07/09/2009 13:56

Image# 29934221594

# 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 A 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 Х (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 02 0 1 2009 06 3 0 2009 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. James W Hoeberling Type or Print Name of Treasurer Electronically Filed by James W Hoeberling 07 09 2009 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

2/28

49367.00

Write or Type Committee Name Health Alliance Plan PAC

FEC Form 3X (Rev. 02/2003)

D <sup>®</sup>D 02 0 1 2009 0.6 3 0 2009 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 48773.68 January 1 (b) Cash on Hand at 54512.45 Begining of Reporting Period ..... 18558.94 24311.10 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 73071.39 73084.78 6(a) and 6(c) for Column B) ..... 23704.39 23717.78 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

49367.00

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

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 28

Write or Type Committee Name Health Alliance Plan PAC

Report Covering the Period:

м м 0 2

From:

D D 1

Y Y W Y 2 0 0 9

. 0.6

<sup>D</sup> 30

<sup>Y</sup> 2009

	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)	14809.62	19686.62	
	(ii) Unitemized	3749.32	4624.48	
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	18558.94	24311.10	
(	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)	18558.94	24311.10	
	Fransfers From Affiliated/Other Party Committees	0.00	0.00	
3. <i>A</i>	All Loans Received	0.00	0.00	
	oan Repayments Received  Streets To Operating Expenditures	0.00	0.00	
(	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00	
t	o Federal candidates and Other Political Committees	0.00	0.00	
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00	
	Fransfers 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	
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	18558.94	24311.10	
	otal Federal Receipts subtract Line 18(c) from Line 19)	18558.94	24311.10	

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 28

	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	154.00	167.70
	Expenditures(c) Total Operating Expenditures	154.39	167.78
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	154.39	167.78
22.	Transfers to Affiliated/Other Party		
2	Contributions to	0.00	0.00
.0.	Federal Candidates/Committeesand Other Political Committees	3000.00	3000.00
4.	Independent Expenditure		
E	(use Schedule E)	0.00	0.00
ပ.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	(uso sofiedule i )		
26.	Loan Repayments Made	0.00	0.00
27.	Loans Made	0.00	0.00
28.	Refunds of Contributions To: (a) Individuals/Persons Other		
	(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
	(add Lines 20(a), (b), and (c))		
9.	Other Disbursements	20550.00	20550.00
30.	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	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))	23704.39	23717.78
32.	Total Federal Disbursements		
<i>,</i>	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
			23717.78

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 28

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3.	Total Contributions (other than loans) from Line 11(d), page 3)	18558.94	24311.10
4.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
5.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	18558.94	24311.10
86.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	154.39	167.78
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	154.39	167.78

FE6AN026

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 28 (check only one)  X 11a 11b 11c 12  13 14 15 16
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
/	Health Alliance Plan PAC		
	Full Name (Last, First, Middle Initial) Scott Allen		Date of Receipt
	Mailing Address 3066 Richmond Dr		02 7 2009
	City Clarkston	State Zip Code MI 48348-5063	Transaction ID: 90212.C5849  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	220.00
	Name of Employer Health Alliance Plan	Occupation Assoc Dir, Labor Affairs	Receipt
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	Payroll Deduction: (20.00-/Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Angela K. Branch	Date of Receipt	
	Mailing Address 81 Atkinson		02 09 2009
	City	State Zip Code	Transaction ID: 90212.C5795
	Detroit	MI 48202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	192.50
	Name of Employer Health Alliance Plan	Occupation Dir - Customer Retention & Edu	Receipt
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	227.50	Payroll Deduction: (17.50-/Bi-Weekly )
_	Full Name (Last, First, Middle Initial) John D. Calabria		Date of Receipt
	Mailing Address 2030 Brinston Drive		02 20 2009
	City	State Zip Code	Transaction ID: 90708.C5853
	Troy  FEC ID number of contributing federal political committee.	MI 48083	Amount of Each Receipt this Period 550.00
	Name of Employer Health Alliance Plan	Occupation Assoc Med Dir	Receipt
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
	CURTOTAL of Descints This Dags (actional)		962.50

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 28 (check only one)  X 11a 11b 11c 12  13 14 15 16
A or	ny information copied from such Reports and story commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Health Alliance Plan PAC		
	Full Name (Last, First, Middle Initial) Richard Chaney		Date of Receipt
	Mailing Address 16555 Shaftsbury Ave	)	02 09 2009
	City	State Zip Code MI 48219-4011	Transaction ID: 90212.C5850
	Detroit  FEC ID number of contributing federal political committee.	MI 48219-4011	Amount of Each Receipt this Period 275.00
	Name of Employer Health Alliance Plan	Occupation	Receipt
	Receipt For:	Vice President  Aggregate Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	325.00	Payroll Deduction: (25.00-/Bi-Weekly )
	Full Name (Last, First, Middle Initial) Jonathan W. Clement	1	Date of Receipt
	Mailing Address 923 Westchester		02 09 2009
	City	State Zip Code	Transaction ID: 90212.C5843
	Grosse Pointe	MI 48230-1829	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	440.00
	Name of Employer Health Alliance Plan	Occupation VP - Underwriting & Rating	Receipt
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	520.00	Payroll Deduction: (40.00-/Bi-Weekly)
	Full Name (Last, First, Middle Initial) Kevin Coughlin	Date of Receipt	
	Mailing Address 43119 Hanford Rd		02 09 2009
	City	State Zip Code	Transaction ID: 90212.C5830
	Canton	MI 48187-3335	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	300.00  Receipt
	Name of Employer Health Alliance Plan	Occupation Manager, IS	- Γισυσιρι
	Receipt For: Primary General	Aggregate Year-to-Date ▼ 300.00	Payroll Deduction: (300.0-
_	Other (specify) ▼	300.00	0/Ві-Weekly )
	LIPTOTAL of Possints This Poss (entional)		1015.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 28 (check only one)    X   11a		
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may name and ado	not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC					
Full Name (Last, First, Middle Initial) Mario DAgostino			Date of Receipt		
Mailing Address 47291 Northgate Drive					
City	State	Zip Code	0 3 0 6 2 0 0 9 Transaction ID: 90708.C5959		
Canton	MI	48188	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		200.00		
Name of Employer Health Alliance Plan	Occupation Director E	n Employee Relations	Receipt		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 200.00	Payroll Deduction: (200.0- 0/Bi-Weekly		
Full Name (Last, First, Middle Initial) Gwendolyn Davenport			Date of Receipt		
Mailing Address 11372 Whitehill	02 09 7 2009				
City Detroit	State MI	Zip Code 48224-1653	Transaction ID: 90212.C5799  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	70227 1030	203.50		
Name of Employer Health Alliance Plan	Occupation Dir - Cred	n dentialing Services	Receipt		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 203.50	Payroll Deduction: (18.50-/Bi-Weekly)		
Full Name (Last, First, Middle Initial) Donald Davis			Date of Receipt		
Mailing Address 11417 Fellows Creek D	Mailing Address 11417 Fellows Creek Drive				
City	State	Zip Code	Transaction ID: 90212.C5800		
Plymouth 550 ID and a first it is	MI	48170	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		846.12  Receipt		
Name of Employer Health Alliance Plan		nan Res & Cust Rel	Пообре		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	Payroll Deduction: (76.92-/Bi-Weekly)		
SUBTOTAL of Receipts This Page (optional)			1249.62		
TOTAL This Period (last page this line number of	only)				

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 28 (check only one)    X
4	r for commercial purposes, other than using the	Statements may not be sold or used by any per le name and address of any political committee	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) Jody L. Doherty		Date of Receipt
	Mailing Address 21115 Violet		02 / 09 / 2009
	City Saint Clair Shores	State Zip Code MI 48082	Transaction ID: 90212.C5837
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 198.00
	Name of Employer Health Alliance Plan	Occupation Director	Receipt
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  234.00	Payroll Deduction: (18.00-/Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Jeanne Dunk		Date of Receipt
	Mailing Address 1429 Iroquois	03 06 2009	
	City	State Zip Code	Transaction ID: 90708.C5911
	Detroit	MI 48214	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Health Alliance Plan	Occupation  Manager	Receipt
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
_	Full Name (Last, First, Middle Initial) Michael A. Elinski		Date of Receipt
	Mailing Address 3434 Essex		02 09 2009
	City	State Zip Code	Transaction ID: 90212.C5841
	Troy	MI 48084	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	330.00  Receipt
	Name of Employer Health Alliance Plan	Occupation AVP - Technology & eBusiness D	- Песенри
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	Payroll Deduction: (30.00-/Bi-Weekly)
	SURTOTAL of Receipts This Page (antional)		778.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 28 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
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 p name and address of any political committe	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Health Alliance Plan PAC		
	Full Name (Last, First, Middle Initial) Gregory English		Date of Receipt
	Mailing Address 17661 Bell Creek Ln		02 / 09 / 2009
	City Livonia	State Zip Code MI 48152-4404	Transaction ID: 90212.C5832  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	300.00
	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 ▼ 300.00	Payroll Deduction: (300.0- 0/Bi-Weekly
_	Full Name (Last, First, Middle Initial) Laura Eory		Date of Receipt
	Mailing Address 19090 Parkwood Ln	$\begin{bmatrix} & & & & & & & & & & & & & & & & & & &$	
	City	State Zip Code	Transaction ID: 90212.C5833
	Brownstown Twp	MI 48183-6804	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	550.00 Receipt
	Name of Employer Health Alliance Plan	Occupation Sr Member Advocate	Песегрі
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	Payroll Deduction: (550.0- 0/Bi-Weekly
_	Full Name (Last, First, Middle Initial) Vincenzo G. Ferri		Date of Receipt
	Mailing Address 726 S. Renaud		02 09 2009
	City	State Zip Code	Transaction ID: 90212.C5834
	Grosse Pointe Wood FEC ID number of contributing	MI 48236	Amount of Each Receipt this Period 429.00
	federal political committee.	C	Receipt
	Name of Employer Health Alliance Plan	Occupation AVP - Bus Affiliations & Suppo	neceipi
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 429.00	Payroll Deduction: (39.00-/Bi-Weekly )
	SUBTOTAL of Receipts This Page (optional)		1279.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 28 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
7	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Health Alliance Plan PAC	atements may not be sold or used by any pers name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
. ∠ 	Full Name (Last, First, Middle Initial) Howard Flasch		Date of Receipt
	Mailing Address 1459 N Rochester Rd		03 06 2009
	City <u>Oakland</u>	State         Zip Code           MI         48363-1630	Transaction ID: 90708.C5960  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	414.00
	Name of Employer Health Alliance Plan	Occupation VP - Product Development	Receipt
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 414.00	Payroll Deduction: (46.00-/Bi-Weekly)
	Full Name (Last, First, Middle Initial) Jeanette H. Girty Mailing Address 18246 Stoepel		Date of Receipt
	City	State Zip Code	0 2 0 9 2 0 0 9 Transaction ID: 90212.C5806
	<u>Detroit</u>	MI 48221	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	198.00
	Name of Employer Health Alliance Plan	Occupation Dir - Client Svcs Operations	Receipt
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	Payroll Deduction: (18.00-/Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Mark Hall	Date of Receipt	
	Mailing Address 25450 Constitution	Olate 7's Oads	02 23 2009
	City Novi	State Zip Code MI 48375-1763	Transaction ID: 90708.C5891  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	420.00
	Name of Employer Health Alliance Plan	Occupation AVP - NB Dist Channel Mgmt	Receipt
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	Payroll Deduction: (42.00-/Bi-Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)		1032.00

SCHEDULE A (FI	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 28 (check only one)    X
Any information copied from or for commercial purposes  NAME OF COMMITTE	, other than using the name and	may not be sold or used by any pers d address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Health Alliance Plan	, ,		<u>-</u>
Full Name (Last, First, M Cynthia Hoffman	,		Date of Receipt
Mailing Address 5768	3 Whitehaven Dr		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	•	Transaction ID: 90212.C5819
Troy	MI	48085-3188	Amount of Each Receipt this Period
FEC ID number of contr federal political committee			330.00
Name of Employer Health Alliance Plan	Occup Mar -	ecommerce & Tech Plannin	Receipt
Receipt For:		gate Year-to-Date ▼	
Primary  Other (specify) ▼	General	330.00	Payroll Deduction: (30.00-/Bi-Weekly)
Full Name (Last, First, Mohammed Kanpurwala	/liddle Initial)	Date of Receipt	
Mailing Address 441	Sylvan Dr	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	•	Transaction ID: 90212.C5823
Canton	MI	48188-1596	Amount of Each Receipt this Period
FEC ID number of contr federal political committee			192.50
Name of Employer Health Alliance Plan	Occup Dir - I	pation Underwriting/Ahl	Receipt
Receipt For:	Aggre	gate Year-to-Date <b>V</b>	
Primary Other (specify) ▼	General	227.50	Payroll Deduction: (17.50- /Bi-Weekly )
Full Name (Last, First, N	/liddle Initial)		Date of Receipt
	10 Karda		02 09 2009
City	State	·	Transaction ID: 90212.C5842
Sterling Heights	MI	48313	Amount of Each Receipt this Period
FEC ID number of contr federal political committee			440.00
Name of Employer Health Alliance Plan	Occup AVP (	oation Claim Operation	Receipt
Receipt For:		gate Year-to-Date <b>V</b>	
Primary Other (specify) ▼	General	440.00	Payroll Deduction: (40.00-/Bi-Weekly)
SUBTOTAL of Receipts T	l		962.50

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 28 (check only one)    X
0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persidress 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) Michelle Lang			Date of Receipt
	Mailing Address 48616 Dunn Court			02 09 2009
	City	State MI	Zip Code	Transaction ID: 90212.C5826
	Macomb  FEC ID number of contributing federal political committee.	C	48044	Amount of Each Receipt this Period 170.50
	Name of Employer Health Alliance Plan	Occupation	n ordination of Benefits	Receipt
	Receipt For:  Primary General  Other (specify)		Year-to-Date ▼ 201.50	Payroll Deduction: (15.50-/Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Sandra Ledesma			Date of Receipt
	Mailing Address 22429 Provincial St	02 09 2009		
	City	State	Zip Code	Transaction ID: 90212.C5810
	Trenton	MI	48183	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		450.00
	Name of Employer Health Alliance Plan	Occupation Manager		Receipt
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		450.00	Payroll Deduction: (450.0- 0/Bi-Weekly
	Full Name (Last, First, Middle Initial) Annette Marcath	Date of Receipt		
	Mailing Address 55261 Ester Dr			02 09 2009
	City	State	Zip Code	Transaction ID: 90212.C5814
	Shelby Township	MI	48315-1035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Health Alliance Plan	Occupation Project M	Manager	Receipt
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	Payroll Deduction: (300.0- 0/Bi-Weekly
Γ.	SUBTOTAL of Receipts This Page (optional)			920.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 28 (check only one)    X		
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	Inot be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC					
Full Name (Last, First, Middle Initial) Olivia Massey			Date of Receipt		
	Mailing Address 22710 Glastonbury Gate				
City Southfield	State MI	Zip Code 48034	0 3 0 6 2 0 0 9  Transaction ID: 90708.C5961  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		300.00		
Name of Employer Health Alliance Plan	Occupation Supervise		Receipt		
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 300.00	Payroll Deduction: (300.0- 0/Bi-Weekly		
Full Name (Last, First, Middle Initial) Anita Moliterno			Date of Receipt		
Mailing Address 1344 Winding Ridge Di	02 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Grand Blanc	State MI	Zip Code 48439-7566	Transaction ID: 90708.C5888  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		200.00		
Name of Employer Health Alliance Plan	Occupation General I		Receipt		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 200.00	Payroll Deduction: (20.00-/Bi-Weekly)		
Full Name (Last, First, Middle Initial) Vincent Pawloske			Date of Receipt		
Mailing Address 5450 Sandlewood Court			02 09 2009		
City	State	Zip Code	Transaction ID: 90212.C5845		
Waterford  FEC ID number of contributing federal political committee.	C	48329	Amount of Each Receipt this Period  220.00		
Name of Employer Health Alliance Plan	Occupation Associate	n e Director Finance	Receipt		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	Payroll Deduction: (20.00-/Bi-Weekly )		
SUBTOTAL of Receipts This Page (optional)			720.00		
TOTAL This Period (last page this line number of	onlv)	·			

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for each	parate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 15 / 28 (check only one)  X 11a 11b 11c 12 13 14 15 16
C C	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be solo e name and address of any	d or used by any persor political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	Health Alliance Plan PAC			_
	Full Name (Last, First, Middle Initial) Christopher Pike			Date of Receipt
	Mailing Address 1657 Wilmington Ct			02 / 09 / 2009
	City Rochester	State Zip Co MI 48309		Transaction ID: 90212.C5815  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		550.00
	Name of Employer Health Alliance Plan	Occupation  AVP - Information	Tech Supp	Receipt
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Da	tte ▼ 550.00	Payroll Deduction: (50.00- /Bi-Weekly )
_	Full Name (Last, First, Middle Initial) Rachel Powell			Date of Receipt
	Mailing Address 543 Thurber			02 09 2009
	City	State Zip Co		Transaction ID: 90212.C5828
	Troy	MI 48085	-4827	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		220.00 Receipt
	Name of Employer Health Alliance Plan	Occupation Dir - Encounter/Cla	aim Accuracy	neceipi
	Receipt For: Primary General	Aggregate Year-to-Da	ite 🔻	
	Other (specify)		220.00	Payroll Deduction: (20.00- /Bi-Weekly )
	Full Name (Last, First, Middle Initial) Richard Precord			Date of Receipt
	Mailing Address 150 Shorewood Lane			02 09 2009
	City	State Zip Co		Transaction ID: 90212.C5827
	Howell	MI 48843	· · · · · · · · · · · · · · · · · · ·	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		170.50
	Name of Employer Health Alliance Plan	Occupation Director		Receipt
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Da	201.50	Payroll Deduction: (15.50-/Bi-Weekly )
	SUBTOTAL of Receipts This Page (optional)	•		940.50

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for each ca	te schedule(s) tegory of the mmary Page	FOR LINE NUMBER: PAGE 16 / 28 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Health Alliance Plan PAC	tatements may not be sold or name and address of any po	used by any person litical committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
. <u>/</u>	Full Name (Last, First, Middle Initial) Patricia R. Richards			Date of Receipt
	Mailing Address 23 Turnberry Ln.			02 09 2009
	City Dearborn	State Zip Code MI 48120		Transaction ID: 90212.C5846
	FEC ID number of contributing federal political committee.	C 46120		Amount of Each Receipt this Period  1100.00
	Name of Employer Health Alliance Plan	Occupation Sr. Vice President & 0	000	Receipt
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	1100.00	Payroll Deduction: (100.0- 0/Bi-Weekly
	Full Name (Last, First, Middle Initial) Dianna Ronan			Date of Receipt
	Mailing Address 2156 Cumberland			02 09 2009
	City	State Zip Code		Transaction ID: 90212.C5817
	Brighton	MI 48114		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		880.00 Receipt
	Name of Employer Health Alliance Plan	Occupation VP - Financial Service		-
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	880.00	Payroll Deduction: (80.00-/Bi-Weekly )
	Full Name (Last, First, Middle Initial) Diane Slon			Date of Receipt
	Mailing Address 31646 Robinhood Driv	е		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: 90212.C5848
	Franklin	MI 48025		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		220.00 Receipt
	Name of Employer Health Alliance Plan	Occupation Director, MBI		Тообрі
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	220.00	Payroll Deduction: (20.00-/Bi-Weekly )
	SUBTOTAL of Receipts This Page (optional)		<b>.</b>	2200.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 28 (check only one)  X 11a 11b 11c 12  13 14 15 16
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	Health Alliance Plan PAC		
	Full Name (Last, First, Middle Initial) Mary Clare Solky		Date of Receipt
	Mailing Address 30387 Windingbrook		02 09 2009
	City Farmington	State Zip Code MI 48334	Transaction ID: 90212.C5818  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	220.00
	Name of Employer Health Alliance Plan	Occupation Director, CBHM	Receipt
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 260.00	Payroll Deduction: (20.00-/Bi-Weekly)
	Full Name (Last, First, Middle Initial) Ronald R. Stallworth		Date of Receipt
	Mailing Address 8121 Agnes		02 09 2009
	City	State Zip Code	Transaction ID: 90212.C5825
	Detroit FEC ID number of contributing federal political committee.	MI 48214	Amount of Each Receipt this Period 440.00
	Name of Employer Health Alliance Plan	Occupation VP - Government Affairs	Receipt
	Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 520.00	Payroll Deduction: (40.00-/Bi-Weekly)
	Full Name (Last, First, Middle Initial) Ronald M Torakis		Date of Receipt
	Mailing Address 19031 Wayne Rd.		02 17 2009
	City Livonia	State Zip Code MI 48152	Transaction ID: 90708.C5851
	FEC ID number of contributing federal political committee.	C 40132	Amount of Each Receipt this Period  550.00
	Name of Employer Health Alliance Plan	Occupation AVP-Labor Relations	Receipt
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Γ,	SUBTOTAL of Receipts This Page (optional) .	1	1210.00

SCHEDULE A (FEC I	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 28 (check only one)    X   11a
Any information copied from such or for commercial purposes, other NAME OF COMMITTEE (In	r than using the name and a	ay not be sold or used by any pers ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Health Alliance Plan PAG	•		_
Full Name (Last, First, Middle Daniel Trim			Date of Receipt
Mailing Address 921 June	au Rd.		02 09 7 2009
City Ypsilanti	State MI	Zip Code 48198-6323	Transaction ID: 90212.C5840  Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.	g C		440.00
Name of Employer Health Alliance Plan	Occupati Mgr - T	ion ech Support/Comp Op	Receipt
Receipt For:  Primary Gene  Other (specify) ▼		te Year-to-Date ▼ 440.00	Payroll Deduction: (40.00-/Bi-Weekly )
Full Name (Last, First, Middle Randy Walker	Initial)		Date of Receipt
Mailing Address 25474 Ed	lge Mont		02 09 2009
City	State	Zip Code	Transaction ID: 90212.C5838
Southfield	MI	48034	Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.	g <b>C</b>		880.00
Name of Employer Health Alliance Plan	Occupati SVP - H		Receipt
Receipt For:		te Year-to-Date ▼	
Primary Gene Other (specify) ▼	·al	880.00	Payroll Deduction: (80.00-/Bi-Weekly )
Full Name (Last, First, Middle Karen Wintringham	Initial)		Date of Receipt
Mailing Address 2846 Phe	easant Ring Dr		02 09 2009
City	State	Zip Code	Transaction ID: 90212.C5839
Rochester  FEC ID number of contributin	MI g	48309-2857	Amount of Each Receipt this Period 220,00
federal political committee.	g <b>C</b>		
Name of Employer Health Alliance Plan		lical Programs	Receipt
Receipt For:  Primary Gene  Other (specify) ▼		te Year-to-Date ▼ 220.00	Payroll Deduction: (20.00-/Bi-Weekly)
SURTOTAL of Receipts This P	age (optional)		1540.00

SCHEDULE B (FEC Form 3X)	Use separate scr	nedule(s)	-	NUMBER:	PAGE 19/28
TEMIZED DISBURSEMENTS		of the	(check only 21b 27	7 one) 22 X 23 28a 28k	24 25 28c 29
Any Information copied from such Reports and or for commercial purposes, other than using the					
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC	e name and address of any	y pontical cor	Timilities to 30	ilett contributions	TOTAL SOCIAL CONTINUES
Full Name (Last, First, Middle Initial) Americas Leadership PAC				Transaction I Date of Disbu	D: 90708.E257 rsement
Mailing Address 607 14th St NW St	e 800			0 5 /	22 7 2009
City Washington	State Zip Co DC 2000	ode 5-2005		Amount of Ea	ch Disbursement this Perio
Purpose of Disbursement DIRECT CONTRIBUTION					500.00
Candidate Name AMERICAS LEADERSHIP PAC			Category/ Type		
Senate President	Primary (X) Other (specify)	009 General		DIRECT CO	NTRIBUTION
State: District: A  Full Name (Last, First, Middle Initial)	NNUAL/OTHER			Transaction	<b>D:</b> 90708.E239
Levin for Congress				Date of Disbu	rsement
Mailing Address 209 Pennsylvania	Ave SE			0 3 4	24
City Washington	State Zip Co	ode 3-1107		Amount of Ea	ch Disbursement this Perio
Purpose of Disbursement DIRECT CONTRIBUTION			• • •		1000.00
Candidate Name SANDER M LEVIN		C	Category/ Type		
Office Sought:    X   House   Discription		010 General		DIRECT CO	ntribution
Full Name (Last, First, Middle Initial) Candice Miller for Congress				Date of Disbu	
Mailing Address PO Box 182152				05	26 4 2009
City Utica	State Zip Co MI 4831	ode 8-2152		Amount of Ea	ch Disbursement this Perio
Purpose of Disbursement DIRECT CONTRIBUTION					1500.00
Candidate Name CANDICE S. MILLER		C	Category/ Type		
Office Sought:    X   House   District: 10		010 General		DIRECT CO	NTRIBUTION
SUBTOTAL of Disbursements This Page (op	tional)				3000.00
	er only)				3000.00

<b>ITEM</b>			3X)	Use sepa	rate schedule(s)		R LINE			_	PAGE 2	
	IIZED DI	SBURSEMEN	TS	for each o	category of the Summary Page	(cne	eck only 21b 27	one) 22 28a	23 28b	24 280	2 X 2	
		ed from such Reports rposes, other than using										
NAI	<u> </u>	MITTEE (In Full)	9									
		First, Middle Initial) lican Campaign Co	ommittee						action II	<b>D:</b> 9070 sement	8.E253	
Mai	iling Address	P.O. Box 12023	3					0 <sup>M</sup> 4	M / D	30 /	y žo	0 9 °
City Lar	y nsing		St N	ate 11	Zip Code 48933-			Amou	nt of Eac	h Disburs		
DIR	rpose of Disbu										1000	.00
	ndidate Name	House	Disbursem	ent For:	2009	Catego Type	•					
Oili	ice Sought.	Senate President	X	Primary Other (spe	General							
	l Name (Last,	District: First, Middle Initial)	ANNUAL	OTHER				Trans	action II	<b>D</b> : 9021	2.E232	
	shop Majorit	y Fund  702 N. Hayford							of Disbur		Ý Ž0	ý 9 <sup>°</sup>
City				ate	Zip Code			Amou	nt of Eac	h Disburs	sement th	is Perio
Lar Pur	nsing rpose of Disbu		M		48912-		_				1000	.00
Lar Pur DIR	nsing					Catego Type					1000	.00
Lar Pur DIR Car	nsing rpose of Disbu RECT CONTF ndidate Name ice Sought:	House Senate President	Disbursem F X (	ent For: Primary Other (spe	2009 General	Catego Type					1000	.00
Lar Pur DIR Car Offi Stat	rpose of Disbu RECT CONTF Indidate Name lice Sought: I Name (Last,	House Senate	Disbursem	ent For: Primary Other (spe	2009 General			Date o	f Disbur			.00
Lar Pur DIR Car Offii Stat	rpose of Disbu RECT CONTF Indidate Name lice Sought: I Name (Last,	House Senate President District: First, Middle Initial)	Disbursem F X (	ent For: Primary Other (spe	2009 General			Date o		sement	08.E242	.00 0 9
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Lar Pur DIR Car Offii Stat Full The Maii City Lar Pur DIR	rpose of Disburger CONTENTION	House Senate President District: First, Middle Initial) Leadership Fund PO Box 16292	Disbursem  F X (  ANNUAL	ent For: Primary Other (sper /OTHER	2009 General cify)   Zip Code	Туре		Date o	of Disbur	sement 0 6	08.E242 Y Ž 0	ý 9 <sup>Y</sup> is Perio
Stat Full Car Offi  Stat Full The City Lar Pur DIR Car	rpose of Disburger CONTENTION of the Content of the	House Senate President District: First, Middle Initial) Leadership Fund PO Box 16292	Disbursem  X (  ANNUAL	ent For: Primary Other (sper /OTHER	2009	Туре	iry/	Date o	of Disbur	sement 0 6	08.E242 Y 2 0 sement th	ý 9 <sup>Y</sup> is Perio
Stat Full Car Offi  Stat Full The City Lar Pur DIR Car	rpose of Disburger CONTF andidate Name lice Sought:  I Name (Last, e Granholm liling Address yr nsing rpose of Disburger CONTF andidate Name lice Sought:	House Senate President District: First, Middle Initial) Leadership Fund PO Box 16292	Disbursem  ANNUAL  Disbursem	ent For: Primary Other (specification) ate II  ent For: Primary Other (specification)	2009	Type	iry/	Date o	of Disbur	sement 0 6	08.E242 Y 2 0 sement th	ý 9 <sup>Y</sup> is Perio

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T	EMIZED DIS	SBURSEMEN	ITS		category of the Summary Page			21b 27	22 28a		23 28b	24 28		25 29	
		ed from such Reports													3
$\rangle$	NAME OF COMP Health Alliance	, ,													
	•	First, Middle Initial)							Trans	saction	on ID:	907	08.E2	49	
	The Granholm	Leadership Fund								of Di	sburs	ement	V	/ · V ·	V
	Mailing Address	PO Box 16292							0 4	,	1	6 /	2	o ŏ s	)
	City			tate //I	Zip Code 48901-6292				Amou	ınt of	Each	Disbur	semer	nt this F	Perio
	Lansing Purpose of Disbu	ırsement	IN.	/11	40901-0292	_	0						10	00.00	)
	DIRECT CONTR														
	Candidate Name						itego Type								
	Office Sought:	House Senate President		nent For: Primary Other (spe	2009 General										
	State:	District:	ANNUAL	/OTHER											
		First, Middle Initial) Leadership Fund							Date	of Di	sburs	907 ement			
	Mailing Address	PO Box 16292							0 <sup>M</sup> 4	M /	<sup>D</sup> 1	<b>4</b> /	YZ	o ŏ s	) Y
	City Lansing			tate ⁄/I	Zip Code 48901-6292				Amou	ınt of	Each	Disbur	semer	nt this F	Perio
	Purpose of Disbu						0		L.				-50	00.00	)
	Candidate Name						tego Type	-							
	Office Sought:	House Senate President		nent For: Primary Other (spe	2009 General										
_	State:	District:	ANNUAL	/OTHER											
	, .	First, Middle Initial) Ity Democratic Pa	rty						Date	of Di	sburs	907 ement			
	Mailing Address	5046 Davison	Road						0 <sup>M</sup> 4	M /	<sup>D</sup> 1	6	YZ	0 0 5	) <sup>*</sup>
	City Burton			tate ∕II	Zip Code 48509-				Amou	ınt of	Each	Disbur			
	Purpose of Disbu						v		L.	_			7	50.00	)
	Candidate Name						tego Type								
	Office Sought:	House Senate President		nent For: Primary Other (spe	2009 General		•								
	State:	District:	ANNUAL		•										

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	(check onl	E NUMBER: PAGE 22 / 28
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)			Transaction ID: 90708.E263
Coulouris Leadership Fund  Mailing Address PO Box 2005			Date of Disbursement  O 6
City	State Zip Code		Amount of Each Disbursement this Period
Saginaw	MI 48605-2005		1000.00
Purpose of Disbursement DIRECT CONTRIBUTION			1000.00
Candidate Name		Category/ Type	
Senate President	sement For: 2009 Primary General X Other (specify)		
State: District: ANNU Full Name (Last, First, Middle Initial)	JAL/OTHER		
Angerer Leadership Fund			Transaction ID: 90212.E231 Date of Disbursement
Mailing Address PO Box 10025			$\begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} 0 & 1 & 1 \\ 1 & 1 & 1 \end{bmatrix} / \begin{bmatrix} 0 & 1 & 1 \\ 1 & 2 & 0 & 0 \\ 0 & 0 & 1 \end{bmatrix}$
City Lansing	State Zip Code MI 48901-0025		Amount of Each Disbursement this Perio
Purpose of Disbursement DIRECT CONTRIBUTION			1000.00
Candidate Name		Category/ Type	
Senate President	sement For: 2009 Primary General X Other (specify) ▼ JAL/OTHER		
Full Name (Last, First, Middle Initial)  Joan Bauer for State Representative			Transaction ID: 90708.E262 Date of Disbursement
Mailing Address 3105 S Martin Luther K	ing Jr Blvd		$\begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 0 & 0 & 0 \end{bmatrix}$
City Lansing	State Zip Code MI 48910-2939		Amount of Each Disbursement this Perio
Purpose of Disbursement DIRECT CONTRIBUTION			100.00
Candidate Name		Category/ Type	
Senate President	sement For: 2010 Primary X General Other (specify) ▼		
State: District:			
			2100.00

Any Informor for com  NAME Healt  Full N Com  Mailin  City Detro Purpo DIRE	mation copie mmercial pur E OF COMN Ith Alliance Name (Last, I mittee to E	d from such Reports poses, other than using MITTEE (In Full) Plan PAC  First, Middle Initial) Elect Dave Bing, M P.O. Box 31-00	and Statemer and the name a	for each of Detailed S		d by an		22 28a for the pu licit contr	ibutions t		contribution committee	
Full N Com Mailin City Detro Purpo DIRE	mmercial pur E OF COMM th Alliance Name (Last, I mittee to E ng Address oit ose of Disbu	poses, other than using poses, other than using plan PAC  First, Middle Initial)  Elect Dave Bing, N	ng the name a				y person	for the pu licit contr	rpose of ibutions	soliciting ( from such	contribution committee	ns
Full N Com Mailin City Detro Purpo DIRE	E OF COMMITTED IN THE PROPERTY OF COMMITTED I	MITTEE (In Full) Plan PAC First, Middle Initial) Elect Dave Bing, M	Mayor 058	nd addres	ss of any political	comm	ittee to so					
Full N Com Mailin City Detro Purpo DIRE	Name (Last, Inmittee to Eng Address  oit ose of Disbu	Plan PAC  First, Middle Initial)  Elect Dave Bing, M	)58					Trans	action II	<b>D</b> : 9070	8.E245	
Com  Mailin  City  Detro  Purpo  DIRE	nmittee to E	Elect Dave Bing, M	)58					Trans	action II	<b>)</b> : 9070	8.E245	
City Detro Purpo DIRE	oit ose of Disbu	P.O. Box 31-00							of Disbur	sement	-	
Detro Purpo DIRE	ose of Disbu		<u> </u>					0 <sup>M</sup> 4	M / D	07	Ý ŽOŎ	9 <sup>Y</sup>
DIRE			St M	ate II	Zip Code 48231-			Amou	nt of Eac	h Disburs	ement this	
Cand	.01 0011111	rsement IBUTION									2500.0	0
	lidate Name						egory/ vpe					
Office	e Sought:	House Senate President	Х	Primary Other (spe	2009 General							
State:		District:	SPECIAL									
	•	First, Middle Initial) Elect Dave Bing, M	Mayor						<b>action II</b> of Disbur	D: 9070 sement	8.E251	
Mailin	ng Address	P.O. Box 31-00	)58					0 4	M / D	2 <sup>D</sup> /	žoŏ	9 <sup>Y</sup>
City Detro	oit		St M	ate	Zip Code 48231-			Amou	nt of Eac	h Disburs	ement this	Period
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Candi	lidate Name						egory/ vpe					
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State:		District: First, Middle Initial)	SPECIAL	•								
	•	for Senate						Date	of Disbur			· V
Mailin	ng Address	PO Box 1821						0 <sup>M</sup> 4		29	žoŏ	9
City East	Lansing		St M	ate II	Zip Code 48826-1821			Amou	nt of Eac	h Disburs	ement this	
DIRE	ose of Disbu CT CONTR							L.			250.0	Ü
	lidate Name						egory/ vpe					
Office State:	e Sought:	House Senate President District:		ent For: Primary Other (spe	2010 General cify) ▼							
		ursements This Page								•	3500.0	

	CHEDULE B (FEC Form 3X	' Use se	eparate schedule(s)	Ì			NUMBE	R:		P	AGE 2	4 / 28	}
IT	EMIZED DISBURSEMENTS	for eac Details	ch category of the ed Summary Page			eck onl 21b 27	22 28a		23 28b	24 28c	X 2		26 30b
	ny Information copied from such Reports and for commercial purposes, other than using t												
	NAME OF COMMITTEE (In Full)  Health Alliance Plan PAC												
<b>A</b> .	Full Name (Last, First, Middle Initial) Committee for Ken Cockrel Jr.								sburse		3.E244		
	Mailing Address PO Box 32708						0 <sup>M</sup> 4	М	0	7 /	ž 0	ŏ́9Ť	
	City Detroit	State MI	Zip Code 48232-0708				Amou	ınt o	Each	Disburs			riod
	Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name					- m /	L.		•	• •	5000	.00	
		Disbursement For	·: 2009		ateg Typ	-							
	Senate President	Primary X Other (s	General										
		SPECIAL											
В.	Full Name (Last, First, Middle Initial) Marc Corriveau for State Represent	ative					Date		on ID: sburse	90212 ement			<b>/</b>
	Mailing Address PO Box 5251						0 <sup>M</sup> 2	IVI	0	6 ′	20	ŏ9	
	City Northville	State MI	Zip Code 48167-5251				Amou	ınt o	Each	Disburs			riod
	Purpose of Disbursement DIRECT CONTRIBUTION										500	.00	
	Candidate Name				ateg Typ	•	-						
	Office Sought: House Senate President State: District:	X Primary Other (s											
С.	Full Name (Last, First, Middle Initial) Committee to Elect Marie Donigan								on ID: sburse	90708 ment	3.E237	'	
	Mailing Address 503 Poplar Ave						0 <sup>M</sup> 3	М	1	3 /	ž0	ŏ́9Ť	
	City Royal Oak	State MI	Zip Code 48073-5117				Amou	ınt o	Each	Disburs		-	riod
	Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name							•			200	0.00	
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	Full Name (Last, F Durhal 2008 Co	First, Middle Initial)									on ID:		8.E256	3	
M	Mailing Address	5440 Cass Ave							0 <sup>M</sup> 5	M /	<sup>D</sup> 1	<sup>D</sup> /	Ý Ž0	ŏ9	(
	City Detroit		St M	ate 11	Zip Code 48202-3693				Amo	unt of	Each	Disburs	ement ti		rio
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	Robert A. Ficar								Date	of Dis	burse	ment	8.E259		
N	Mailing Address	PO Box 321123	}						0 <sup>M</sup> 5	<b>i</b> /	<sup>D</sup> 2	6 /	Ý Ž0	δ9	
	City Detroit		St M	ate II	Zip Code 48232-1123				Amo	unt of	Each	Disburs	ement t	his Pe	rio
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N	Mailing Address	PO Box 13036							0 6	M /	<sup>D</sup> 2	2 /	y žo	δ9	
	Dity Lansing		St M	ate 	Zip Code 48901-3036				Amo	unt of	Each	Disburs	ement t		rio
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	y Information copied from such Reports and S or commercial purposes, other than using the				person f	or the pu	rpose	of sol	iciting o	contrib	utions	
$\rangle$	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC											
	Full Name (Last, First, Middle Initial) Hardiman for State Senate Cmte  Mailing Address PO Box 1669						of Dis	n ID: burser			61 0 ŏ 9	Y
	City Grand Rapids	State MI	Zip Code 49501-1669			Amou	nt of	Each [	Disburs	ement	this P	eriod
	Purpose of Disbursement DIRECT CONTRIBUTION	IVII	49301-1009	·						12	25.00	
	Candidate Name  Office Sought: House Dis	sbursement For:	2010	Cate Ty <sub>l</sub>								
	Senate President State: District:	X Primary Other (spec	General									
	Full Name (Last, First, Middle Initial) Jim Marleau for State Representative					Date of		burse	9070 ment			Y
	Mailing Address 3181 Sandoval Dr					0 5		1		2	0 ŏ 9	_
	City Lake Orion	State MI	Zip Code 48360-1548			Amou	nt of	Each [	Disburs		this P	erio
	Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name			Cate	gory/				•	10	0.00	
	Office Sought:  Senate President  State:  Dis	sbursement For:  X Primary Other (spec	2010 General cify)	Туן								
	Full Name (Last, First, Middle Initial) Mark Meadows for State Representat	ive				Date o	of Dis	burse				
	Mailing Address PO Box 4041					0 2	M /	<sup>D</sup> 0	6 /	ž	0 ŏ 9	
	City East Lansing	State MI	Zip Code 48826-4041			Amou	nt of	Each [	Disburs			erio
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		sbursement For:  X Primary	2010 General									
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 27 / 28 (check only one)			
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 28a 28b	24 25 26 28c X 29 36	
ny Information copied from such Reports and Stater r for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC					
Full Name (Last, First, Middle Initial) John B. OReilly Committee for Mayor			Transaction ID: 9 Date of Disburseme	ent	
Mailing Address 601 Crescent Dr			$\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix}$	<sup>'</sup> 2009 <sup>'</sup>	
City Dearborn	State Zip Code MI 48124-1244		Amount of Each Dis	sbursement this Period	
Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name				500.00	
		Category/ Type			
Senate X President	ement For: 2009 Primary General Other (specify)				
State: District:  Full Name (Last, First, Middle Initial)  Friends of Kate Segal			Transaction ID: 9 Date of Disburseme		
Mailing Address 108 Pinehurst Ln			$\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix}$	2009	
City Battle Creek	State Zip Code MI 49015-9400		Amount of Each Dis	sbursement this Period	
Purpose of Disbursement DIRECT CONTRIBUTION				250.00	
Candidate Name		Category/ Type			
	ement For: 2010 Primary General Other (specify)				
Full Name (Last, First, Middle Initial) Friends to Elect Dian Slavens			Transaction ID: 9 Date of Disburseme		
Mailing Address PO Box 871212			03 / 16	Y 2009	
City Canton	State Zip Code MI 48187-6212		Amount of Each Dis	sbursement this Period	
Purpose of Disbursement DIRECT CONTRIBUTION		* * *		175.00	
Candidate Name		Category/ Type			
Senate X President	ement For: 2010 Primary General Other (specify)				
State: District:					
SUBTOTAL of Disbursements This Page (optional)		<u></u>		925.00	
TOTAL This Period (last page this line number only		•		( Form 3X) (Revised 0	

SCHEDOLE B (I LC I OHII 3X)	Use separate schedule(s)	(check onli	NUMBER: v one)	PAGE 28/28	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 28a 28b	24 25 28c X 29	
Any Information copied from such Reports and State or for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)					
Health Alliance Plan PAC					
Full Name (Last, First, Middle Initial) Friends of Jon Switalski			Transaction ID: 90708.E233 Date of Disbursement		
Mailing Address 31705 Forest Ln			02 2	3 7 2009	
City Warren	State         Zip Code           MI         48093-5586		Amount of Each	Disbursement this Period	
Purpose of Disbursement DIRECT CONTRIBUTION		• •		300.00	
Candidate Name		Category/ Type			
ÿ H I F	sement For: 2010  X Primary General  Other (specify) ▼				
Full Name (Last, First, Middle Initial)			Transaction ID:	90708.E234	
Friends of Rashida Tlaib			Date of Disburse	ement 2 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address PO Box 9830			03 0	2009	
City Detroit	State         Zip Code           MI         48209-9830		Amount of Each	Disbursement this Period	
Purpose of Disbursement DIRECT CONTRIBUTION				150.00	
Candidate Name		Category/ Type			
	sement For: 2010  X Primary General  Other (specify) ▼				
Full Name (Last, First, Middle Initial) Friends of Mary Valentine			Transaction ID: Date of Disburse	ement	
Mailing Address P.O. Box 421			04 1	6 Y 2009	
City Muskegon	State Zip Code MI 49443-		Amount of Each	Disbursement this Period	
Purpose of Disbursement DIRECT CONTRIBUTION			L	200.00	
Candidate Name		Category/ Type			
Senate President	sement For: 2010  X Primary General  Other (specify)				
State: District:					
SUBTOTAL of Disbursements This Page (optional	)	<u></u>		650.00	
TOTAL This Period (last page this line number onl	y)			20550.00	