



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

Write or Type Committee Name  
Health Alliance Plan PAC

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	5

D	D
3	1

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 .....	64466.52									
(c) Total Receipts (from Line 19) .....	972.80	18550.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	65439.32	71243.21								
7. Total Disbursements (from Line 31) .....	1932.50	7736.39								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	63506.82	63506.82								
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: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	5

D	D
3	1

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
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	972.80	18550.50
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)) .....	972.80	18550.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	972.80	18550.50

**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.....	32.50	236.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	32.50	236.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2000.00
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.....	1900.00	5500.00
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))..	1932.50	7736.39
32. 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

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 .....	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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 13

(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

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)  
Scott Allen

Mailing Address 3066 Richmond Dr

City State Zip Code  
Clarkston MI 48348-5063

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Health Alliance Plan Assoc Dir, Labor Affairs

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 17 / 2010

Transaction ID: 00608.C7663

Amount of Each Receipt this Period  
25.00

Receipt  
Payroll Deduction: (25.00-  
/Bi-Weekly )

**B.**

Full Name (Last, First, Middle Initial)  
Jonathan W. Clement

Mailing Address 923 Westchester

City State Zip Code  
Grosse Pointe MI 48230-1829

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Health Alliance Plan VP - Underwriting & Rating

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
05 / 17 / 2010

Transaction ID: 00608.C7621

Amount of Each Receipt this Period  
40.00

Receipt  
Payroll Deduction: (40.00-  
/Bi-Weekly )

**C.**

Full Name (Last, First, Middle Initial)  
Michael A. Elinski

Mailing Address 3434 Essex

City State Zip Code  
Troy MI 48084

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Health Alliance Plan AVP - Technology & eBusiness D

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
05 / 17 / 2010

Transaction ID: 00608.C7656

Amount of Each Receipt this Period  
30.00

Receipt  
Payroll Deduction: (30.00-  
/Bi-Weekly )

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

95.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Laura Eory	Date of Receipt MM / DD / YYYY 05 / 17 / 2010
	Mailing Address 19090 Parkwood Ln	<b>Transaction ID:</b> 00608.C7622
	City State Zip Code Brownstown Twp MI 48183-6804	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	Name of Employer Health Alliance Plan Occupation Sr Member Advocate Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00	Payroll Deduction: (25.00- /Bi-Weekly )

<b>B.</b>	Full Name (Last, First, Middle Initial) Howard Flasch	Date of Receipt MM / DD / YYYY 05 / 17 / 2010
	Mailing Address 1459 N Rochester Rd	<b>Transaction ID:</b> 00608.C7624
	City State Zip Code Oakland MI 48363-1630	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	Name of Employer Health Alliance Plan Occupation VP - Product Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	Payroll Deduction: (40.00- /Bi-Weekly )

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark Hall	Date of Receipt MM / DD / YYYY 05 / 17 / 2010
	Mailing Address 25450 Constitution	<b>Transaction ID:</b> 00608.C7649
	City State Zip Code Novi MI 48375-1763	Amount of Each Receipt this Period 76.96
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	Name of Employer Health Alliance Plan Occupation AVP - NB Dist Channel Mgmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 769.60	Payroll Deduction: (76.96- /Bi-Weekly )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>141.96</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 13  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Cynthia Hoffman</p> <p>Mailing Address 5768 Whitehaven Dr</p> <p>City State Zip Code Troy MI 48085-3188</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Health Alliance Plan      Occupation: Mgr - eCommerce &amp; Tech Plannin</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">300.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">05 / 17 / 2010</span></p> <p><b>Transaction ID:</b> 00608.C7643</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">30.00</span></p> <p>Receipt</p> <p>Payroll Deduction: (30.00- /Bi-Weekly )</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Donald Kiefiuk</p> <p>Mailing Address 39810 Karda</p> <p>City State Zip Code Sterling Heights MI 48313</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Health Alliance Plan      Occupation: AVP Claim Operation</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">320.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">05 / 17 / 2010</span></p> <p><b>Transaction ID:</b> 00608.C7623</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">40.00</span></p> <p>Receipt</p> <p>Payroll Deduction: (40.00- /Bi-Weekly )</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Melissa Kurtz</p> <p>Mailing Address 2850 West Grand Boulevard</p> <p>City State Zip Code Detroit MI 48202</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Health Alliance Plan      Occupation: Manager</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">200.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">05 / 17 / 2010</span></p> <p><b>Transaction ID:</b> 00608.C7657</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">20.00</span></p> <p>Receipt</p> <p>Payroll Deduction: (20.00- /Bi-Weekly )</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">90.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Vincent Pawloske	Date of Receipt MM / DD / YYYY 05 / 17 / 2010
	Mailing Address 5450 Sandlewood Court	<b>Transaction ID:</b> 00608.C7661
	City State Zip Code Waterford MI 48329	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Health Alliance Plan Occupation Associate Director Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 200.00	Payroll Deduction: (20.00- /Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Christopher Pike	Date of Receipt MM / DD / YYYY 05 / 17 / 2010
	Mailing Address 1657 Wilmington Ct	<b>Transaction ID:</b> 00608.C7638
	City State Zip Code Rochester MI 48309	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Health Alliance Plan Occupation AVP - Information Tech Supp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 720.00	Payroll Deduction: (80.00- /Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Donna Reid	Date of Receipt MM / DD / YYYY 05 / 17 / 2010
	Mailing Address 2850 W Grand Blvd	<b>Transaction ID:</b> 00608.C7642
	City State Zip Code Detroit MI 48202-2643	Amount of Each Receipt this Period 33.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Health Alliance Plan Occupation Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 264.00	Payroll Deduction: (33.00- /Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>133.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 10 / 13

(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

**A.**

Full Name (Last, First, Middle Initial)  
Dianna Ronan

Mailing Address 2156 Cumberland

City State Zip Code  
Brighton MI 48114

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Health Alliance Plan VP - Financial Services

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: 00608.C7641

Amount of Each Receipt this Period

80.00

Receipt

Payroll Deduction: (80.00-  
/Bi-Weekly )

**B.**

Full Name (Last, First, Middle Initial)  
Ronald R. Stallworth

Mailing Address 8121 Agnes

City State Zip Code  
Detroit MI 48214

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Health Alliance Plan VP - Government Affairs

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: 00608.C7645

Amount of Each Receipt this Period

40.00

Receipt

Payroll Deduction: (40.00-  
/Bi-Weekly )

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

120.00

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

579.96

**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 11 / 13

<input checked="" 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 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)  
Comerica Bank

Transaction ID: 00511.E313

Date of Disbursement

Mailing Address P.O. Box 75000

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	1	0

City State Zip Code  
Detroit MI 48275-

Amount of Each Disbursement this Period

32.50
-------

Purpose of Disbursement  
April Operating Expense

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

APRIL OPERATING EXPENSE

State: District:

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

32.50

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

32.50

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

**A.** Full Name (Last, First, Middle Initial)  
Committee to Elect Dave Bing Mayor

Mailing Address P.O. Box 31-0058

City Detroit State MI Zip Code 48231-

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 00511.E314  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
Rudy Hobbs for State Representative

Mailing Address PO Box 3353

City Southfield State MI Zip Code 48037-3353

Purpose of Disbursement  
STOP PAYMENT

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 00511.E315  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
Rudy Hobbs for State Representative

Mailing Address PO Box 3353

City Southfield State MI Zip Code 48037-3353

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 00511.E318  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**TOTAL** 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 13 / 13

<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 Maureen Stapleton

Mailing Address 1300 E Lafayette St Apt 1207

City Detroit State MI Zip Code 48207-2921

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** 00511.E317

Date of Disbursement

/   /

Amount of Each Disbursement this Period

400.00

**B.** Full Name (Last, First, Middle Initial)  
Friends of Kathy Tocco

Mailing Address 31669 Kendall

City Fraser State MI Zip Code 48026-2522

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** 00511.E316

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

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

500.00

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

1900.00