04/08/2010 13:48

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

						, a O O I I I I I			Office Us	se Only	
1.	NAME OF COMMITTEE (in full)		C MAILIN PE OR PR		- E:	cample:If typ er the lines	ing, type				
Ш	Health Alliance Plan PAC										
L						1 1 1					
ADI	DRESS (number and street)	2850	West Gra	and Boulev	ard						
	Check if different than previously reported. (ACC)	Detro						L MI	4	8202	
2.	FEC IDENTIFICATION NU	MBER	₩		ITY 🛕			STATE	A	ZIPCODE	A
	C00410670			3.	IS THIS REPOR	Т	NEW (N)	OR _	AMENDED (A)		
4.	TYPE OF REPORT (Choose One)		Monthly Report Due On:	Fr	eb 20 (M2	2)	May 20 (M5)	Aug 20 (M8)		Nov 20 (M11) Non-Election (ear Only)
	(a) Quarterly Reports:			M	ar 20 (M3	3)	Jun 20 (M6)	Sep 20 (M9)		Dec 20 (M12) Non-Election (ear Only)
	April 15	_		X A	pr 20 (M4	.)	Jul 20 (N	/ 17)	Oct 20 (M10)		Jan 31 (YE)
	Quarterly Report(state July 15 Quarterly Report(state Quarterly Report(state Quarterly 15 Quarterly Report(state Quarterly Report(stat			ay Election ort for the:		Primary (1		H	eneral (12G) pecial (12G)	F	Runoff (12R)
	Quarterly Report(January 31 Quarterly Report(, I		Elec	tion on					in the State of	
	July 31 Mid-Year Report(Non-electi Year Only) (MY)	OII		ay -Election ort for the:		General (30G)	R	unoff (30R)		Special (30S)
	Termination Repo	nt		Elec	tion on					in the State of	
5.	Covering Period 0	3	0 1	2010		throug	h (3	1 2010		
	ertify that I have examined this be or Print Name of Treasurer		nd to the bo	•	•	and belief i	t is true, co	rrect and cor	nplete.		
Sigi	nature of Treasurer Ele <u>ctr</u>	onically Fil	ed by R	onald S. S	Siemiontko	owski		Date	04 08	3 2	010
NO	TE : Submission of false, erro	oneous, or	incomplet	e informat	ion may s	ubject the p	erson signir	ng this Repo	rt to the penalties	of 2 U.S.0	C 437g.
	Office Use								I	FORM ev. 12/2004	

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

2/9

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name Health Alliance Plan PAC

D " D 2010 03 0 1 2010 0.3 31 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 52692.71 January 1 (b) Cash on Hand at 62047.52 Begining of Reporting Period 1955.60 14149.30 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 64003.12 66842.01 6(a) and 6(c) for Column B) 2532.50 5371.39 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 61470.62 61470.62 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X 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) 3 / 9

Write or Type Committee Name Health Alliance Plan PAC

Report Covering the Period:

From: 0 3

D D 0

2010

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I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
Contributions (other than loans) From: (a) Individuals/Persons Other			
Than Political Committees (i) Itemized (use Schedule A)	713.92	9744.84	
(ii) Unitemized	1241.68	4404.46	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1955.60	14149.30	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00	
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1955.60	14149.30	
Transfers From Affiliated/Other Party Committees	0.00	0.00	
3. All Loans Received	0.00	0.00	
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00	
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00	
Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00	
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	
3. 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	
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1955.60	14149.30	
Total Federal Receipts (subtract Line 18(c) from Line 19)	1955.60	14149.30	

DETAILED SUMMARY PAGE

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FEC Form 3X (Rev. 02/2003)

of Disbursements

COLUMN A COLUMN B II. DISBURSEMENTS Total This Period Calendar Year-to-Date 21. Operating Expenditures: Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 32.50 171.39 Expenditures..... (c) Total Operating Expenditures 32.50 171.39 (add 21(a)(i), (a)(ii) and (b))..... 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 Contributions to Federal Candidates/Committees.....and Other Political Committees..... 1250.00 2000.00 24. Independent Expenditure 0.00 0.00 (use Schedule E) Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... Loans Made..... 0.00 0.00 Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) 1250.00 3200.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 2532.50 5371.39 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 2532.50 5371.39 from Line 31).....

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)	1955.60	14149.30	
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00	
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	1955.60	14149.30	
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	32.50	171.39	
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	171.39	

FE6AN026

SCHEDULE A (FEC Form 3X)

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separat for each cat Detailed Sur		FOR LINE NUMBER: PAGE 6/9 (check only one) X
or fo	information copied from such Reports and Spr commercial purposes, other than using the	statements may not be sold or name and address of any pol	used by any person itical committee to so	for the purpose of soliciting contributions plicit contributions from such committee.
- I \	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC			
	Full Name (Last, First, Middle Initial) Jonathan W. Clement			Date of Receipt
1	Mailing Address 923 Westchester			03 / 08 / 2010
	City	State Zip Code		Transaction ID: 00309.C7385
-	Grosse Pointe	MI 48230-182	29	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		80.00
- 1 1	Name of Employer Health Alliance Plan	Occupation VP - Underwriting & R	ating	Receipt
Ī	Receipt For:	Aggregate Year-to-Date		
	Primary General Other (specify) ▼		200.00	Payroll Deduction: (40.00-/Bi-Weekly)
	Full Name (Last, First, Middle Initial) Howard Flasch			Date of Receipt
1	Mailing Address 1459 N Rochester Rd			03 08 7 2010
	City	State Zip Code		Transaction ID: 00309.C7388
_	<u>Oakland</u>	MI 48363-163	30	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	С		80.00
- 1 1	Name of Employer Health Alliance Plan	Occupation VP - Product Develope	ment	Receipt
Ī	Receipt For:	Aggregate Year-to-Date	▼	
	Primary General Other (specify) ▼		200.00	Payroll Deduction: (40.00- /Bi-Weekly)
	Full Name (Last, First, Middle Initial) Mark Hall			Date of Receipt
-	Mailing Address 25450 Constitution			03 08 2010
(City	State Zip Code		Transaction ID: 00309.C7414
1	Novi	MI 48375-176	63	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C	0 0	153.92
- 1	Name of Employer Health Alliance Plan	Occupation AVP - NB Dist Channel	el Mgmt	Receipt
F	Receipt For:	Aggregate Year-to-Date	▼	
	Primary General Other (specify) ▼		461.76	Payroll Deduction: (76.96- /Bi-Weekly)
	BTOTAL of Receipts This Page (optional) .	l		313.92

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/9 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
Full Name (Last, First, Middle Initial) Christopher Pike		Date of Receipt
Mailing Address 1657 Wilmington Ct		03 / 08 / 2010
City Rochester	State Zip Code MI 48309	Transaction ID: 00309.C7402
FEC ID number of contributing federal political committee.	C 40509	Amount of Each Receipt this Period 160.00
Name of Employer Health Alliance Plan	Occupation AVP - Information Tech Supp	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	Payroll Deduction: (80.00-/Bi-Weekly)
Full Name (Last, First, Middle Initial) Dianna Ronan		Date of Receipt
Mailing Address 2156 Cumberland		0 3 0 8 2 0 1 0
City	State Zip Code	Transaction ID: 00309.C7405
Brighton	MI 48114	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	160.00 Receipt
Name of Employer Health Alliance Plan	Occupation VP - Financial Services	Πεσειρί
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	Payroll Deduction: (80.00- /Bi-Weekly)
Full Name (Last, First, Middle Initial) Ronald R. Stallworth		Date of Receipt
Mailing Address 8121 Agnes		03 / 08 / 2010
City	State Zip Code	Transaction ID: 00309.C7410
Detroit FEC ID number of contributing federal political committee.	MI 48214	Amount of Each Receipt this Period 80.00
Name of Employer Health Alliance Plan	Occupation VP - Government Affairs	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	Payroll Deduction: (40.00-/Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		400.00
TOTAL This Period (last page this line numbe	·	713.92

В.

President

District: 03

.90% 10000 110100			
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC			
Full Name (Last, First, Middle Initial) John D. Dingell for Congress			Transaction ID: 00408.E308 Date of Disbursement
Mailing Address P.O. Box 75214 City Washington	State Zip Code DC 20013-		Amount of Each Disbursement this Period
Purpose of Disbursement DIRECT CONTRIBUTION	20013-		1000.00
Candidate Name JOHN D DINGELL		Category/ Type	
-	ement For: 2010 Primary General Other (specify)		DIRECT CONTRIBUTION
Full Name (Last, First, Middle Initial) Bill Hardiman for Congress			Transaction ID: 00408.E309 Date of Disbursement
Mailing Address PO Box 2066			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & 1 & 0 \end{smallmatrix} \end{bmatrix}$
City Grand Rapids	State Zip Code MI 49501-2066		Amount of Each Disbursement this Period
Purpose of Disbursement DIRECT CONTRIBUTION			250.00
Candidate Name BILL HARDIMAN		Category/ Type	
X	ement For: 2010 Primary General		DIRECT CONTRIBUTION

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

Other (specify)

State: MI

A.

В.

President District:

age,, 10000110200		
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 9/9
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one) 21b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the nam		
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
Full Name (Last, First, Middle Initial) Hansen Clarke for Senate Mailing Address PO Box 1821		Transaction ID: 00309.E305 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State Zip Code MI 48826-1821	Amount of Each Disbursement this Period
Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name	C	250.00 Category/
° 🗎 –	ement For: 2010 Primary General Other (specify)	Туре
Full Name (Last, First, Middle Initial) Cmte to Retain Benny Napoleon Sheriff Mailing Address 500 Griswold St		Transaction ID: 00408.E310 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State Zip Code MI 48226-4462	Amount of Each Disbursement this Period
Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name		Type
9 🗎	ment For: 2010 Primary General Other (specify)	

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

State: