06/09/2010 12:34

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Health Alliance Plan PAC 2850 West Grand Boulevard ADDRESS (number and street) Check if different than previously Detroit МІ 48202 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00410670 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 05 0 1 2010 05 3 1 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ronald S. Siemiontkowski Type or Print Name of Treasurer Electronically Filed by Ronald S. Siemiontkowski 06 09 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/13

2010

31

Write or Type Committee Name Health Alliance Plan PAC

Report Covering the Period:

FEC Form 3X (Rev. 02/2003)

		M M	D D	YYYY		M M
Papart Cavaring the Pariod:	Erom:	0.5	0 1	2010	To	0.5

From:

COLUMN A COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 2010° 52692.71 January 1 (b) Cash on Hand at 64466.52 Begining of Reporting Period 972.80 18550.50 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 65439.32 71243.21 6(a) and 6(c) for Column B) 1932.50 7736.39 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 63506.82 63506.82 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

For further information contact:

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

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 13

Write or Type Committee Name Health Alliance Plan PAC

Report Covering the Period:

M M 0 5

From:

D D 0

2010

To:

м м 0 5 ^D 31

Y Y Y Y 2 0 1 0

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	579.96	12369.68
	(ii) Unitemized	392.84	6180.82
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	972.80	18550.50
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	972.80	18550.50
2.	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
6.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 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
8.	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))	972.80	18550.50
	Total Federal Receipts (subtract Line 18(c) from Line 19)	972.80	18550.50

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 13

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	20.50	202.00
	Expenditures	32.50	236.39
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	32.50	236.39
2.	Transfers to Affiliated/Other Party		
_	Committees	0.00	0.00
3.	Contributions to Federal Candidates/Committeesand Other Political Committees	0.00	2000.00
1	and Other Political Committees	0.00	2000.00
	(use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party Committees (2 LLS C. 441a(d))	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
_			2.62
	Loans Made Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	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		
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	1900.00	5500.00
0.	Federal Election Activity (2 U.S.C 431(20))		
٠.	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	U.UU	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	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))	1932.50	7736.39
	-, ,,,,,,,,,		
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	1932.50	7736.39

DETAILED SUMMARY PAGE

of Disbursements

5 / 13

	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)	972.80	18550.50
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	972.80	18550.50
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	32.50	236.39
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	32.50	236.39

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 / 13 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A or	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o 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
	Mailing Address 3066 Richmond Dr		05 17 2010
	Clarketer	State Zip Code	Transaction ID: 00608.C7663
	Clarkston	MI 48348-5063	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Health Alliance Plan	Occupation Assoc Dir, Labor Affairs	Receipt
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	Payroll Deduction: (25.00-/Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Jonathan W. Clement		Date of Receipt
	Mailing Address 923 Westchester		05 17 Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 00608.C7621
	Grosse Pointe	MI 48230-1829	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Health Alliance Plan	Occupation VP - Underwriting & Rating	Receipt
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	360.00	Payroll Deduction: (40.00-/Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Michael A. Elinski		Date of Receipt
	Mailing Address 3434 Essex		05 17 2010
	City	State Zip Code	Transaction ID: 00608.C7656
	Troy	MI 48084	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Health Alliance Plan	Occupation AVP - Technology & eBusiness D	Receipt
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	300.00	Payroll Deduction: (30.00-/Bi-Weekly)
			95.00

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/13 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
	Full Name (Last, First, Middle Initial) Laura Eory		Date of Receipt
	Mailing Address 19090 Parkwood Ln		05 17 2010
	City	State Zip Code	Transaction ID: 00608.C7622
	Brownstown Twp	MI 48183-6804	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Health Alliance Plan	Occupation Sr Member Advocate	Receipt
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	200.00	Payroll Deduction: (25.00-/Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Howard Flasch		Date of Receipt
	Mailing Address 1459 N Rochester Rd		05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 00608.C7624
	Oakland	MI 48363-1630	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Health Alliance Plan	Occupation VP - Product Development	Receipt
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	360.00	Payroll Deduction: (40.00-/Bi-Weekly)
	Full Name (Last, First, Middle Initial) Mark Hall	<u> </u>	Date of Receipt
	Mailing Address 25450 Constitution		05 17 2010
	City	State Zip Code	Transaction ID: 00608.C7649
	Novi	MI 48375-1763	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	76.96
	Name of Employer Health Alliance Plan	Occupation AVP - NB Dist Channel Mgmt	Receipt
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	769.60	Payroll Deduction: (76.96- /Bi-Weekly)
			141.96

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 13 (check only one) X
A 0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
. <u>/</u>	Full Name (Last, First, Middle Initial) Cynthia Hoffman		Date of Receipt
	Mailing Address 5768 Whitehaven Dr		05 17 2010
	City Troy	State Zip Code MI 48085-3188	Transaction ID: 00608.C7643
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 30.00
	Name of Employer Health Alliance Plan	Occupation Mgr - eCommerce & Tech Plannin	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	Payroll Deduction: (30.00-/Bi-Weekly)
	Full Name (Last, First, Middle Initial) Donald Kiefiuk	<u> </u>	Date of Receipt
	Mailing Address 39810 Karda		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 00608.C7623
	Sterling Heights	MI 48313	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00 Receipt
	Name of Employer Health Alliance Plan	Occupation AVP Claim Operation	- Teocipi
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	Payroll Deduction: (40.00-/Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Melissa Kurtz		Date of Receipt
	Mailing Address 2850 West Grand Bo	ulevard	05 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 00608.C7657
	<u>Detroit</u>	MI 48202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Health Alliance Plan	Occupation Manager	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	Payroll Deduction: (20.00-/Bi-Weekly)
	SUBTOTAL of Receipts This Page (optional)		90.00

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate scheduler for each category of the Detailed Summary Page	(Check only one)
, C	any information copied from such Reports and S r for commercial purposes, other than using the	statements may not be sold or used by any name and address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
	Full Name (Last, First, Middle Initial) Vincent Pawloske		Date of Receipt
	Mailing Address 5450 Sandlewood Cou		05 17 2010
	City Waterford	State Zip Code MI 48329	Transaction ID: 00608.C7661 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Health Alliance Plan	Occupation Associate Director Finance	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	Payroll Deduction: (20.00-/Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Christopher Pike		Date of Receipt
	Mailing Address 1657 Wilmington Ct		05 17 2010
	City	State Zip Code	Transaction ID: 00608.C7638
	Rochester FEC ID number of contributing federal political committee.	MI 48309	Amount of Each Receipt this Period 80.00
	Name of Employer Health Alliance Plan	Occupation AVP - Information Tech Supp	Receipt
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 720.0	Payroll Deduction: (80.00-/Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Donna Reid	l	Date of Receipt
	Mailing Address 2850 W Grand Blvd		05 17 2010
	City Detroit	State Zip Code MI 48202-2643	Transaction ID: 00608.C7642
	FEC ID number of contributing federal political committee.	MI 48202-2643	Amount of Each Receipt this Period 33.00
	Name of Employer Health Alliance Plan	Occupation Management	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 264.0	Payroll Deduction: (33.00-/Bi-Weekly)
	SUBTOTAL of Receipts This Page (optional)	1	133.00

A.

В.

PAGE 10 / 13 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 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 Full Name (Last, First, Middle Initial) Date of Receipt Dianna Ronan Mailing Address 2156 Cumberland 05 17 2010 City State Zip Code Transaction ID: 00608.C7641 **Brighton** MI 48114 Amount of Each Receipt this Period FEC ID number of contributing 80.00 C federal political committee. Receipt Name of Employer Health Alliance Plan Occupation VP - Financial Services Receipt For: Aggregate Year-to-Date General Primary Payroll Deduction: (80.00-/Bi-Weekly) 800.00 Other (specify) Full Name (Last, First, Middle Initial) Ronald R. Stallworth Date of Receipt Mailing Address 8121 Agnes 17 0 5 2010 City Zip Code Transaction ID: 00608.C7645 State Detroit MI 48214 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Receipt Name of Employer Health Alliance Plan Occupation VP - Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General Payroll Deduction: (40.00-/Bi-Weekly)

400.00

SUBTOTAL of Receipts This Page (optional)	•	. 120	0.00
TOTAL This Period (last page this line number only)	<u> </u>	579	9.96

Other (specify)

Image# 10930805479

State:

A.

District:

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SCHEDULE B (FEC	•		arate schedule(s)		R LINI eck on			R:			PA	GĒ	11 / 1	3	
ITEMIZED DISBURS	SEMENTS		category of the Summary Page		X	21b 27	Ä	22 28a	ш	23 28b		24 28c	П	25 29	П	26 30b
Any Information copied from su or for commercial purposes, oth		•		•					•			_				
NAME OF COMMITTEE (I Health Alliance Plan PA	,															
Full Name (Last, First, Midd Comerica Bank Mailing Address P.O.	dle Initial) Box 75000							Trans	of Dis	burse	-			13 0 1 0	Y	
City Detroit Purpose of Disbursement April Operating Expense		State MI	Zip Code 48275-			_		Amou	nt of	Each	Dis	burser		t this P		d
Candidate Name	,			1	iteg Typ	ory/ e										
Office Sought: Hou Sen Pres		ment For: Primary Other (spe	General ecify) ▼				,	APRIL	_ OF	PERA	ΛTΙΝ	NG EX	(PE	NSE		

SUBTOTAL of Disbursements This Page (optional)	•	32.50
TOTAL This Period (last page this line number only)	•	32.50

IT	CHEDULE B (FEC Form 3X)	Use sepa	rate schedule(s)		NUMBER: PAGE 12/13
	EMIZED DISBURSEMENTS	for each o	category of the Summary Page	(check only 21b 27	7 one) 22
	y Information copied from such Reports and State for commercial purposes, other than using the nan				
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		, μ		
/	Full Name (Last, First, Middle Initial) Committee to Elect Dave Bing Mayor				Transaction ID: 00511.E314 Date of Disbursement
	Mailing Address P.O. Box 31-0058				$\begin{bmatrix} \begin{smallmatrix} M & 5 & M \\ 0 & 5 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 4 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
	City Detroit	State MI	Zip Code 48231-		Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT CONTRIBUTION			• •	1400.00
	Candidate Name			Category/ Type	
	Senate) President	sement For: C Primary Other (spe	2013 General cify)		
	State: District: Full Name (Last, First, Middle Initial)				Transaction ID: 00511.E315
	Rudy Hobbs for State Representative Mailing Address PO Box 3353				Date of Disbursement O 5 M / D 1 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Southfield	State MI	Zip Code 48037-3353		Amount of Each Disbursement this Period
	Purpose of Disbursement STOP PAYMENT	IVII	40037-3333		-400.00
	Candidate Name			Category/ Type	
			2010		
	President	Primary Other (spe	☐ General cify) ▼		
	Senate >	(Primary			Transaction ID: 00511.E318 Date of Disbursement
	Senate President State: District: Full Name (Last, First, Middle Initial)	(Primary			
	Senate President State: District: Full Name (Last, First, Middle Initial) Rudy Hobbs for State Representative	(Primary			Date of Disbursement M 5 M / D 1 D / Y 2 0 1 0 Y Amount of Each Disbursement this Period
	Senate President State: District: Full Name (Last, First, Middle Initial) Rudy Hobbs for State Representative Mailing Address PO Box 3353 City Southfield Purpose of Disbursement DIRECT CONTRIBUTION	Other (spec	cify) ▼ Zip Code		Date of Disbursement
	Senate President District: Full Name (Last, First, Middle Initial) Rudy Hobbs for State Representative Mailing Address PO Box 3353 City Southfield Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name	Other (spec	Zip Code 48037-3353	Category/ Type	Date of Disbursement M 5 M / D 1 D / Y 2 0 1 0 Y Amount of Each Disbursement this Period
	Senate President State: District: Full Name (Last, First, Middle Initial) Rudy Hobbs for State Representative Mailing Address PO Box 3353 City Southfield Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name Office Sought: House Disburs	Other (spec	Zip Code 48037-3353		Date of Disbursement M 5 M

A.

В.

District:

001150111507550			
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 13 / 13
ITEMIZED DISBURSEMENTS	for each category of the	(check only	_ ·
	Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c x 29 30b
Annulation and Chaten			
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
Health Alliance Plan PAC			
Full Name (Last, First, Middle Initial)			Transaction ID: 00511.E317
Committee to Elect Maureen Stapleton			Date of Disbursement
M. W. A.I.I.			05 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1300 E Lafayette St Apt	1207		03 10 2010
City	State Zip Code		Amount of Each Disbursement this Period
Detroit	MI 48207-2921		
Purpose of Disbursement			400.00
DIRECT CONTRIBUTION			
Candidate Name		Category/	
		Туре	
° 🗎 –	ement For: 2010		
	Primary General		
President State: District:	Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: 00511.E316
Friends of Kathy Tocco			Date of Disbursement
Mailing Address 31669 Kendall			$\begin{bmatrix} 0 & 5 & M \\ 0 & 5 & M \end{bmatrix} / \begin{bmatrix} 0 & 1 & 0 \\ 1 & 0 \end{bmatrix} / \begin{bmatrix} 0 & 1 & 0 \\ 2 & 0 & 1 & 0 \end{bmatrix}$
City	State Zip Code		Amount of Each Disbursement this Period
Fraser	MI 48026-2522		
Purpose of Disbursement			100.00
DIRECT CONTRIBUTION			
Candidate Name		Category/	
		Туре	
* H	ement For: 2010		
	Primary General		
President	Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	•	500.00
TOTAL This Period (last page this line number only)	•	1900.00

State: