

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 (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), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12G) (d) 30-Day Post -Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 01 01 2010 through 01 31 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 02 09 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 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 | 1 | 0 |

 To: 

|   |   |
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| M | M |
| 0 | 1 |

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| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |          |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand<br>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<br>Beginning of Reporting Period .....  | 52692.71                |                                   |   |   |   |   |   |   |  |          |
| (c) Total Receipts (from Line 19) .....   | 9312.10                 | 9312.10                           |   |   |   |   |   |   |  |          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 62004.81                | 62004.81                          |   |   |   |   |   |   |  |          |
| 7. Total Disbursements (from Line 31) .....   | 1782.50                 | 1782.50                           |   |   |   |   |   |   |  |          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 60222.31                | 60222.31                          |   |   |   |   |   |   |  |          |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |          |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>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 | 1 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 1 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                   |
| (i) Itemized (use Schedule A) .....  | 7606.00                       | 7606.00                           |
| (ii) Unitemized .....  | 1706.10                       | 1706.10                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 9312.10                       | 9312.10                           |
| (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) .....     | 9312.10                       | 9312.10                           |
| 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)) .....                          | 9312.10                       | 9312.10                           |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 9312.10                       | 9312.10                           |

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>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                         | 32.50                             |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶                        | 32.50                         | 32.50                             |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 750.00                        | 750.00                            |
| 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.....   | 1000.00                       | 1000.00                           |
| 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))..       | 1782.50                       | 1782.50                           |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 1782.50                       | 1782.50                           |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 9312.10                       | 9312.10                           |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 9312.10                       | 9312.10                           |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 32.50                         | 32.50                             |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 32.50                         | 32.50                             |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 11  
(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)  
William Alvin

Mailing Address 505 middlesex road

City State Zip Code  
Grosse Pointe MI 48230

FEC ID number of contributing federal political committee. C

Name of Employer Health Alliance Plan      Occupation CEO

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 01 / 06 / 2010  
**Transaction ID:** 00114.C7198

Amount of Each Receipt this Period 2000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Therese Boyle

Mailing Address 1210 Otter

City State Zip Code  
Waterford MI 48328

FEC ID number of contributing federal political committee. C

Name of Employer Health Alliance Plan      Occupation Manager - Claims

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 401.00

Date of Receipt 01 / 11 / 2010  
**Transaction ID:** 00114.C7205

Amount of Each Receipt this Period 401.00

Receipt

Payroll Deduction: (401.0-0/Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Kevin Coughlin

Mailing Address 43119 Hanford Rd

City State Zip Code  
Canton MI 48187-3335

FEC ID number of contributing federal political committee. C

Name of Employer Health Alliance Plan      Occupation Manager, IS

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 11 / 2010  
**Transaction ID:** 00114.C7226

Amount of Each Receipt this Period 300.00

Receipt

Payroll Deduction: (300.0-0/Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... 2701.00

**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 / 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

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Gregory English          | Date of Receipt<br>MM / DD / YYYY<br>01 / 11 / 2010 |
|   | Mailing Address 17661 Bell Creek Ln                                 | <b>Transaction ID:</b> 00114.C7227                  |
|   | City Livonia State MI Zip Code 48152-4404                           | Amount of Each Receipt this Period<br>300.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> | Receipt<br>Payroll Deduction: (300.0-0/Bi-Weekly)   |
| Name of Employer Health Alliance Plan Occupation Mgr - Appl Dev/Bus Supp/Proj M   | Aggregate Year-to-Date<br>300.00                                    |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Annette Marcath          | Date of Receipt<br>MM / DD / YYYY<br>01 / 25 / 2010 |
|   | Mailing Address 55261 Ester Dr                                      | <b>Transaction ID:</b> 00209.C7261                  |
|   | City Shelby Township State MI Zip Code 48315-1035                   | Amount of Each Receipt this Period<br>400.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> | Receipt<br>Payroll Deduction: (400.0-0/Bi-Weekly)   |
| Name of Employer Health Alliance Plan Occupation Project Manager  | Aggregate Year-to-Date<br>400.00                                    |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Olivia Massey            | Date of Receipt<br>MM / DD / YYYY<br>01 / 11 / 2010 |
|   | Mailing Address 22710 Glastonbury Gate                              | <b>Transaction ID:</b> 00114.C7232                  |
|   | City Southfield State MI Zip Code 48034                             | Amount of Each Receipt this Period<br>300.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> | Receipt<br>Payroll Deduction: (300.0-0/Bi-Weekly)   |
| Name of Employer Health Alliance Plan Occupation Supervisor   | Aggregate Year-to-Date<br>300.00                                    |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1000.00</b> |
| <b>TOTAL</b> 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"/> 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

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Balakrishna Pai      | Date of Receipt<br>MM / DD / YYYY<br>01 / 15 / 2010 |
|   | Mailing Address 1977 Long Point Drive                           | <b>Transaction ID:</b> 00209.C7244                  |
|   | City State Zip Code<br>Bloomfield Hills MI 48302                | Amount of Each Receipt this Period<br>800.00        |
|   | FEC ID number of contributing federal political committee.<br>C | Receipt   |
| Name of Employer<br>Health Alliance Plan  | Occupation<br>Sr. Assoc. Med Director                           |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>800.00                              |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Susan Schwandt       | Date of Receipt<br>MM / DD / YYYY<br>01 / 13 / 2010 |
|   | Mailing Address 2007 Rector Court                               | <b>Transaction ID:</b> 00114.C7242                  |
|   | City State Zip Code<br>Canton MI 48188                          | Amount of Each Receipt this Period<br>300.00        |
|   | FEC ID number of contributing federal political committee.<br>C | Receipt   |
| Name of Employer<br>Health Alliance Plan  | Occupation<br>Public Relatins Director                          |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00                              |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Diane Slon           | Date of Receipt<br>MM / DD / YYYY<br>01 / 13 / 2010 |
|   | Mailing Address 31646 Robinhood Drive                           | <b>Transaction ID:</b> 00114.C7241                  |
|   | City State Zip Code<br>Franklin MI 48025                        | Amount of Each Receipt this Period<br>450.00        |
|   | FEC ID number of contributing federal political committee.<br>C | Receipt   |
| Name of Employer<br>Health Alliance Plan  | Occupation<br>Director, MBI                                     |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>450.00                              |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1550.00 |
| <b>TOTAL</b> 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 / 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

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Jamie Spriet   | Date of Receipt<br>MM / DD / YYYY<br>01 / 13 / 2010 |
|           | Mailing Address 44676 Broadmore Circle North  | Transaction ID: 00114.C7243                         |
|           | City State Zip Code<br>Northville MI 48168  | Amount of Each Receipt this Period<br>1500.00       |
|           | FEC ID number of contributing federal political committee.<br>C   | Receipt   |
|           | Name of Employer Health Alliance Plan      Occupation Vice President<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼      Aggregate Year-to-Date ▼<br>1500.00 |   |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Ronald M Torakis   | Date of Receipt<br>MM / DD / YYYY<br>01 / 11 / 2010 |
|           | Mailing Address 19031 Wayne Rd.   | Transaction ID: 00114.C7236                         |
|           | City State Zip Code<br>Livonia MI 48152   | Amount of Each Receipt this Period<br>550.00        |
|           | FEC ID number of contributing federal political committee.<br>C   | Receipt   |
|           | Name of Employer Health Alliance Plan      Occupation AVP-Labor Relations<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼      Aggregate Year-to-Date ▼<br>550.00 | Payroll Deduction: (550.0-0/Bi-Weekly)              |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Sammye VanDiver  | Date of Receipt<br>MM / DD / YYYY<br>01 / 11 / 2010 |
|           | Mailing Address 19170 Lancashire St   | Transaction ID: 00114.C7240                         |
|           | City State Zip Code<br>Detroit MI 48223-1348  | Amount of Each Receipt this Period<br>305.00        |
|           | FEC ID number of contributing federal political committee.<br>C   | Receipt   |
|           | Name of Employer Health Alliance Plan      Occupation Manager, IT<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼      Aggregate Year-to-Date ▼<br>305.00 |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 2355.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 7606.00 |

**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

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Peters for Congress<br>Mailing Address P.O. Box 226<br>City Bloomfield Hills State MI Zip Code 48303-<br>Purpose of Disbursement<br>DIRECT CONTRIBUTION<br>Candidate Name<br>GARY PETERS<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MI District: 09<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 00114.E297<br>Date of Disbursement<br>01 / 14 / 2010                      |
|   | Amount of Each Disbursement this Period<br>500.00<br>Category/Type<br>DIRECT CONTRIBUTION |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Peters for Congress<br>Mailing Address P.O. Box 226<br>City Bloomfield Hills State MI Zip Code 48303-<br>Purpose of Disbursement<br>DIRECT CONTRIBUTION<br>Candidate Name<br>GARY PETERS<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MI District: 09<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 00209.E299<br>Date of Disbursement<br>01 / 29 / 2010                      |
|   | Amount of Each Disbursement this Period<br>250.00<br>Category/Type<br>DIRECT CONTRIBUTION |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

750.00

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

750.00

# 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)  
Committee to Elect Janna Garrison

Mailing Address 26910 Fairfield

City State Zip Code  
Southfield MI 48076-

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 00114.E295

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Paul Gielegem for State Senate

Mailing Address 38134 Sarnette

City State Zip Code  
Clinton Township MI 48036-

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 00209.E298

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

1000.00