



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Health Alliance Plan PAC

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		52692.71
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	60222.31									
(c) Total Receipts (from Line 19) .....	2881.60	12193.70								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	63103.91	64886.41								
7. Total Disbursements (from Line 31) .....	1056.39	2838.89								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	62047.52	62047.52								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Health Alliance Plan PAC

Report Covering the Period: From:    To:

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) .....	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) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	2881.60	12193.70
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)) .....	2881.60	12193.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2881.60	12193.70

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	106.39	138.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	106.39	138.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	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.....	950.00	1950.00
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))..	1056.39	2838.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1056.39	2838.89

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC 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 .....	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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 9  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

**A.** Full Name (Last, First, Middle Initial)  
Lance Graham

Mailing Address 10054 Elgin Ave

City State Zip Code  
Huntington Woods MI 48070-1502

FEC ID number of contributing federal political committee. C

Name of Employer Health Alliance Plan      Occupation Director, BCT

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt MM / DD / YYYY  
02 / 05 / 2010

**Transaction ID:** 00209.C7289

Amount of Each Receipt this Period 450.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Mark Hall

Mailing Address 25450 Constitution

City State Zip Code  
Novi MI 48375-1763

FEC ID number of contributing federal political committee. C

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

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt MM / DD / YYYY  
02 / 08 / 2010

**Transaction ID:** 00209.C7321

Amount of Each Receipt this Period 153.92

Receipt

Payroll Deduction: (76.96- /Bi-Weekly )

**C.** Full Name (Last, First, Middle Initial)  
Christopher Pike

Mailing Address 1657 Wilmington Ct

City State Zip Code  
Rochester MI 48309

FEC ID number of contributing federal political committee. C

Name of Employer Health Alliance Plan      Occupation AVP - Information Tech Supp

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt MM / DD / YYYY  
02 / 08 / 2010

**Transaction ID:** 00209.C7309

Amount of Each Receipt this Period 160.00

Receipt

Payroll Deduction: (80.00- /Bi-Weekly )

**SUBTOTAL** of Receipts This Page (optional) ..... 763.92

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 7 / 9</span>
	(check only one)
<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) Dianna Ronan		Date of Receipt MM / DD / YYYY 02 / 08 / 2010
	Mailing Address 2156 Cumberland		<b>Transaction ID:</b> 00209.C7311
	City Brighton	State MI	Zip Code 48114
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 160.00
	Name of Employer Health Alliance Plan	Occupation VP - Financial Services	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00	Payroll Deduction: (80.00- /Bi-Weekly )

<b>B.</b>	Full Name (Last, First, Middle Initial) Nancy Ruhl		Date of Receipt MM / DD / YYYY 02 / 08 / 2010
	Mailing Address 14965 Country Club		<b>Transaction ID:</b> 00209.C7314
	City Livonia	State MI	Zip Code 48154-5144
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 501.00
	Name of Employer Health Alliance Plan	Occupation AVP	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 501.00	Payroll Deduction: (501.0- 0/Bi-Weekly )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>661.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1424.92</b>

**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) Macomb Business United	Transaction ID: 00309.E302 Date of Disbursement 02 / 19 / 2010
	Mailing Address 2 Crocker Blvd	Amount of Each Disbursement this Period -500.00
	City Mount Clemens State MI Zip Code 48043-2528	
	Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER

B.	Full Name (Last, First, Middle Initial) Friends of Macomb	Transaction ID: 00309.E303 Date of Disbursement 02 / 24 / 2010
	Mailing Address 8641 Hickory Dr	Amount of Each Disbursement this Period 500.00
	City Sterling Heights State MI Zip Code 48312-4773	
	Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER

C.	Full Name (Last, First, Middle Initial) Glenn Anderson for State Senate	Transaction ID: 00309.E301 Date of Disbursement 02 / 11 / 2010
	Mailing Address 34300 Parkgrove Dr	Amount of Each Disbursement this Period 700.00
	City Westland State MI Zip Code 48185-1458	
	Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	700.00
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 9

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

A.

Full Name (Last, First, Middle Initial)  
Committee to Elect Kathy Angerer

Transaction ID: 00309.E304

Date of Disbursement

Mailing Address PO Box 157

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	4		2	0	1	0

City State Zip Code  
Dundee MI 48131-0157

Amount of Each Disbursement this Period

250.00
--------

Purpose of Disbursement  
DIRECT CONTRIBUTION

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

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

250.00
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TOTAL This Period (last page this line number only) ..... ►

950.00
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