FEC FORM 3X	AN	PORT O	JRSEM	ENTS	ee	С	ffice Use Only	
1. NAME OF COMMITTEE (in fu		FEC MAILING LA YPE OR PRINT		ample:If typing er the lines	, type			
	n PAC							
ADDRESS (number and	street) 28	350 West Grand B	oulevard					
Check if differ than previousl reported. (ACC	y De	etroit				MI	48202 	
2. FEC IDENTIFICAT	ION NUMBER	▼	CITY 🛦		S	TATE 🛋	ZIPCODE	
C00410670	• • • •	]	3. IS THIS REPOR		NEW N) <b>OR</b>	AMEI (A)	NDED	
July 15 Quarterly October Quarterly	orts: Report(Q1) Report(Q2) 15 Report(Q3)	b) Monthly Report Due On: (c) 12-Day <b>PRE</b> -Elect Report for		)		Aug 20 Sep 20 Oct 20 General (12) Special (12)	(M9) [] (M10) [] G) [] A)	Nov 20 (M11) Non-Election Year Only) Dec 20 (M12) Non-Election Year Only) Jan 31 (YE) Runoff (12R)
July 31 M Report(N Year Only	Report(YE) lid-Year on-election	(d) 30-Day <b>Post</b> -Ele Report for		General (300	à)	Runoff (30R	in the State of ) in the State of	Special (30S)
5. Covering Period	07	01 20		through	12		2009	
I certify that I have exam Type or Print Name of T		and to the best of Ronald S. Siemiont		and belief it is	true, correct ar	nd complete.		
Signature of Treasurer	Electronically	Filed by Ronald	S. Siemiontko	wski	Da	te 01	14 2	010
NOTE : Submission of f	alse, erroneous,	or incomplete info	ormation may s	ubject the pers	on signing this	Report to the pe	enalties of 2 U.S.	C 437g.
Office Use Only							FEC FORM (Rev. 12/2004	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

2 / 36

	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	2 / 36
٧	Vrite or Type Committee Name Health Alliance Plan PAC		
F	Report Covering the Period: From:	м м 07 01 2009 То	x 12 0 0 1 2 0 0 9
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
3.	(a) Cash on Hand January 1 2009 <sup>Y Y Y</sup>		48773.68
	(b) Cash on Hand at Begining of Reporting Period	49367.00	
	(c) Total Receipts (from Line 19)	18357.54	42668.64
	<ul> <li>(d) Subtotal (add lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	67724.54	91442.32
	Total Disbursements (from Line 31)	15031.83	38749.61
-	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	52692.71	52692.71
	Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

Image# 10930034215		DETAILED SUMMARY PAGE OF RECEIPTS	
	FEC Form 3X (Rev. 06/2004)		3 / 36
V	Vrite or Type Committee Name Health Alliance Plan PAC		
F	Report Covering the Period: From:	M         M         D         D         Y	b: 12 D D Y Y Y Y 31 2009
	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)	18003.54	37690.16
	(ii) Unitemized	354.00	4978.48
	(iii) TOTAL (add Lines 11(a)(i) and (ii) ♪	18357.54	42668.64
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	<ul> <li>(d) Total Contributions (add Lines</li> <li>11(a)(iii),(b) and (c)) (Carry</li> <li>Totals to Line 33, page 5)</li> </ul>	18357.54	42668.64
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
10.	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 Fund	s	
	(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))	18357.54	42668.64
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	18357.54	42668.64

## Image# 10930034216

## DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)		4 / 36	
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
. Operating Expenditures: (a) Shared Federal/Non-Federal			
Activity (from Schedule H4)	0.00	0.00	
(i) Federal Share		0.00	
(ii) Non-Federal Share	0.00	0.00	
(ii) Non-Federal Share (b) Other Federal Operating			
Expenditures	196.83	364.61	
(c) Total Operating Expenditures			
(add 21(a)(i), (a)(ii) and (b))	196.83	364.61	
2. Transfers to Affiliated/Other Party			
Committees	0.00	0.00	
<ol> <li>Contributions to Federal Candidates/Committees</li> </ol>	6000 00	0000.00	
and Other Political Committees	6000.00	9000.00	
(use Schedule E)	0.00	0.00	
5. Coordinated Expenditures Made by Party			
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	
	0.00	0.00	
5. Loan Repayments Made	0.00	0.00	
Loopa Mada	0.00	0.00	
7. Loans Made 3. Refunds of Contributions To:	0.00	0.00	
(a) Individuals/Persons Other	0.00	0.00	
Than Political Committees			
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees			
(such as PACs)	0.00	0.00	
(d) Total Contribution Refunds	0.00	0.00	
(add Lines 28(a), (b), and (c)) 🕨	0.00	0.00	
. Other Disbursements	8835.00	29385.00	
		20000.00	
. 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	
(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	
1. Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	15031.83	38749.61	
2. Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii)			
from Line 31)	15031.83	38749.61	

## **DETAILED SUMMARY PAGE**

of Disbursements

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FEC Form 3X (Rev. 02/2003)		C Form 3X (Rev. 02/2003)	
	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)	18357.54	42668.64
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	18357.54	42668.64
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	196.83	364.61
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	196.83	364.61

	HEDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:    PAGE 6/36      (check only one)    11c      X    11a
Any or fo	information copied from such Reports and St or commercial purposes, other than using the	atements may not be sold or used by any persor name and address of any political committee to s	13     14     15     16     17       n 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) Scott Allen	Date of Receipt	
Ν	Mailing Address 3066 Richmond Dr		M         M         /         D         D         /         Y
	Dity	State Zip Code	Transaction ID: 00114.C6969
<u>(</u>	Clarkston	MI 48348-5063	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С	260.00
- 1 1	Name of Employer Health Alliance Plan	Occupation Assoc Dir, Labor Affairs	Receipt
Ē	Receipt For:	Aggregate Year-to-Date V	1
	Other (specify) ▼	480.00	Payroll Deduction: (20.00- /Bi-Weekly )
	Full Name (Last, First, Middle Initial) Angela K. Branch		Date of Receipt
-	Mailing Address 81 Atkinson		07 13 2009
Ō	Dity	State Zip Code	Transaction ID: 00114.C6915
<u> </u>	Detroit	MI 48202	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C	227.50
- ۱	Name of Employer Health Alliance Plan	Occupation Dir - Customer Retention & Edu	- Receipt
F	Receipt For:	Aggregate Year-to-Date ▼	-
	Other (specify) ▼	455.00	Payroll Deduction: (17.50- /Bi-Weekly )
	Full Name (Last, First, Middle Initial) Anthony Caporale		Date of Receipt
	Mailing Address 1320 Shenandoah		07 13 2009
	City	State Zip Code	Transaction ID: 00114.C6916
<u> </u>	Rochester Hills	MI 48306	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C	104.00
_ ۱ ا	Name of Employer Health Alliance Plan	Occupation Mgr - General Acctg	- Receipt
F	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify) ▼	200.00	Payroll Deduction: (8.00/- Bi-Weekly )
SU	BTOTAL of Receipts This Page (optional)		591.50
то	TAL This Period (last page this line number of	only)	

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 7 / 36         (check only one)       (check only one)         X       11a       11b       11c       12         13       14       15       16       17
Any information copied from such Repor or for commercial purposes, other than u	rts and Statements may not be sold or used by any persor using the name and address of any political committee to s	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
Full Name (Last, First, Middle Initial) Richard Chaney		Date of Receipt
Mailing Address 16555 Shaftsbu	ury Ave	07 / D D / Y Y Y Y 07 13 2009
City	State Zip Code	Transaction ID: 00114.C6970
Detroit	MI 48219-4011	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	325.00
Name of Employer Health Alliance Plan	Occupation	- Receipt
Receipt For:	Vice President Aggregate Year-to-Date	_
Primary General Other (specify) ▼	650.00	Payroll Deduction: (25.00- /Bi-Weekly )
Full Name (Last, First, Middle Initial)           B.         Elizabeth Chavez		Date of Receipt
Mailing Address 23706 Northsto	ne Village Drive	M M / D D / Y Y Y Y 07 13 2009
City	State Zip Code	Transaction ID: 00114.C6918
Taylor	MI 48180	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	156.00
Name of Employer Health Alliance Plan	Occupation Supv - Claims	- Receipt
Receipt For:	Aggregate Year-to-Date ▼	_
Other (specify) ▼	312.00	Payroll Deduction: (12.00- /Bi-Weekly )
Full Name (Last, First, Middle Initial) Jonathan W. Clement		Date of Receipt
Mailing Address 923 Westcheste	er	
City	State Zip Code	Transaction ID: 00114.C6964
Grosse Pointe	MI 48230-1829	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	520.00
Name of Employer Health Alliance Plan	Occupation VP - Underwriting & Rating	- Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  1040.00	Payroll Deduction: (40.00- /Bi-Weekly )
SUBTOTAL of Receipts This Page (op	tional)	1001.00
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 8 / 36         (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and addr	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Health Alliance Plan PAC			
A.	Full Name (Last, First, Middle Initial) Roger Combs			Date of Receipt
	Mailing Address 17160 Merryweather S	St		1 2 2 2 2 0 0 9
	City	State	Zip Code	Transaction ID: 00114.C7141
	Clinton Township	MI	48038-2839	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Health Alliance Plan	Occupation Team Ldr/	/Supervisor Mct	- Receipt
	Receipt For:	Aggregate	Year-to-Date 🔻	_
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	0 0	400.00	]
в.	Full Name (Last, First, Middle Initial) Gwendolyn Davenport			Date of Receipt
	Mailing Address 11372 Whitehill			M M / D D / Y Y Y Y Y 07 13 2009
	City	State	Zip Code	Transaction ID: 100006449
	Detroit	MI	48224-1653	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		148.00 Receipt
	Name of Employer Health Alliance Plan	Occupation Dir - Crede	entialing Services	
	Receipt For: Primary General	Aggregate `	Year-to-Date 🔻	
	Other (specify) ▼		351.50	Payroll Deduction: (18.50- /Bi-Weekly )
с.	Full Name (Last, First, Middle Initial) Donald Davis			Date of Receipt
	Mailing Address 11417 Fellows Creek I	Drive		M         M         /         D         D         Y
	City	State	Zip Code	Transaction ID: 100006450
	<u>Plymouth</u>	MI	48170	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		384.60 Receipt
	Name of Employer Health Alliance Plan	- I - I	an Res & Cust Rel	
	Receipt For:	Aggregate `	Year-to-Date 🔻	
	Other (specify) ▼	0 0	1384.56	Payroll Deduction: (76.92- /Bi-Weekly )
	SUBTOTAL of Receipts This Page (optional)	•		732.60
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 9/36         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Health Alliance Plan PAC	tatements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
А.	Full Name (Last, First, Middle Initial) Kenny Dodson Mailing Address 11236 Meadow Brook	Dr.	Date of Receipt
	City	State Zip Code	0 7 1 3 2 0 0 9 Transaction ID: 00114.C6951
	Warren	MI 48093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	208.00
	Name of Employer Health Alliance Plan	Occupation Mgr - Claims	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 384.00	Payroll Deduction: (16.00- /Bi-Weekly )
в.	Full Name (Last, First, Middle Initial) Jody L. Doherty		Date of Receipt
	Mailing Address 21115 Violet		M M / D D / Y Y Y Y 07 / 13 / 2009
	City	State Zip Code	Transaction ID: 00114.C6957
	Saint Clair Shores	MI 48082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	234.00
	Name of Employer Health Alliance Plan	Occupation Director	Receipt
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	Payroll Deduction: (18.00-
	Other (specify)	468.00	/Bi-Weekly )
C.	Full Name (Last, First, Middle Initial) Jeanne Dunk		Date of Receipt
	Mailing Address 1429 Iroquois		M M / D D / Y Y Y Y 111 03 2009
	City	State Zip Code	Transaction ID: 00114.C6972
	Detroit	MI 48214	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		500.00 Receipt
	Name of Employer Health Alliance Plan	Occupation Manager	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	]
	SUBTOTAL of Receipts This Page (optional)	••••••	942.00
	TOTAL This Period (last page this line number	only)	

	EDULE A (FEC Form 3X) ZED RECEIPTS	Use separate for each cate		(check only one)
		Detailed Sum		X 11a 11b 11c 12
			mary r aye	13 14 15 16 1
Any info or for co	rmation copied from such Reports and Sta mmercial purposes, other than using the n	tements may not be sold or u ame and address of any polit	ised by any person fi ical committee to so	or the purpose of soliciting contributions licit contributions from such committee.
	E OF COMMITTEE (In Full)			
Heal	Ith Alliance Plan PAC			
	Name (Last, First, Middle Initial) ne Dunk			Date of Receipt
Mailir	ng Address 1429 Iroquois			M M / D D / Y Y Y Y 11 1 03 / 2009
City		State Zip Code	-	Transaction ID: 00114.C6971
<u>Detr</u>	oit	MI 48214		Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		250.00
Name Healt	e of Employer h Alliance Plan	Occupation Manager		Receipt
Rece	ipt For:	Aggregate Year-to-Date	,	
	Primary General			
	Other (specify) ▼		1000.00	
	Name (Last, First, Middle Initial) ne Dunk			Date of Receipt
Mailir	ng Address 1429 Iroquois			M M / D D / Y Y Y Y 12 29 2009
City		State Zip Code		Transaction ID: 00114.C7197
<u>Detr</u>	oit	MI 48214		Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		250.00
Name Healt	e of Employer h Alliance Plan	Occupation Manager		Receipt
Rece	ipt For:	Aggregate Year-to-Date	/	
	Primary General Other (specify) ▼		1250.00	
	Jame (Last, First, Middle Initial) ael A. Elinski			Date of Receipt
	ng Address 3434 Essex			0 7 1 3 2 0 0 9
City		State Zip Code		Transaction ID: 00114.C6962
Troy	1	MI 48084		Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		390.00
Name Healt	e of Employer th Alliance Plan	Occupation AVP - Technology & eE	Business D	Receipt
Rece	ipt For:	Aggregate Year-to-Date		
	Primary General Other (specify) ▼		720.00	Payroll Deduction: (30.00- /Bi-Weekly )
	TAL of Receipts This Page (optional)			890.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and	for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 11 / 36           (check only one)         X           X         11a           13         14           15         16           17
	or for commercial purposes, other than using t NAME OF COMMITTEE (In Full) Health Alliance Plan PAC	he name and address of any political committee to	solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Angela Endres Mailing Address 54501 Sassafras Dr		Date of Receipt
	Mailing Address 54501 Sassafras Dr		1 2 2 2 2 0 0 9
	City	State Zip Code	Transaction ID: 00114.C7140
	Shelby Township	MI 48315-6901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	300.00
	Name of Employer Health Alliance Plan	Occupation Contractor	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
- B.	Full Name (Last, First, Middle Initial) Vincenzo G. Ferri		Date of Receipt
	Mailing Address 726 S. Renaud		M · M         /         D · D         /         Y · Y · Y · Y         Y         Y · Y · Y         Y         Y         Y · Y · Y         Y         Y         Y · Y · Y         Y </td
	City	State Zip Code	Transaction ID: 00114.C6954
	Grosse Pointe Wood	MI 48236	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	507.00 Receipt
	Name of Employer Health Alliance Plan	Occupation AVP - Bus Affiliations & Suppo	neceipi
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 936.00	Payroll Deduction: (39.00- /Bi-Weekly )
- C.	Full Name (Last, First, Middle Initial) Howard Flasch		Date of Receipt
	Mailing Address 1459 N Rochester Re	d	M · M         /         D · D         /         Y · Y · Y · Y         Y           07         13         2009
	City	State Zip Code	Transaction ID: 00114.C6960
	Oakland	MI 48363-1630	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		598.00 Receipt
	Name of Employer Health Alliance Plan	Occupation VP - Product Development	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1012.00	Payroll Deduction: (46.00- /Bi-Weekly )
ſ	SUBTOTAL of Receipts This Page (optional)		1405.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 12/36         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
		Statements may not be sold or used by any perso a name and address of any political committee to	n for the purpose of soliciting contributions
	Health Alliance Plan PAC		
∡ A.	Full Name (Last, First, Middle Initial) Michael M. Forhan		Date of Receipt
	Mailing Address 1587 Anita		07 / D D / Y Y Y Y 02009
	City	State Zip Code	Transaction ID: 00114.C6934
	Grosse Pointe Wood	MI 48236	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	169.00
	Name of Employer Health Alliance Plan	Occupation Mgr - Comp & Benefits	- Receipt
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary     General       Other (specify)     ▼	299.00	Payroll Deduction: (13.00- /Bi-Weekly )
— В.	Full Name (Last, First, Middle Initial) Jeanette H. Girty		Date of Receipt
	Mailing Address 18246 Stoepel		07 / 13 / Y Y Y Y 2009
	City	State Zip Code	Transaction ID: 00114.C6924
	Detroit	MI 48221	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	234.00
	Name of Employer Health Alliance Plan	Occupation Dir - Client Svcs Operations	- Receipt
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)	468.00	Payroll Deduction: (18.00- /Bi-Weekly )
– c.	Full Name (Last, First, Middle Initial) Mark Hall		Date of Receipt
	Mailing Address 25450 Constitution		07 / 13 / Y Y Y Y 2009
	City	State Zip Code	Transaction ID: 00114.C6950
	Novi	MI 48375-1763	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	546.00
	Name of Employer Health Alliance Plan	Occupation AVP - NB Dist Channel Mgmt	Receipt
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify)     ▼	966.00	Payroll Deduction: (42.00- /Bi-Weekly )
	SUBTOTAL of Receipts This Page (optional)	۱	949.00
F	TOTAL This Period (last page this line number	<b>·</b>	

_	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 13 / 36         (check only one)       X         X       11a         13       14         15       16         17
	Any information copied from such Reports and s r for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers e name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
	angle Health Alliance Plan PAC		
×.	Full Name (Last, First, Middle Initial) Robert Heitjan		Date of Receipt
	Mailing Address 7429 Esper Blvd.		07 / 13 / Y Y Y Y 2009
	City	State Zip Code	Transaction ID: 00114.C6919
	Dearborn	MI 48126	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	130.00
	Name of Employer Health Alliance Plan	Occupation Ldr/Supv Appl Dev & Supp	Receipt
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	240.00	Payroll Deduction: (10.00- /Bi-Weekly )
	Full Name (Last, First, Middle Initial) Cynthia Hoffman		Date of Receipt
	Mailing Address 5768 Whitehaven Dr		M M / D D / Y Y Y Y Y 07 / 13 / 2009
	City	State Zip Code	Transaction ID: 00114.C6938
	Troy	MI 48085-3188	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		390.00 — Receipt
	Name of Employer Health Alliance Plan	Occupation Mgr - eCommerce & Tech Plannin	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date  720.00	Payroll Deduction: (30.00- /Bi-Weekly )
	Full Name (Last, First, Middle Initial) Kevin Hurley		Date of Receipt
	Mailing Address 45504 Morningside R	d	M M / D D / Y Y Y Y 07 13 2009
	City	State Zip Code	Transaction ID: 00114.C6920
	Canton	MI 48187-5610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	156.00
	Name of Employer Health Alliance Plan	Occupation Manager	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 288.00	Payroll Deduction: (12.00- /Bi-Weekly )
	SUBTOTAL of Receipts This Page (optional) .		676.00

ſ		Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any perso	
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Health Alliance Plan PAC	e name and address of any political committee to	solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Joyce M. James		Date of Receipt
	Mailing Address 20810 Gardner St.		07 / 13 / Y Y Y Y 0 7 / 13 / 2009
	City	State Zip Code	Transaction ID: 00114.C6922
	Oak Park	MI 48237	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	156.00
	Name of Employer Health Alliance Plan	Occupation	Receipt
	Receipt For:	Mgr - Provider Fin Aggregate Year-to-Date ▼	_
	Primary     General       Other (specify) ▼	288.00	Payroll Deduction: (12.00- /Bi-Weekly )
- B.	Full Name (Last, First, Middle Initial) Mohammed Kanpurwala		Date of Receipt
	Mailing Address 441 Sylvan Dr		M M / D D / Y Y Y Y 07 13 2009
	City	State Zip Code	Transaction ID: 00114.C6942
	Canton	MI 48188-1596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	227.50
	Name of Employer Health Alliance Plan	Occupation Dir - Underwriting/Ahl	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00	Payroll Deduction: (17.50- /Bi-Weekly )
- C.	Full Name (Last, First, Middle Initial) Donald Kiefiuk	1	Date of Receipt
	Mailing Address 39810 Karda		07 13 2009
	City	State Zip Code	Transaction ID: 00114.C6963
	Sterling Heights	MI 48313	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	520.00
	Name of Employer Health Alliance Plan	Occupation AVP Claim Operation	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	Payroll Deduction: (40.00- /Bi-Weekly )
Γ	SUBTOTAL of Receipts This Page (optional) .		903.50

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any perso	FOR LINE NUMBER:         PAGE 15 / 36           (check only one)         11a         11b         11c         12           X         11a         11b         11c         12           13         14         15         16         17
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC	ie name and address of any political committee to	solicit contributions from such committee.
4.	Full Name (Last, First, Middle Initial) Glen Koslakiewicz Mailing Address 30431 John Hauk		Date of Receipt
			07 / 13 / Y Y Y Y 099
	City	State Zip Code	Transaction ID: 00114.C6927
	Garden City	MI 48135	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		234.00
	Name of Employer Health Alliance Plan	Occupation	Receipt
	Receipt For:	Dir - Fin Operations	_
	Primary General	Aggregate Year-to-Date ▼	Payroll Deduction: (18.00-
	Other (specify)	432.00	/Bi-Weekly )
- 3.	Full Name (Last, First, Middle Initial) Phillip Krause		Date of Receipt
	Mailing Address 30526 N. Greenbriar		07 / 13 / Y Y Y Y 099
	City	State Zip Code	Transaction ID: 00114.C6925
	Franklin	MI 48025	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	169.65
	Name of Employer Health Alliance Plan	Occupation Manager, MBI	Receipt
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) $\bigtriangledown$	313.20	Payroll Deduction: (13.05- /Bi-Weekly )
-	Full Name (Last, First, Middle Initial) Ken Kreis		Date of Receipt
	Mailing Address 31800 Shawn Dr		07 / 13 / Y Y Y Y 099
	City	State Zip Code	Transaction ID: 00114.C6923
	Warren	MI 48088-2936	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	156.00
	Name of Employer Health Alliance Plan	Occupation Mgr - Appl Dev/Bus Supp/Proj M	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  288.00	Payroll Deduction: (12.00- /Bi-Weekly )
Г			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 16 / 36           (check only one)         11a         11b         11c         12           13         14         15         16         17
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC	e name and add	liress of any political committee to	a solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Rory Lafferty			Date of Receipt
	Mailing Address 4414 Hunt Club Drive #2D			07 13 2009
	City	State	Zip Code	Transaction ID: 00114.C6926
	<u>Ypsilanti</u>	MI	48197	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		130.00
	Name of Employer Health Alliance Plan	Occupation	1	Receipt
		1 <b>-</b>	e Associate	
	Receipt For:	Aggregate	Year-to-Date	
	Other (specify) ▼	0 0	260.00	Payroll Deduction: (10.00- /Bi-Weekly )
- В.	Full Name (Last, First, Middle Initial) Virginia Lambert	1		Date of Receipt
	Mailing Address 6014 Plainfield			07 / <sup>D</sup> D / <u>Y Y Y Y</u> 2009
	City	State	Zip Code	Transaction ID: 00114.C6965
	Dearborn Heights	MI	48127-2834	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		123.50
	Name of Employer Health Alliance Plan	Occupation Mgr - Dis	າ bursements	Receipt
	Receipt For:	Aggregate	Year-to-Date 🔻	_
	Primary     General       Other (specify) ▼	0 0	228.00	Payroll Deduction: (9.50/- Bi-Weekly )
С.	Full Name (Last, First, Middle Initial) Anita Landino			Date of Receipt
	Mailing Address 43885 Boulder Dr			M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: 00114.C6921
	Clinton Township	MI	48038-1423	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		104.00 Receipt
	Name of Employer Health Alliance Plan	1 1	r - Advertising/Comm	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date  208.00	Payroll Deduction: (8.00/- Bi-Weekly )
	SUBTOTAL of Receipts This Page (optional)			357.50
	TOTAL This Period (last page this line number	only)		

ſ	CHEDULE A (FEC Form 3X) <b>FEMIZED RECEIPTS</b> Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 17 / 36           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17           on for the purpose of soliciting contributions         11         11         11
	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Health Alliance Plan PAC	name and address of any political committee to	o solicit contributions from such committee.
∠ ۹.	Full Name (Last, First, Middle Initial) Michelle Lang Mailing Address 48616 Dunn Court		Date of Receipt
	City	State Zip Code	0 7 1 3 2 0 0 9 Transaction ID: 00114.C6945
	Macomb	MI 48044	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	201.50
	Name of Employer Health Alliance Plan	Occupation Dir - Coordination of Benefits	- Receipt
	Receipt For: Primary General Other (specify) <b>v</b>	Aggregate Year-to-Date ▼ 403.00	Payroll Deduction: (15.50- /Bi-Weekly )
	Full Name (Last, First, Middle Initial) Robert Leger		Date of Receipt
	Mailing Address 1554 Waters Edge Ct		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: 00114.C6917
	Wixom	MI 48393-1667	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	225.03
	Name of Employer Health Alliance Plan	Occupation Assoc Dir, Building Services	Receipt
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 415.44	Payroll Deduction: (17.31- /Bi-Weekly )
— ).	Full Name (Last, First, Middle Initial) Rhonda Mabene		Date of Receipt
	Mailing Address 14046 Northlawn St		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: 00114.C6930
	Detroit	MI 48238-2489	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		117.00
	Name of Employer Health Alliance Plan	Occupation Supv - Claims	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 216.00	Payroll Deduction: (9.00/- Bi-Weekly )
	SUBTOTAL of Receipts This Page (optional)		543.53

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 18 / 36         (check only one)       X         X       11a         11b       11c         12
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any pers	13 14 15 16
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
. Z	Full Name (Last, First, Middle Initial) Irita Matthews		Date of Receipt
	Mailing Address 1305 Balfour St		07 13 Y Y Y Y 099
	City	State Zip Code	Transaction ID: 00114.C6943
	Grosse Pointe Park	MI 48230-1021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	182.00
	Name of Employer Health Alliance Plan	Occupation Assoc Counsel	Receipt
	Receipt For:	Aggregate Year-to-Date V	_
	Primary General Other (specify) ▼	336.00	Payroll Deduction: (14.00- /Bi-Weekly )
	Full Name (Last, First, Middle Initial) Anita Moliterno		Date of Receipt
	Mailing Address 1344 Winding Ridge D	)r	07 13 2009
	City	State Zip Code	Transaction ID: 00114.C6947
	Grand Blanc	MI 48439-7566	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	260.00
	Name of Employer Health Alliance Plan	Occupation General Manager	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  460.00	Payroll Deduction: (20.00- /Bi-Weekly )
	Full Name (Last, First, Middle Initial)		
	Ryan C. Moore Mailing Address 723 Barclay Drive		Date of Receipt
	City	State Zip Code	Transaction ID: 00114.C6929
	Troy	MI 48085	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.02
	Name of Employer Health Alliance Plan	Occupation Adm Manager, Office of COO	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 300.04	Payroll Deduction: (11.54- /Bi-Weekly )
	SUBTOTAL of Receipts This Page (optional)		592.02

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ę	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 19/36
I	TEMIZED RECEIPTS		for each category of the	(check only one)
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and S or for commercial purposes, other than using the			n for the purpose of soliciting contributions
		name anu au		
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC			
⊻ A.	Full Name (Last, First, Middle Initial) Vincent Pawloske			Date of Receipt
	Mailing Address 5450 Sandlewood Cou	ırt		07 13 2009
	City	State	Zip Code	Transaction ID: 00114.C6966
	Waterford	MI	48329	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		260.00
	Name of Employer	Occupatio	n	- Receipt
	Name of Employer Health Alliance Plan		e Director Finance	
	Receipt For:		e Year-to-Date V	_
	Primary General	, iggi ogun		Payroll Deduction: (20.00-
	Other (specify)	0 0	480.00	/Bi-Weekly )
- В.	Full Name (Last, First, Middle Initial) Christopher Pike			Date of Receipt
	Mailing Address 1657 Wilmington Ct			07 / 13 / Y Y Y Y 099
	City	State	Zip Code	Transaction ID: 00114.C6933
	Rochester	MI	48309	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		650.00
	Name of Employer Health Alliance Plan	Occupatio AVP - In	n formation Tech Supp	- Receipt
	Receipt For:	1 1	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼		1200.00	Payroll Deduction: (50.00- /Bi-Weekly )
- C.	Full Name (Last, First, Middle Initial) Rachel Powell			Date of Receipt
0.	Mailing Address 543 Thurber			07 13 2009
	City	State	Zip Code	Transaction ID: 00114.C6948
	Troy	MI	48085-4827	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		260.00
	Name of Employer Health Alliance Plan	Occupatio Dir - Enc	on counter/Claim Accuracy	- Receipt
	Receipt For:	1 1	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼		480.00	Payroll Deduction: (20.00- /Bi-Weekly )
Γ	SUBTOTAL of Receipts This Page (optional)	1		1170.00
┝			·	
	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 20 / 36           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
	or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	Health Alliance Plan PAC		
Α.	Full Name (Last, First, Middle Initial) Richard Precord		Date of Receipt
	Mailing Address 150 Shorewood Lane		07 / 13 / Y Y Y Y 2009
	City	State Zip Code	Transaction ID: 00114.C6946
		MI 48843	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		201.50
	Name of Employer Health Alliance Plan	Occupation Director	- Receipt
	Receipt For:	Aggregate Year-to-Date	
	Primary     General       Other (specify)	403.00	Payroll Deduction: (15.50- /Bi-Weekly )
в.	Full Name (Last, First, Middle Initial) Patricia R. Richards	1	Date of Receipt
	Mailing Address 23 Turnberry Ln.	M M / D D / Y Y Y Y 07 13 2009	
	City	State Zip Code	Transaction ID: 100006499
	Dearborn	MI 48120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		800.00
	Name of Employer Health Alliance Plan	Occupation Sr. Vice President & COO	- Receipt
	Receipt For:	Aggregate Year-to-Date	
	Primary     General       Other (specify)     The second	1900.00	Payroll Deduction: (100.0- 0/Bi-Weekly )
С.	Full Name (Last, First, Middle Initial) Chrystal M. Roberts	1	Date of Receipt
	Mailing Address 24601 Pinehurst Aver	nue	07 / 13 / Y Y Y Y 2009
	City	State Zip Code	Transaction ID: 00114.C6967
	Oak Park	MI 48237	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		234.00
	Name of Employer Health Alliance Plan	Occupation Director	Receipt
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify) ▼	432.00	Payroll Deduction: (18.00- /Bi-Weekly )
	SUBTOTAL of Receipts This Page (optional) .	· ······	1235.50
	TOTAL This Period (last page this line numbe	r only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	X       11a       11b       11c       12         I       13       14       15       16       17
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
A.	Full Name (Last, First, Middle Initial) Dianna Ronan		Date of Receipt
	Mailing Address 2156 Cumberland	07 / 13 / Y Y Y Y 099	
	City	State Zip Code	Transaction ID: 00114.C6936
	Brighton	MI 48114	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1040.00
	Name of Employer Health Alliance Plan	Occupation	Receipt
	Receipt For:	VP - Financial Services	
	Primary General Other (specify) $ earrow$	Aggregate Year-to-Date  1920.00	Payroll Deduction: (80.00- /Bi-Weekly )
- B.	Full Name (Last, First, Middle Initial) Yvonne Shannon		Date of Receipt
	Mailing Address 1108 Brompton Rd	M M / D D / Y Y Y Y 07 13 2009	
	City	State Zip Code	Transaction ID: 00114.C6955
	Rochester	MI 48309-4381	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	234.00 Receipt
	Name of Employer Health Alliance Plan	Occupation Mgr, Client/Dom Adm & Telecom	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 432.00	Payroll Deduction: (18.00- /Bi-Weekly )
- C.	Full Name (Last, First, Middle Initial) Donna Siegmund	I	Date of Receipt
0.	Mailing Address 9 Sylvan Ave		07 13 2009
	City	State Zip Code	Transaction ID: 00114.C6956
	Pleasant Ridge	MI 48069-1235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	130.00
	Name of Employer Health Alliance Plan	Occupation Project Manager	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	Payroll Deduction: (10.00- /Bi-Weekly )
ſ	SUBTOTAL of Receipts This Page (optional)		1404.00
-	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Netomonto mo	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 22/36           (check only one)         11a           X         11a         11b           I3         14         15         16
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
	Health Alliance Plan PAC			
, A.	Full Name (Last, First, Middle Initial) Diane Slon			Date of Receipt
	Mailing Address 31646 Robinhood Driv	/e		07 13 Y Y Y Y 099
	City	State	Zip Code	Transaction ID: 00114.C6968
	<u>Franklin</u>	MI	48025	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		260.00
	Name of Employer Health Alliance Plan	Occupatio Director,		- Receipt
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	480.00	Payroll Deduction: (20.00- /Bi-Weekly )
В.	Full Name (Last, First, Middle Initial) Patricia Slone	I		Date of Receipt
	Mailing Address 1760 Broadstone	07 / 13 / Y Y Y Y 2009		
	City	State	Zip Code	Transaction ID: 00114.C6935
	Grosse Pointe	MI	48236-1949	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		138.06
	Name of Employer Health Alliance Plan	Occupatio Mgr - Sys	<sup>n</sup> stem Care Mgmt	Receipt
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	276.12	Payroll Deduction: (10.62- /Bi-Weekly )
с.	Full Name (Last, First, Middle Initial) Mary Clare Solky			Date of Receipt
	Mailing Address 30387 Windingbrook I	Lane		07 / 13 / Y Y Y Y 099
	City	State	Zip Code	Transaction ID: 00114.C6937
	Farmington	MI	48334	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		260.00
	Name of Employer Health Alliance Plan	Occupatio Director,	CBHM	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	Devrell Deductions (00.00
	Other (specify) ▼		520.00	Payroll Deduction: (20.00- /Bi-Weekly)
	SUBTOTAL of Receipts This Page (optional)		••••••	658.06
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 23 / 36         (check only one)       Image: Constraint of the second sec
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC	name and address of any political committee to s	solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Ronald R. Stallworth		Date of Receipt
	Mailing Address 8121 Agnes		M         M         /         D         D         Y
	City	State Zip Code	Transaction ID: 00114.C6944
	Detroit	MI 48214	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	520.00
	Name of Employer Health Alliance Plan	Occupation	Receipt
	Receipt For:	VP - Government Affairs Aggregate Year-to-Date	-
	Primary General	1040.00	Payroll Deduction: (40.00-
	Other (specify)		/Bi <sup>-</sup> Weekly )
В.	Full Name (Last, First, Middle Initial) William Tierney		Date of Receipt
Б.	Mailing Address 12739 Herrod Drive		07 13 2009
	City	State Zip Code	Transaction ID: 00114.C6939
	Sterling Heights	MI 48313-4145	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	169.00
	Name of Employer Health Alliance Plan	Occupation Sr. Project Manager	- Receipt
	Receipt For:	Aggregate Year-to-Date	
	Primary     General       Other (specify) ▼	312.00	Payroll Deduction: (13.00- /Bi-Weekly )
С.	Full Name (Last, First, Middle Initial) Vernal Tiller	1	Date of Receipt
	Mailing Address 42573 Saddle Lane		07 13 2009
	City	State Zip Code	Transaction ID: 00114.C6931
	Sterling Heights	MI 48314	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	162.50
	Name of Employer Health Alliance Plan	Occupation Director, Quality Management	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	Payroll Deduction: (12.50- /Bi-Weekly )
	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	851.50
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 24/36           (check only one)         11a         11b         11c         12           13         14         15         16         17           on for the purpose of soliciting contributions         100         100         17
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Health Alliance Plan PAC	e name and add	aress of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Daniel Trim Mailing Address 921 Juneau Rd.			Date of Receipt
	Julianing Address 921 Julieau Rd.			07 / 13 / Y Y Y Y 099
	City	State	Zip Code	Transaction ID: 00114.C6961
	<u>Ypsilanti</u>	MI	48198-6323	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		520.00
	Name of Employer Health Alliance Plan	Occupation	n ch Support/Comp Op	Receipt
	Receipt For:	1 I	Year-to-Date V	
	Primary General	, iggi oguto	960.00	Payroll Deduction: (40.00-
	Other (specify) ▼	0 0	900.00	/Bi <sup>2</sup> Weekly )`
в.	Full Name (Last, First, Middle Initial) Edwin Tuller			Date of Receipt
2.	Mailing Address 24060 Devonshire Dr			07 24 2009
	City	State	Zip Code	Transaction ID: 100006504
	Novi	MI	48374-3760	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		450.00
	Name of Employer Health Alliance Plan	Occupation Director	n	- Receipt
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary     General       Other (specify) ▼		450.00	]
с.	Full Name (Last, First, Middle Initial) Marc Vanderburg			Date of Receipt
	Mailing Address 25750 Ivanhoe Rd			07 13 2009
	City	State	Zip Code	Transaction ID: 00114.C6952
	Huntington Woods	MI	48070-1606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		141.18
	Name of Employer Health Alliance Plan	Occupation Director	n	- Receipt
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	249.78	Payroll Deduction: (10.86- /Bi-Weekly )
	SUBTOTAL of Receipts This Page (optional)		······	1111.18
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 25/36 (check only one)
	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than usin	and Statements may not be sold or used by any persor ng the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
Health Alliance Plan PAC		
Full Name (Last, First, Middle Initial) Randy Walker		Date of Receipt
Mailing Address 25474 Edge Mont		07 / <sup>D</sup> <sup>D</sup> / <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>
City	State Zip Code	Transaction ID: 00114.C6958
Southfield	MI 48034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1040.00
Name of Employer Health Alliance Plan	Occupation SVP - HCM	- Receipt
Receipt For:	Aggregate Year-to-Date V	1
Primary General Other (specify) ▼	1920.00	Payroll Deduction: (80.00- /Bi-Weekly )
Full Name (Last, First, Middle Initial)		
Jamie Walker-White		Date of Receipt
Mailing Address 17574 Greenfield	Rd	M         M         /         D         D         /         Y
City	State Zip Code	Transaction ID: 00114.C6949
Detroit	MI 48235-3117	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	130.00
Name of Employer Health Alliance Plan	Occupation Supervisor	- Receipt
Receipt For:	Aggregate Year-to-Date ▼	
Primary     General       Other (specify)	260.00	Payroll Deduction: (10.00- /Bi-Weekly )
Full Name (Last, First, Middle Initial) Karen Wintringham		Date of Receipt
Mailing Address 2846 Pheasant Ri	ing Dr	M M / D D / Y Y Y Y 07 13 2009
City	State Zip Code	Transaction ID: 00114.C6959
Rochester	MI 48309-2857	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		260.00
Name of Employer Health Alliance Plan	Occupation VP Medical Programs	- Receipt
Receipt For:	Aggregate Year-to-Date ▼	
Primary     General       Other (specify)     ▼	480.00	Payroll Deduction: (20.00- /Bi-Weekly )
SUBTOTAL of Doppinto This Dopp (anti-	nal)	1430.00
SUBTOTAL OF RECEIPTS THIS Fage (Option	•	
TOTAL This Period (last page this line nu	mber only)	18003.54

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		FOR L (check		NUMBE one)	R:			PA	GE	26 / 3	36
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Health Alliance Plan PAC												
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City Detroit	StateZip CodeMI48275-				Amou	unt o	f Each	n Di	isburse	men	t this I	Perio
Purpose of Disbursement June Operating Expense				1	L.						32.50	)
Candidate Name			tegory/ 'ype									
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼				JUNE	E OF	PERA	AT II	NG E>	(PE	NSE	
Full Name (Last, First, Middle Initial)					Trane	sacti			20000	026	9	
Comerica Bank					Date M		isburs		ent			Y
Mailing Address P.O. Box 75000					08						0 ð s	
City Detroit	State Zip Code MI 48275-				Amou	unt o	f Each	n Di	isburse			
Purpose of Disbursement July Operating Expense					L.						34.33	5
Candidate Name			tegory/ <sup>-</sup> ype									
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Full Name (Last, First, Middle Initial) Comerica Bank							ion ID	-	20000 ent	027	7	
Mailing Address P.O. Box 75000					0 <sup>M</sup> 9	М	/ D(	0 2	/ Y	ź	٥ŏ	<b>)</b> <sup>Y</sup>
City Detroit	State Zip Code MI 48275-				Amou	unt o	f Each	n Di	isburse	men	t this I	Perio
Purpose of Disbursement August Operating Expense				1	L.						32.50	)
Candidate Name			tegory/ ype									
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼				AUGI	UST	OPE	ΞR/	ATING	ε×	(PEN	SE
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or for commercial purposes, other than using the name	e and address of any political	com	mittee	to soli	cit conti	ribut	ions fr	rom	such c	omn	nittee	
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC												
Full Name (Last, First, Middle Initial) Comerica Bank					Date	of D	isburs	em				
Mailing Address P.O. Box 75000					10	М	/ D	2 2 2	/ Y	ž	o ò s	<b>)</b> <sup>Y</sup>
City Detroit	StateZip CodeMI48275-				Amou	int o	f Each	ו Di	isburse	men	t this F	Perioc
Purpose of Disbursement September Operating Expense			• •	٦	<u> </u>			0			32.50	
Candidate Name			ategory Type	/								
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Full Name (Last, First, Middle Initial) Comerica Bank							i <b>on ID</b> isburs		00114 ent	.E2	91	
Mailing Address P.O. Box 75000					<sup>™</sup> 1	М	/ D	3	/ Y	ž	o ò s	<b>)</b> <sup>Y</sup>
City Detroit	State Zip Code MI 48275-				Amou	int o	f Each	ו Di	isburse	men	t this F	Perioc
Purpose of Disbursement October Operating Expense				٦	L.						32.50	
Candidate Name			ategory Type	/								
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) <b>V</b>				ОСТО	OBE	ER OF	PEI	RATIN	ig e	EXPE	NSE
Full Name (Last, First, Middle Initial) Comerica Bank							i <b>on ID</b> isburs		00114 ent	.E2	94	
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City Detroit	State Zip Code MI 48275-				Amou	int o	f Each	ו Di	isburse	men	t this F	Perioc
Purpose of Disbursement November Operating Expense				7			-				32.50	
Candidate Name			ategory Type	/								
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)				NOVE	EME	BER (	ЭP	ERAT	ING	EXP	ENS
SUBTOTAL of Disbursements This Page (optional)				►							97.50	
TOTAL This Period (last page this line number only)				<u>-</u>						19	96.83	;
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		Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
	Any Information copied from such Reports			
	or for commercial purposes, other than usir	ig the name and address of any political	committee to so	licit contributions from such committee
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC			
. –	Full Name (Last, First, Middle Initial)			Transaction ID: 200000270
Α.	AMERICAS HEALTH INSURANC	E PLANS PAC (AHIP PAC)		Date of Disbursement
	Mailing Address 601 Pennsylvar South Building S	nia Avenue NW Suite 500		0 8 <sup>M</sup> / 0 4 / Y Y Y Y Y Y
	City Washington	State Zip Code DC 20004-		Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT CONTRIBUTION			5000.00
	Candidate Name AMERICAS HEALTH INSURANC	E PLANS PAC (AHIP PAC)	Category/ Type	
	Office Sought: House Senate President State: District:	Disbursement For: 2009 Primary General X Other (specify) ▼ ANNUAL/OTHER		DIRECT CONTRIBUTION
_	Full Name (Last, First, Middle Initial)			
В.	Peters for Congress			Transaction ID: 00114.E292 Date of Disbursement
	Mailing Address P.O. Box 226			12 <sup>M</sup> /04 <sup>Y</sup> /2009 <sup>Y</sup>
	City Bloomfield Hills	State Zip Code MI 48303-		Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT CONTRIBUTION			1000.00
	Candidate Name GARY PETERS		Category/ Type	
	Office Sought: X House Senate President	Disbursement For:     2010       X     Primary     General       Other (specify)     ▼		DIRECT CONTRIBUTION
	State: MI District: 09			

SUBTOTAL of Disbursements This Page (optional)	►	6000.00
TOTAL This Period (last page this line number only)	►	6000.00

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Health Alliance	. ,															
	First, Middle Initial) lican Campaign Col	mmittee									on ID		20000 nent	027	4	
Mailing Address	P.O. Box 12023								0 <sup>M</sup> 8	М	/ D	2 5	<b>b</b> / `	ź	٥òs	<b>)</b> Y
City Lansing			itate //I	Zip Code 48933-					Amou	unt c	f Eacl	h D	isburse	-	-	
Purpose of Disbu VOIDED CHECK								1	L.					-100	00.00	)
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Office Sought:	House Senate President		nent For: Primary Other (spe	2009 General cify) ▼												
State:	District:		_/OTHER													
	First, Middle Initial) se Democratic Func	ł									<b>on ID</b> isburs		20000 nent	028	5	
Mailing Address	PO Box 16193								<sup>M</sup> 0	М	/ D	0 9	<b>)</b> / `	Ź	0 ð s	<b>)</b> <sup>Y</sup>
City Lansing			itate ∕∕II	Zip Code 48901-6193					Amou	unt c	f Eacl	h D	isburse	ement	t this I	Perio
Purpose of Disbu DIRECT CONTR					Γ			1	L.					250	00.00	)
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Office Sought: State:	House Senate President District:	X	nent For: Primary Other (spe _/OTHER													
Full Name (Last, ROCC PAC III	First, Middle Initial)									of D	isburs	sem		026	6	
Mailing Address	1849 Lakeview I	Lane							0 <sup>™</sup> 7	М	/ D	0 8		ź	٥òs	<b>9</b> Y
City Highland			itate //I	Zip Code 48357-					Amou	unt c	fEacl	h D	isburse	ement	t this I	Perio
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ny Information copied from such Reports and references and references of the reference of t				
NAME OF COMMITTEE (In Full)	io namo ana address or any political			
Health Alliance Plan PAC				
Full Name (Last, First, Middle Initial)				
Segal for Michigan			Transaction ID: 200000268 Date of Disbursement	
Mailing Address 108 Pinehurst Ln			$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 7 \end{array} \end{array} \right) \left( \begin{array}{c} D \\ 1 \\ 0 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 9 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 9 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 9 \end{array} \right) \left( \begin{array}{c} Y \\ Y $	
City Battle Creek	State Zip Code MI 49015-9400		Amount of Each Disbursement this Per	rioc
Purpose of Disbursement DIRECT CONTRIBUTION			250.00	
Candidate Name		Category/ Type		
Senate President	isbursement For: 2009 Primary General X Other (specify) ▼	, yhe		
	NNUAL/OTHER			
Full Name (Last, First, Middle Initial) Michigan 2010			Transaction ID: 200000272 Date of Disbursement	
Mailing Address 477 Highland St				]
City Williamston	State Zip Code MI 48895-1132		Amount of Each Disbursement this Per	rioc
Purpose of Disbursement DIRECT CONTRIBUTION			2500.00	
Candidate Name		Category/ Type		
Senate President	isbursement For: 2009 Primary General X Other (specify) ▼ NNUAL/OTHER	~		
Full Name (Last, First, Middle Initial) Oakland County Black Democratic	caucus		Transaction ID: 200000273 Date of Disbursement	
Mailing Address PO Box 251115			$\begin{array}{c} \begin{array}{c} M \\ 0 \end{array} \\ \end{array} \\ \begin{array}{c} M \\ \end{array} \\ \end{array} \\ \begin{array}{c} \prime \\ \prime \end{array} \\ \begin{array}{c} D \\ 2 \end{array} \\ \begin{array}{c} D \\ 4 \end{array} \\ \begin{array}{c} T \\ \end{array} \\ \begin{array}{c} Y \\ \end{array} \\ \begin{array}{c} Y \\ 2 \end{array} \\ \begin{array}{c} Y \\ 2 \end{array} \\ \begin{array}{c} Y \\ 0 \end{array} \\ \begin{array}{c} Y \\ Y \end{array} \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \end{array} \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \end{array} \\ Y \\ Y$	]
City West Bloomfield	State Zip Code MI 48325-1115		Amount of Each Disbursement this Per	rioc
Purpose of Disbursement DIRECT CONTRIBUTION			105.00	
Candidate Name		Category/ Type		
Senate President	isbursement For: 2009 Primary General X Other (specify) ▼ NNUAL/OTHER	<u> </u>		
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	tional)		2855.00	

Detailed Summary Page       21b       22b       2b	Datalide Summary Page       21b       22a       23b       24b       22b         Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee to solicit contributions from such commitee to solicit contributions from such contre		(FEC Form 3)	0		rate schedule(s) ategory of the		OR L		NUMBI one)	ER:			F	PAGE	31	/ 3	6
If or 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 Allines Plan PAC         Full Name (Last, First, Middle Initial)         Maing Address       2 Crocker Blvd         City       State       Zip Code         Mount of Each Disbursement       0 9 1 2 3 1 2 0 0 9         Direct CONTRIBUTION       Category/ Type         Candidate Name       Disbursement For:       2009         State:       Disbursement       Disbursement         Diffice Sought:       House       Disbursement For:       2009         City       Annount of Each Disbursement for:       2009         Office Sought:       Prinsay © General Prisident       Prinsay © General X Other (specify) ▼         Annount of Each Disbursement       Transaction ID:       200000283         Date of Disbursement       0 9 1 2 2 3 1 2 0 0 9       Amount of Each Disbursement         Purpose of Disbursement       Disbursement For:       2009         Diffect ConTRIBUTION       Category/ Type       50.00         City       State       Zip Code         Disbursement       Disbursement For:       209         State:       District:       Disbursement For:       <	r for commercial purpose, 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 Full Name (Last, First, Middle Initial) Macomb Business United Mailing Address 2 Crocker Bivd City House Disbursement Diffect CoNTRIBUTION Candidate Name Office Sought: House Disbursement For: 2009 City State District: ANNUAL/OTHER Full Name (Last, First, Middle Initial) Robert A Abraham for Council Committee Mailing Address 510 Crescent Drive City State District: President State: President State: District: President Stat						F	_	2				b					
NAME OF COMMITTEE (in Full)         Health Alliance Plan PAC         Full Name (Last, First, Middle Initial)         Macomb Business United         Maing Address 2 Crocker Blvd         Ölg         Ölg         Maunt Clemens         Mult         Mult         Diffect Contribution         Ölg         Mount of Each Disbursement         Diffect Contribution         Örfer Sought:         Prepse of Disbursement         Diffect Contribution         Category/ Type         Öffer Sought:         President         AnNUAL/OTHER         Full Name (Last, First, Middle Initial)         Robert A Abraham for Council Committee         Maling Address 510 Crescent Drive         Ölg       2 2 3 1 2 0 0 9         Office Sought:       House         Disbursement For:       2009         Category/ Type       2 0 0 9         Ölg       2 2 1 2 0 0 9         Annuut of Each Disbursement this Perick         Maling Address       510 Crescent Drive         Ölg       2 0 0 9         Ölg       2 0 0 9         Ful Name (Last, First, Middle Initial)         Robert A Abraham for Co	NAME OF COMMITTEE (In Full)         Health Alliance Plan PAC         Full Name (Last, First, Middle Initial)         Macomb Business United         Mailing Address       2 Crocker Blvd         City       State         Multi Clemens       Mill 48043-2528         Purpose of Disbursement       Primary         Office Sought:       House         District:       Disbursement For:         2009       X Other (spacity)         X Other (spacity)       X         Anount of Each Disbursement this Parator         Office Sought:       House         District:       Disbursement For:         Propose of Disbursement for:       2009         X Other (spacity)       X         Annount of Each Disbursement this Parator         Mailing Address       510 Crescent Drive         City       State       Zip Code         Purpose of Disbursement       Mailing Address       510 Crescent Drive         City       State       Zip Code         Purpose of Disbursement       Disbursement For:       2009         City       State       Disbursement For:       2009         City       State       Disbursement For:       2009         Purpose of D																	
Health Alliance Plan PAC         Full Name (Last, First, Middle Initial)         Macomb Business United         Maiing Address       2 Crocker Bivd         City       State       Zip Code         Munt Olemens       Mi       48043-2528         Purpose of Disbursement       Disbursement For:       209         Candidate Name       Category/ Type       State       Zip Code         Candidate Name       Disbursement For:       209         Category/ Type       President       ANUNAL/OTHER         Full Name (Last, First, Middle Initial)       Transaction ID:       20000283         Robert A Abraham for Council Committee       Transaction ID:       20000283         Disbursement       Mill Rat24-1200       Amount of Each Disbursement this Perioc         Purpose of Disbursement       Disbursement For:       2009         Office Sought:       House       Disbursement For:       2009         Office Sought:       House       Disbursement For:       2009	Health Alliance Plan PAC         Full Name (Last, First, Middle Initial)         Macomb Business United         Maiing Address       2 Crocker Blvd         Cily       State       Zip Code         Munt Clemens       Mi       48043-2528         Purpose of Disbursement       Category/ Type         Office Sought:       House       Disbursement For: President       2009         Candidate Name       Category/ Type       Transaction ID: 20000283         Office Sought:       House       Disbursement For: President       2009         Robert A Abraham for Council Committee       Transaction ID: 200000283         Date of Disbursement       Disbursement       Disbursement         Mailing Address       510 Crescent Drive       Anount of Each Disbursement this Per Mailing Address       Anount of Each Disbursement this Per Diffect CoNTRIBUTION         Candidate Name       Disbursement For: President       2009         Office Sought:       House Disbursement Diffect CoNTRIBUTION       Transaction ID: 200000271         Candidate Name       Disbursement For: President       2009         Office Sought:       House Disbursement For: President       2009         Office Sought:       Bostate       Disbursement For: President       200 0 S / 20 0 9         Mailing Addre						 	-										
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City       State       Zip Code         Mount Clemens       Mi       48043-2528         Purpose of Disbursement       Disbursement         DIFECT CONTRIBUTION       Category/ Type         Cadidate Name       Senate       District:         Purpose of Disbursement       District:       Annount of Each Disbursement His Perior         Office Sought:       House       District:       Senate         President       ANNUAL/OTHER       Transaction ID: 200000283         District:       ANNUAL/OTHER         Full Name (Last, First, Middle Initia)       Transaction ID: 200000283         Robert A Abraham for Council Committee       Mi         Mailing Address       510 Crescent Drive         City       State       Zip Code         Dearborn       Mi       48124-1200         Purpose of Disbursement       Category/ Type         Office Sought:       House       Disbursement For:       2009         Candidate Name       Disbursement For:       2009         Other (specify) ▼       State       Zip Code         Dearborn       Mi       48124-1200         Purpose of Disbursement       Disbursement For:       2009         Office Sought:       House       State	City       State       Zip Code         Mount Clemens       Mi       48043-2528         Purpose of Disbursement       Disbursement         DIRECT CONTRIBUTION       Category/ Type         Office Sought:       House       Disbursement For:       2009         State:       District:       ANNUAL/OTHER       For Senate         Projose of Disbursement       For Senate       Projosident       ANNUAL/OTHER         Full Name (Last, First, Middle Initial)       Robert A Abraham for Council Committee       Transaction ID: 200000283         Nalling Address       510 Crescent Drive       ANNUAL/OTHER       Annount of Each Disbursement         Office Sought:       House       Disbursement For:       2009         City Durse of Disbursement       Mailing Address       510 Crescent Drive         Condidate Name       Disbursement For:       2009         Office Sought:       House       Disbursement For:       2009         City Consect A Abraham for Council Committee       Disbursement       Transaction ID: 200000271         Diffect Contribution       Category/ Type       Y 0 0 0 ' Y 2 0 0 9 '         Full Name (Last, First, Middle Initial)       Robert A Abraham for Council Committee       Amount of Each Disbursement         Mailing Address       510 Crescent Dr		,												002	82		
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TEMIZED DISBURSEMENTS       If or each category of the Detailed Summary Page       210       22       23       24       25         why information copied from such Reports and Statements may not be sold or used by any person for the purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full)       NAME OF COMMITTEE (in Full)         NAME OF COMMITTEE (in Full)       NAME OF COMMITTEE (in Full)       NAME OF COMMITTEE (in Full)         Full Name (Last, First, Middle Initial) CTE Mike Cox 2010 Committee       Transaction ID: 00114. E290 Date of Disbursement         Mailing Address       PO Box 530970       III       210 Cole         City       State       Zip Code       Amount of Each Disbursement for: Diffect Cox/RIBUTION       Solo 00         Candidate Name       Disbursement for: Diffect Cox/RIBUTION       Category/ Type       Solo 00       Transaction ID: 200000265         Date of Disbursement State:       Senate Disbursement for:       2010 Diffect Cox/RIBUTION       Transaction ID: 200000265         Date of Disbursement District:       State       Zip Code Date of Disbursement for:       2000         Office Sought:       House District:       Disbursement for:       2000         Office Sought:       House District:       Disbursement for:       2000         Office Sought:       House District:	CHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LIN (check o	IE NUMBER: nlv one)		PA	AGE 3	3/30	6
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