

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2008 MAY 12 AM 10:29

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

INDEPENDENT HEALTH ASSOCIATION INC.
POLITICAL ALLIANCE

ADDRESS (number and street)

2495 AENSINGTON AVENUE

C/O BRODY, WEISS ET AL

Check if different than previously reported. (ACC)

AMHERST

NY

14226-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00323758

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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

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

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM / DD / YYYY

in the State of

XX

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

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

XX

5. Covering Period

01 / 01 / 2008

through

03 / 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

SIOENEY N. WEISS

Signature of Treasurer

Sioeny N. Weiss

Date

05 / 05 / 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

28039723176

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

INDEPENDENT HEALTH ASSOCIATION, INC. POLITICAL ALLIANCE

Report Covering the Period: From: **01 01 2008** To: **03 31 2008**

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	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2008		14,791.38
(b) Cash on Hand at Beginning of Reporting Period.....	14,791.38	
(c) Total Receipts (from Line 19).....	00	00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	14,791.38	14,791.38
7. Total Disbursements (from Line 31).....	8,000.00	8,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	6,791.38	6,791.38
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	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

INDEPENDENT HEALTH ASSOCIATION INC. POLITICAL ALLIANCE

Report Covering the Period: From:

01 / 01 / 2008

To:

03 / 31 / 2008

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).....

00

00

(ii) Unitemized.....

00

00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

00

00

(b) Political Party Committees.....

00

00

(c) Other Political Committees (such as PACs).....

00

00

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

00

00

12. Transfers From Affiliated/Other Party Committees.....

00

00

13. All Loans Received.....

00

00

14. Loan Repayments Received.....

00

00

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

00

00

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

00

00

17. Other Federal Receipts (Dividends, Interest, etc.).....

00

00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

00

00

(b) Levin Funds (from Schedule H5).....

00

00

(c) Total Transfers (add 18(a) and 18(b))..

00

00

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

00

00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

00

00

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**DETAILED SUMMARY PAGE
of Disbursements**

FEC Form 3X (Rev. 02/2003)

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)	0.0	0.0
34. Total Contribution Refunds (from Line 28(d))	0.0	0.0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.0	0.0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.0	0.0
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.0	0.0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.0	0.0

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**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 1 OF 1
	<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	

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)
INDEPENDENT HEALTH ASSN INC. POLITICAL ALLIANCE

Full Name (Last, First, Middle Initial) A. HILLARY CLINTON FOR PRESIDENT		Date of Disbursement 01 / 18 / 2008
Mailing Address 430 LEXINGTON AVENUE		Amount of Each Disbursement this Period 2,000.00
City NEW YORK	State NY	
Zip Code 10170		Category/ Type 0.1.1
Purpose of Disbursement POLITICAL CONTRIBUTION		
Candidate Name HILLARY CLINTON		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) GENERAL USE
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. HIGGINS FOR CONGRESS		Date of Disbursement 02 / 20 / 2008
Mailing Address P.O. BOX 28		Amount of Each Disbursement this Period 1,000.00
City BUFFALO	State NY	
Zip Code 14220		Category/ Type 0.1.1
Purpose of Disbursement POLITICAL CONTRIBUTION		
Candidate Name BRIAN HIGGINS		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) GENERAL USE
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NY District:	

Full Name (Last, First, Middle Initial) C. AHIP PAC		Date of Disbursement 03 / 14 / 2008
Mailing Address 601 PENNSYLVANIA AVENUE, N.W. STE. S-510		Amount of Each Disbursement this Period 5,000.00
City WASHINGTON D.C.	State Zip Code 20004	
Purpose of Disbursement PAC		Category/ Type 0.1.1
Candidate Name N/A		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District: GENERAL PAC USE	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) GENERAL PAC USE

SUBTOTAL of Disbursements This Page (optional)	8,000.00
TOTAL This Period (last page this line number only)	8,000.00

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

ED
PREPARER
(3/2005)

5/12/08
DATE PREPARED

28039723182