gregory English	Date of Receipt MM / DD / YYYY 01 / 14 / 2008
	Mailing Address 17661 Bell Creek Ln	Transaction ID: 80211.C4422
	City Livonia State MI Zip Code 48152-4404	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (300.0-0/Pay Period)
Name of Employer Health Alliance Plan Occupation Mgr - Appl Dev/Bus Supp/Proj M		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Laura Eory	Date of Receipt MM / DD / YYYY 01 / 14 / 2008
	Mailing Address 19090 Parkwood Ln	Transaction ID: 80211.C4467
	City Brownstown Twp State MI Zip Code 48183-6804	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (500.0-0/Pay Period)
Name of Employer Health Alliance Plan Occupation Sr Member Advocate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Lance Graham	Date of Receipt MM / DD / YYYY 01 / 16 / 2008
	Mailing Address 10054 Elgin Ave	Transaction ID: 80211.C4415
	City Huntington Woods State MI Zip Code 48070-1502	Amount of Each Receipt this Period 450.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Health Alliance Plan Occupation Director, BCT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 11
	<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) Annette Marcath	Date of Receipt MM / DD / YYYY 01 / 28 / 2008
	Mailing Address 55261 Ester Dr	Transaction ID: 80211.C4499
	City State Zip Code Shelby Township MI 48315-1035	Amount of Each Receipt this Period 275.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Health Alliance Plan	Occupation Project Manager	Payroll Deduction: (275.0-0/Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) G.S. Mwaungulu	Date of Receipt MM / DD / YYYY 01 / 08 / 2008
	Mailing Address 29816 Deer Run	Transaction ID: 80211.C4418
	City State Zip Code Farmington MI 48331	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Health Alliance Plan	Occupation Assoc. Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Balakrishna Pai	Date of Receipt MM / DD / YYYY 01 / 08 / 2008
	Mailing Address 1977 Long Point Drive	Transaction ID: 80211.C4417
	City State Zip Code Bloomfield Hills MI 48302	Amount of Each Receipt this Period 800.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Health Alliance Plan	Occupation Sr. Assoc. Med Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional)	▶	1475.00
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 9 / 11
	(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) Nancy Ruhl		Date of Receipt MM / DD / YYYY 01 / 14 / 2008
Mailing Address 14965 Country Club		Transaction ID: 80211.C4440
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Payroll Deduction: (500.0-0/Pay Period)

B.

Full Name (Last, First, Middle Initial) Sammye VanDiver		Date of Receipt MM / DD / YYYY 01 / 16 / 2008
Mailing Address 19170 Lancashire St		Transaction ID: 80211.C4414
City Detroit	State MI	Zip Code 48223-1348
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Health Alliance Plan	Occupation Manager, IT	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	▶	825.00
TOTAL This Period (last page this line number only)	▶	4625.00

**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 10 / 11

<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

A. Full Name (Last, First, Middle Initial) AHIP PAC		Transaction ID: 80111.E151 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 8
Mailing Address 601 Pennsylvania Avenue NW South Building Suite 500		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20004-	DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER
B. Full Name (Last, First, Middle Initial) John D. Dingell for Congress		Transaction ID: 80211.E154 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 8
Mailing Address P.O. Box 75214		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20013-	DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		Category/ Type
Candidate Name JOHN D DINGELL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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) Senate Republican Campaign Committee	Transaction ID: 80111.E152
	Mailing Address P.O. Box 12023	Date of Disbursement MM / DD / YYYY 01 / 11 / 2008
	City Lansing State MI Zip Code 48933-	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER

B.	Full Name (Last, First, Middle Initial) Friends of Roger Kahn for Senate	Transaction ID: 80211.E155
	Mailing Address P.O. Box 1627	Date of Disbursement MM / DD / YYYY 01 / 28 / 2008
	City Saginaw State MI Zip Code 48605-	Amount of Each Disbursement this Period 300.00
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Citizens to Elect Bruce Patterson	Transaction ID: 80211.E156
	Mailing Address 42479 Redfern Drive	Date of Disbursement MM / DD / YYYY 01 / 28 / 2008
	City Canton State MI Zip Code 48187-	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1800.00
TOTAL This Period (last page this line number only)	▶	1800.00