

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Health Alliance Plan PAC

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

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	62047.52									
(c) Total Receipts (from Line 19)	1955.60	14149.30								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	64003.12	66842.01								
7. Total Disbursements (from Line 31)	2532.50	5371.39								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	61470.62	61470.62								
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

Write or Type Committee Name
Health Alliance Plan PAC

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

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)	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)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1955.60	14149.30
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))	1955.60	14149.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1955.60	14149.30

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	171.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	32.50	171.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1250.00	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.....	1250.00	3200.00
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))..	2532.50	5371.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2532.50	5371.39

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)	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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 9
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Jonathan W. Clement
Mailing Address 923 Westchester

City State Zip Code
Grosse Pointe MI 48230-1829

FEC ID number of contributing federal political committee. C

Name of Employer: Health Alliance Plan Occupation: VP - Underwriting & Rating

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 03 / 08 / 2010
Transaction ID: 00309.C7385
Amount of Each Receipt this Period: 80.00
Receipt
Payroll Deduction: (40.00- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Howard Flasch
Mailing Address 1459 N Rochester Rd

City State Zip Code
Oakland MI 48363-1630

FEC ID number of contributing federal political committee. C

Name of Employer: Health Alliance Plan Occupation: VP - Product Development

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 03 / 08 / 2010
Transaction ID: 00309.C7388
Amount of Each Receipt this Period: 80.00
Receipt
Payroll Deduction: (40.00- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mark Hall
Mailing Address 25450 Constitution

City State Zip Code
Novi MI 48375-1763

FEC ID number of contributing federal political committee. C

Name of Employer: Health Alliance Plan Occupation: AVP - NB Dist Channel Mgmt

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 461.76

Date of Receipt: 03 / 08 / 2010
Transaction ID: 00309.C7414
Amount of Each Receipt this Period: 153.92
Receipt
Payroll Deduction: (76.96- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) 313.92

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 7 / 9
(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

A. 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 Health Alliance Plan Occupation AVP - Information Tech Supp

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 08 / 2010
Transaction ID: 00309.C7402

Amount of Each Receipt this Period 160.00

Receipt

Payroll Deduction: (80.00- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Dianna Ronan

Mailing Address 2156 Cumberland

City State Zip Code
Brighton MI 48114

FEC ID number of contributing federal political committee. C

Name of Employer Health Alliance Plan Occupation VP - Financial Services

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 03 / 08 / 2010
Transaction ID: 00309.C7405

Amount of Each Receipt this Period 160.00

Receipt

Payroll Deduction: (80.00- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ronald R. Stallworth

Mailing Address 8121 Agnes

City State Zip Code
Detroit MI 48214

FEC ID number of contributing federal political committee. C

Name of Employer Health Alliance Plan Occupation VP - Government Affairs

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 08 / 2010
Transaction ID: 00309.C7410

Amount of Each Receipt this Period 80.00

Receipt

Payroll Deduction: (40.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) 400.00

TOTAL This Period (last page this line number only) 713.92

**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 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) John D. Dingell for Congress Mailing Address P.O. Box 75214	Transaction ID: 00408.E308 Date of Disbursement 03 / 23 / 2010
	Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20013- Purpose of Disbursement DIRECT CONTRIBUTION 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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type DIRECT CONTRIBUTION
B. Full Name (Last, First, Middle Initial) Bill Hardiman for Congress Mailing Address PO Box 2066	Transaction ID: 00408.E309 Date of Disbursement 03 / 23 / 2010
	Amount of Each Disbursement this Period 250.00
City Grand Rapids State MI Zip Code 49501-2066 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name BILL HARDIMAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type DIRECT CONTRIBUTION

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

**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 9 / 9

<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)
Hansen Clarke for Senate

Transaction ID: 00309.E305

Mailing Address PO Box 1821

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	1	0

City East Lansing State MI Zip Code 48826-1821

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
DIRECT CONTRIBUTION

--

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Cmte to Retain Benny Napoleon Sheriff

Transaction ID: 00408.E310

Mailing Address 500 Griswold St

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	0

City Detroit State MI Zip Code 48226-4462

Amount of Each Disbursement this Period

1000.00

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) ►

1250.00

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

1250.00
