03/09/2010 14:09

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FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

_		For Oth	ner Than An	Authorize	ed Commit	tee		Office Use Or	nly
1.	NAME OF COMMITTEE (in full)		C MAILING LAI		ample:If typin er the lines	g, type			
L	Health Alliance Plan PAC								
AD	DRESS (number and street)	2850	West Grand Bo	ulevard					
г	Check if different								
L	than previously reported. (ACC)	Detro	it				MI	48202	2
2.	FEC IDENTIFICATION NUM	IBER	~	CITY 🛕			STATE	ZIP	CODE 🛕
	C00410670			3. IS THIS REPORT		NEW (N) OR		MENDED A)	
4.	TYPE OF REPORT (Choose One)	\ \rangle	Monthly Report	Feb 20 (M2	2)	May 20 (M5)	Au	g 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:	'	Due On:	Mar 20 (M3	(3)	Jun 20 (M6)	Se	p 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	April 15			Apr 20 (M4)	Jul 20 (M7)	Oc	t 20 (M10)	Jan 31 (YE)
	Quarterly Report(Q July 15		c) 12-Day		Primary (12	'P)	General	(12G)	Runoff (12R)
	Quarterly Report(Q2) October 15	(2)	PRE-Election Report for the:		Convention (12C)		Special (12G)		
	Quarterly Report(Q January 31 Quarterly Report(Y)			Election on				in t	
	July 31 Mid-Year							<u>Sta</u>	ate of
	Report(Non-election Year Only) (MY)	" `	(d) 30-Day Post -Election Report for the		General (30	0G)	Runoff	30R)	Special (30S)
	Termination Report (TER)	i	·	Election on				in tl Sta	he tte of
5.	Covering Period 0.2	2 0	201	0	through	02	28	2010	
	ertify that I have examined this F				and belief it is	s true, correct	and complete		
Тур	be or Print Name of Treasurer	Kona	ald S. Siemiontk	OWSKI					
Sig	nature of Treasurer Electron	nically File	ed by Ronald	S. Siemiontko	wski	D	ate 0.3	0 9	2010
NO	TE : Submission of false, error	neous, or	incomplete infor	mation may s	ubject the per	son signing thi	s Report to th	e penalties of 2	U.S.C 437g.
	Office Use							FEC FC	

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/9

62047.52

Write or Type Committee Name Health Alliance Plan PAC

FEC Form 3X (Rev. 02/2003)

D [®] D 02 0 1 2010 0.2 28 2010 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 52692.71 January 1 (b) Cash on Hand at 60222.31 Begining of Reporting Period 2881.60 12193.70 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 63103.91 64886.41 6(a) and 6(c) for Column B) 1056.39 2838.89 Total Disbursements (from Line 31) Cash on Hand at Close of

9. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)

(subtract Line 7 from Line 6(d))

Reporting Period

0.00

62047.52

10. Debts and Obligations owed 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

FE6AN026

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 9

Write or Type Committee Name Health Alliance Plan PAC

Report Covering the Period:

м м 0 2

From:

D D 1

2010

·o.

м м 0 2 D D 28

Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
Contributions (other than loans) From: (a) Individuals/Persons Other			
Than Political Committees (i) Itemized (use Schedule A)	1424.92	9030.92	
(ii) Unitemized	1456.68	3162.78	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2881.60	12193.70	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00	
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	2881.60	12193.70	
Transfers From Affiliated/Other Party Committees	0.00	0.00	
3. All Loans Received	0.00	0.00	
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00	
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 6. Refunds of Contributions Made	0.00	0.00	
to Federal candidates and Other Political Committees	0.00	0.00	
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	
3. Transfers from Non-Federal and Levin Funds			
(a) Non-Federal Account (from Schedule H3)	0.00	0.00	
(b) Levin Funds (from Schedule H5)	0.00	0.00	
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00	
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	2881.60	12193.70	
). Total Federal Receipts (subtract Line 18(c) from Line 19)	2881.60	12193.70	

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

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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		
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	106.39	138.89
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii) and (b))	106.39	138.89
Committees	0.00	0.00
Contributions to Federal Candidates/Committeesand Other Political Committees	0.00	750.00
. Independent Expenditure	0.00	0.00
(use Schedule E) Coordinated Expenditures Made by Party	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
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
Other Disbursements	950.00	1950.00
. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
	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
. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1056.39	2838.89
. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	1056.39	2838.89
from Line 31)	1000.38	2030.09

DETAILED SUMMARY PAGE

of Disbursements

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	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	2881.60	12193.70
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	2881.60	12193.70
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	106.39	138.89
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	106.39	138.89

FE6AN026

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6/9 (check only one) X 11a
Ai	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may not be sold or used by any pe e name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
<u></u>	Full Name (Last, First, Middle Initial) Lance Graham		Date of Receipt
	Mailing Address 10054 Elgin Ave		02 05 7 2010
	City	State Zip Code	Transaction ID: 00209.C7289
	Huntington Woods	MI 48070-1502	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, BCT	Receipt
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	450.00	
	Full Name (Last, First, Middle Initial) Mark Hall		Date of Receipt
	Mailing Address 25450 Constitution		0 2 0 8 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 00209.C7321
	Novi	MI 48375-1763	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	153.92
	Name of Employer Health Alliance Plan	Occupation AVP - NB Dist Channel Mgmt	Receipt
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	307.84	Payroll Deduction: (76.96-/Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Christopher Pike	1	Date of Receipt
	Mailing Address 1657 Wilmington Ct		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 00209.C7309
	Rochester	MI 48309	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	160.00
	Name of Employer Health Alliance Plan	Occupation AVP - Information Tech Supp	Receipt
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	240.00	Payroll Deduction: (80.00-/Bi-Weekly)
			763.92

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate sch for each category Detailed Summan	of the (FOR LINE NUMBER: PAGE 7/9 (check only one) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used dress of any political	by any person committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC				
Α.	Full Name (Last, First, Middle Initial) Dianna Ronan				Date of Receipt
	Mailing Address 2156 Cumberland				02 08 2010
	City	State	Zip Code		Transaction ID: 00209.C7311
	Brighton	MI	48114		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			160.00
	Name of Employer Health Alliance Plan	Occupatio VP - Fina	n ancial Services		Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼	320.00	Payroll Deduction: (80.00-/Bi-Weekly)
В.	Full Name (Last, First, Middle Initial) Nancy Ruhl				Date of Receipt
	Mailing Address 14965 Country Club				02 08 2010
	City	State	Zip Code		Transaction ID: 00209.C7314
	<u>Livonia</u>	MI	48154-5144		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			501.00
	Name of Employer Health Alliance Plan	Occupatio AVP	n		Receipt
	Receipt For:	Aggregate	e Year-to-Date		1
	Primary General Other (specify) ▼			501.00	Payroll Deduction: (501.0- 0/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)	•	661.00
TOTAL This Period (last page this line number only)		1424.92

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE (check only	NUMBER: PAGE 8/9
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 28a 28b 28c X 29
Any Information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC			
Full Name (Last, First, Middle Initial) Macomb Business United			Transaction ID: 00309.E302 Date of Disbursement
Mailing Address 2 Crocker Blvd			02
City Mount Clemens	State Zip Code MI 48043-2528		Amount of Each Disbursement this Perio
Purpose of Disbursement DIRECT CONTRIBUTION			-500.00
Candidate Name		Category/ Type	
Senate President	ement For: 2009 Primary General Other (specify)		
State: District: ANNU Full Name (Last, First, Middle Initial)	AL/OTHER		Transaction ID: 00309.E303
Friends of Macomb			Date of Disbursement O 2
Mailing Address 8641 Hickory Dr			02 24 2010
City Sterling Heights	State Zip Code MI 48312-4773		Amount of Each Disbursement this Perio
Purpose of Disbursement DIRECT CONTRIBUTION			500.00
Candidate Name		Category/ Type	
Senate President	ement For: 2010 Primary General Other (specify) AL/OTHER		
Full Name (Last, First, Middle Initial) Glenn Anderson for State Senate			Transaction ID: 00309.E301 Date of Disbursement
Mailing Address 34300 Parkgrove Dr			$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 1 & D \\ 1 & 1 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$
City Westland	State Zip Code MI 48185-1458		Amount of Each Disbursement this Perio
Purpose of Disbursement DIRECT CONTRIBUTION			700.00
Candidate Name		Category/ Type	
Senate President	ement For: 2010 (Primary General Other (specify)		
State: District:			
			700.00

A.

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5(CHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 9/9
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check online)	y one)
			27	28a 28b 28c X 29 30b
	y Information copied from such Reports and State for commercial purposes, other than using the na	,	, ,	, ,
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
	Health Alliance Plan PAC			
	Full Name (Last, First, Middle Initial)			Transaction ID: 00309.E304
	Committee to Elect Kathy Angerer			Date of Disbursement
	Mailing Address PO Box 157			$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ 0 & 2 & M \end{smallmatrix} & \begin{smallmatrix} D & Z & D \\ 2 & 4 \end{smallmatrix} & \begin{smallmatrix} Y & Y & Y & 2 & 0 & 1 & 0 \\ \end{smallmatrix}$
	City Dundee	State Zip Code MI 48131-0157		Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT CONTRIBUTION	Γ		250.00
	Candidate Name		Category/ Type	
		sement For: 2010 K Primary General Other (specify)		
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	•	250.00
GODI GIAZ di Bibbarderno i ino i age (optional)		
TOTAL This Period (last page this line number only)	•	950.00