

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Health Alliance Plan PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 2 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| | 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>0</td><td>9</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 9 | | 48773.68 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 9 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 54512.45 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 18558.94 | 24311.10 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 73071.39 | 73084.78 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 23704.39 | 23717.78 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 49367.00 | 49367.00 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY 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 | 2 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| 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) | 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 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 18558.94 | 24311.10 |
| 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)) | 18558.94 | 24311.10 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 18558.94 | 24311.10 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

| 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) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal 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 Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 3000.00 | 3000.00 |
| 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..... | 20550.00 | 20550.00 |
| 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)).. | 23704.39 | 23717.78 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 23704.39 | 23717.78 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 18558.94 | 24311.10 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 18558.94 | 24311.10 |
| 36. 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 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Scott Allen</p> <p>Mailing Address 3066 Richmond Dr</p> <p>City State Zip Code Clarkston MI 48348-5063</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Health Alliance Plan Occupation: Assoc Dir, Labor Affairs</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 220.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 9</p> <p>Transaction ID: 90212.C5849</p> <p>Amount of Each Receipt this Period 220.00</p> <p>Receipt</p> <p>Payroll Deduction: (20.00- /Bi-Weekly)</p> |
|---|--|

| | |
|--|--|
| <p>B. Full Name (Last, First, Middle Initial) Angela K. Branch</p> <p>Mailing Address 81 Atkinson</p> <p>City State Zip Code Detroit MI 48202</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Health Alliance Plan Occupation: Dir - Customer Retention & Edu</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 227.50</p> | <p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 9</p> <p>Transaction ID: 90212.C5795</p> <p>Amount of Each Receipt this Period 192.50</p> <p>Receipt</p> <p>Payroll Deduction: (17.50- /Bi-Weekly)</p> |
|--|--|

| | |
|--|---|
| <p>C. Full Name (Last, First, Middle Initial) John D. Calabria</p> <p>Mailing Address 2030 Brinston Drive</p> <p>City State Zip Code Troy MI 48083</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Health Alliance Plan Occupation: Assoc Med Dir</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 550.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9</p> <p>Transaction ID: 90708.C5853</p> <p>Amount of Each Receipt this Period 550.00</p> <p>Receipt</p> |
|--|---|

| | |
|--|--|
| SUBTOTAL of Receipts This Page (optional) | 962.50 |
| 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 / 28 |
| | <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) Richard Chaney | Date of Receipt MM / DD / YYYY 02 / 09 / 2009 |
| | Mailing Address 16555 Shaftsbury Ave | Transaction ID: 90212.C5850 |
| | City State Zip Code Detroit MI 48219-4011 | Amount of Each Receipt this Period 275.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Health Alliance Plan Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 325.00 | Payroll Deduction: (25.00- /Bi-Weekly) |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Jonathan W. Clement | Date of Receipt MM / DD / YYYY 02 / 09 / 2009 |
| | Mailing Address 923 Westchester | Transaction ID: 90212.C5843 |
| | City State Zip Code Grosse Pointe MI 48230-1829 | Amount of Each Receipt this Period 440.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Health Alliance Plan Occupation VP - Underwriting & Rating Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 520.00 | Payroll Deduction: (40.00- /Bi-Weekly) |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) Kevin Coughlin | Date of Receipt MM / DD / YYYY 02 / 09 / 2009 |
| | Mailing Address 43119 Hanford Rd | Transaction ID: 90212.C5830 |
| | City State Zip Code Canton MI 48187-3335 | Amount of Each Receipt this Period 300.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Health Alliance Plan Occupation Manager, IS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 300.00 | Payroll Deduction: (300.0-0 /Bi-Weekly) |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 1015.00 |
| 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 8 / 28 |
| | <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) Mario DAgostino | Date of Receipt MM / DD / YYYY 03 / 06 / 2009 |
| | Mailing Address 47291 Northgate Drive | Transaction ID: 90708.C5959 |
| | City State Zip Code Canton MI 48188 | Amount of Each Receipt this Period 200.00 |
| | FEC ID number of contributing federal political committee. C | Receipt Payroll Deduction: (200.0-0/Bi-Weekly) |
| Name of Employer Health Alliance Plan | Occupation Director Employee Relations | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 200.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Gwendolyn Davenport | Date of Receipt MM / DD / YYYY 02 / 09 / 2009 |
| | Mailing Address 11372 Whitehill | Transaction ID: 90212.C5799 |
| | City State Zip Code Detroit MI 48224-1653 | Amount of Each Receipt this Period 203.50 |
| | FEC ID number of contributing federal political committee. C | Receipt Payroll Deduction: (18.50-/Bi-Weekly) |
| Name of Employer Health Alliance Plan | Occupation Dir - Credentialing Services | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 203.50 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Donald Davis | Date of Receipt MM / DD / YYYY 02 / 09 / 2009 |
| | Mailing Address 11417 Fellows Creek Drive | Transaction ID: 90212.C5800 |
| | City State Zip Code Plymouth MI 48170 | Amount of Each Receipt this Period 846.12 |
| | FEC ID number of contributing federal political committee. C | Receipt Payroll Deduction: (76.92-/Bi-Weekly) |
| Name of Employer Health Alliance Plan | Occupation VP - Human Res & Cust Rel | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 999.96 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1249.62 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 28
(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

A. Full Name (Last, First, Middle Initial)
Jody L. Doherty

Mailing Address 21115 Violet

City State Zip Code
Saint Clair Shores MI 48082

FEC ID number of contributing federal political committee. C

Name of Employer: Health Alliance Plan Occupation: Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 234.00

Date of Receipt 02 / 09 / 2009
Transaction ID: 90212.C5837

Amount of Each Receipt this Period 198.00

Receipt

Payroll Deduction: (18.00- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Jeanne Dunk

Mailing Address 1429 Iroquois

City State Zip Code
Detroit MI 48214

FEC ID number of contributing federal political committee. C

Name of Employer: Health Alliance Plan Occupation: Manager

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 06 / 2009
Transaction ID: 90708.C5911

Amount of Each Receipt this Period 250.00

Receipt

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: Health Alliance Plan Occupation: AVP - Technology & eBusiness D

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 02 / 09 / 2009
Transaction ID: 90212.C5841

Amount of Each Receipt this Period 330.00

Receipt

Payroll Deduction: (30.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) 778.00

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 10 / 28 |
| | <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) Gregory English | | Date of Receipt |
| | Mailing Address 17661 Bell Creek Ln | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| | City | State | Zip Code |
| | Livonia | MI | 48152-4404 |
| | FEC ID number of contributing federal political committee. | | <input type="text"/> C <input type="text"/> |
| Name of Employer Health Alliance Plan | | Occupation Mgr - Appl Dev/Bus Supp/Proj M | Transaction ID: 90212.C5832 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text"/> 300.00 | <input type="text"/> 300.00 |
| | | | Receipt |
| | | | Payroll Deduction: (300.0-0/Bi-Weekly) |

| | | | |
|---|--|----------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Laura Eory | | Date of Receipt |
| | Mailing Address 19090 Parkwood Ln | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| | City | State | Zip Code |
| | Brownstown Twp | MI | 48183-6804 |
| | FEC ID number of contributing federal political committee. | | <input type="text"/> C <input type="text"/> |
| Name of Employer Health Alliance Plan | | Occupation Sr Member Advocate | Transaction ID: 90212.C5833 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text"/> 550.00 | <input type="text"/> 550.00 |
| | | | Receipt |
| | | | Payroll Deduction: (550.0-0/Bi-Weekly) |

| | | | |
|---|--|--|---|
| C. | Full Name (Last, First, Middle Initial) Vincenzo G. Ferri | | Date of Receipt |
| | Mailing Address 726 S. Renaud | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| | City | State | Zip Code |
| | Grosse Pointe Wood | MI | 48236 |
| | FEC ID number of contributing federal political committee. | | <input type="text"/> C <input type="text"/> |
| Name of Employer Health Alliance Plan | | Occupation AVP - Bus Affiliations & Suppo | Transaction ID: 90212.C5834 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text"/> 429.00 | <input type="text"/> 429.00 |
| | | | Receipt |
| | | | Payroll Deduction: (39.00-/Bi-Weekly) |

| | |
|--|------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 1279.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 28
(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

A. Full Name (Last, First, Middle Initial)
Howard Flasch

Mailing Address 1459 N Rochester Rd

City State Zip Code
Oakland MI 48363-1630

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

Name of Employer Health Alliance Plan Occupation VP - Product Development

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 414.00

Date of Receipt MM / DD / YYYY
03 / 06 / 2009

Transaction ID: 90708.C5960

Amount of Each Receipt this Period 414.00

Receipt

Payroll Deduction: (46.00- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Jeanette H. Girty

Mailing Address 18246 Stoepel

City State Zip Code
Detroit MI 48221

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

Name of Employer Health Alliance Plan Occupation Dir - Client Svcs Operations

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 234.00

Date of Receipt MM / DD / YYYY
02 / 09 / 2009

Transaction ID: 90212.C5806

Amount of Each Receipt this Period 198.00

Receipt

Payroll Deduction: (18.00- /Bi-Weekly)

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

Mailing Address 25450 Constitution

City State Zip Code
Novi MI 48375-1763

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt MM / DD / YYYY
02 / 23 / 2009

Transaction ID: 90708.C5891

Amount of Each Receipt this Period 420.00

Receipt

Payroll Deduction: (42.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **1032.00**

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: PAGE 12 / 28
(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

A. Full Name (Last, First, Middle Initial)
Cynthia Hoffman

Mailing Address 5768 Whitehaven Dr

City State Zip Code
Troy MI 48085-3188

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

Name of Employer Health Alliance Plan Occupation Mgr - eCommerce & Tech Plannin

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt: 02 / 09 / 2009
Transaction ID: 90212.C5819
Amount of Each Receipt this Period: 330.00
Receipt
Payroll Deduction: (30.00- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mohammed Kanpurwala

Mailing Address 441 Sylvan Dr

City State Zip Code
Canton MI 48188-1596

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

Name of Employer Health Alliance Plan Occupation Dir - Underwriting/Ahl

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 227.50

Date of Receipt: 02 / 09 / 2009
Transaction ID: 90212.C5823
Amount of Each Receipt this Period: 192.50
Receipt
Payroll Deduction: (17.50- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Donald Kiefiuk

Mailing Address 39810 Karda

City State Zip Code
Sterling Heights MI 48313

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

Name of Employer Health Alliance Plan Occupation AVP Claim Operation

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt: 02 / 09 / 2009
Transaction ID: 90212.C5842
Amount of Each Receipt this Period: 440.00
Receipt
Payroll Deduction: (40.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 962.50

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 13 / 28 |
| | <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) Michelle Lang | Date of Receipt MM / DD / YYYY 02 / 09 / 2009 |
| | Mailing Address 48616 Dunn Court | Transaction ID: 90212.C5826 |
| | City State Zip Code Macomb MI 48044 | Amount of Each Receipt this Period 170.50 |
| | FEC ID number of contributing federal political committee. C | Receipt Payroll Deduction: (15.50- /Bi-Weekly) |
| Name of Employer Health Alliance Plan | Occupation Dir - Coordination of Benefits | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 201.50 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Sandra Ledesma | Date of Receipt MM / DD / YYYY 02 / 09 / 2009 |
| | Mailing Address 22429 Provincial St | Transaction ID: 90212.C5810 |
| | City State Zip Code Trenton MI 48183 | Amount of Each Receipt this Period 450.00 |
| | FEC ID number of contributing federal political committee. C | Receipt Payroll Deduction: (450.0- 0/Bi-Weekly) |
| Name of Employer Health Alliance Plan | Occupation Manager IT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 450.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Annette Marcath | Date of Receipt MM / DD / YYYY 02 / 09 / 2009 |
| | Mailing Address 55261 Ester Dr | Transaction ID: 90212.C5814 |
| | City State Zip Code Shelby Township MI 48315-1035 | Amount of Each Receipt this Period 300.00 |
| | FEC ID number of contributing federal political committee. C | Receipt Payroll Deduction: (300.0- 0/Bi-Weekly) |
| Name of Employer Health Alliance Plan | Occupation Project Manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 920.50 |
| 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: PAGE 14 / 28
(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

A. Full Name (Last, First, Middle Initial)
Olivia Massey

Mailing Address 22710 Glastonbury Gate

City State Zip Code
Southfield MI 48034

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

Name of Employer Health Alliance Plan Occupation Supervisor

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 06 / 2009
Transaction ID: 90708.C5961
Amount of Each Receipt this Period: 300.00
Receipt
Payroll Deduction: (300.00/Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Anita Moliterno

Mailing Address 1344 Winding Ridge Dr

City State Zip Code
Grand Blanc MI 48439-7566

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

Name of Employer Health Alliance Plan Occupation General Manager

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 02 / 23 / 2009
Transaction ID: 90708.C5888
Amount of Each Receipt this Period: 200.00
Receipt
Payroll Deduction: (200.00/Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Vincent Pawloske

Mailing Address 5450 Sandlewood Court

City State Zip Code
Waterford MI 48329

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

Name of Employer Health Alliance Plan Occupation Associate Director Finance

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 02 / 09 / 2009
Transaction ID: 90212.C5845
Amount of Each Receipt this Period: 220.00
Receipt
Payroll Deduction: (200.00/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 720.00

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: PAGE 15 / 28
(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

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

Mailing Address 1657 Wilmington Ct

City State Zip Code
Rochester MI 48309

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 02 / 09 / 2009
Transaction ID: 90212.C5815
Amount of Each Receipt this Period: 550.00
Receipt
Payroll Deduction: (50.00- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Rachel Powell

Mailing Address 543 Thurber

City State Zip Code
Troy MI 48085-4827

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

Name of Employer Health Alliance Plan Occupation Dir - Encounter/Claim Accuracy

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 02 / 09 / 2009
Transaction ID: 90212.C5828
Amount of Each Receipt this Period: 220.00
Receipt
Payroll Deduction: (20.00- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Richard Precord

Mailing Address 150 Shorewood Lane

City State Zip Code
Howell MI 48843

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

Name of Employer Health Alliance Plan Occupation Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 201.50

Date of Receipt: 02 / 09 / 2009
Transaction ID: 90212.C5827
Amount of Each Receipt this Period: 170.50
Receipt
Payroll Deduction: (15.50- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **940.50**

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 16 / 28 |
| | <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) Patricia R. Richards | Date of Receipt MM / DD / YYYY 02 / 09 / 2009 |
| | Mailing Address 23 Turnberry Ln. | Transaction ID: 90212.C5846 |
| | City State Zip Code Dearborn MI 48120 | Amount of Each Receipt this Period 1100.00 |
| | FEC ID number of contributing federal political committee. C | Receipt Payroll Deduction: (100.0-0/Bi-Weekly) |
| Name of Employer Health Alliance Plan | Occupation Sr. Vice President & COO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1100.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Dianna Ronan | Date of Receipt MM / DD / YYYY 02 / 09 / 2009 |
| | Mailing Address 2156 Cumberland | Transaction ID: 90212.C5817 |
| | City State Zip Code Brighton MI 48114 | Amount of Each Receipt this Period 880.00 |
| | FEC ID number of contributing federal political committee. C | Receipt Payroll Deduction: (80.00-/Bi-Weekly) |
| Name of Employer Health Alliance Plan | Occupation VP - Financial Services | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 880.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Diane Slon | Date of Receipt MM / DD / YYYY 02 / 09 / 2009 |
| | Mailing Address 31646 Robinhood Drive | Transaction ID: 90212.C5848 |
| | City State Zip Code Franklin MI 48025 | Amount of Each Receipt this Period 220.00 |
| | FEC ID number of contributing federal political committee. C | Receipt Payroll Deduction: (20.00-/Bi-Weekly) |
| Name of Employer Health Alliance Plan | Occupation Director, MBI | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 220.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2200.00 |
| 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: PAGE 17 / 28

(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)
Mary Clare Solky

Mailing Address 30387 Windingbrook Lane

City State Zip Code
Farmington MI 48334

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

Name of Employer Occupation
Health Alliance Plan Director, CBHM

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 9 / 2 0 0 9

Transaction ID: 90212.C5818

Amount of Each Receipt this Period

220.00

Receipt

Payroll Deduction: (20.00-
/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 ▼ 520.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 9 / 2 0 0 9

Transaction ID: 90212.C5825

Amount of Each Receipt this Period

440.00

Receipt

Payroll Deduction: (40.00-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Ronald M Torakis

Mailing Address 19031 Wayne Rd.

City State Zip Code
Livonia MI 48152

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

Name of Employer Occupation
Health Alliance Plan AVP-Labor Relations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: 90708.C5851

Amount of Each Receipt this Period

550.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1210.00

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 18 / 28 |
| | <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

A.

Full Name (Last, First, Middle Initial)
Daniel Trim

Mailing Address 921 Juneau Rd.

City Ypsilanti State MI Zip Code 48198-6323

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

Name of Employer Health Alliance Plan Occupation Mgr - Tech Support/Comp Op

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt 02 / 09 / 2009

Transaction ID: 90212.C5840

Amount of Each Receipt this Period 440.00

Receipt

Payroll Deduction: (40.00- /Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Randy Walker

Mailing Address 25474 Edge Mont

City Southfield State MI Zip Code 48034

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

Name of Employer Health Alliance Plan Occupation SVP - HCM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 880.00

Date of Receipt 02 / 09 / 2009

Transaction ID: 90212.C5838

Amount of Each Receipt this Period 880.00

Receipt

Payroll Deduction: (80.00- /Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Karen Wintringham

Mailing Address 2846 Pheasant Ring Dr

City Rochester State MI Zip Code 48309-2857

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

Name of Employer Health Alliance Plan Occupation VP Medical Programs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 02 / 09 / 2009

Transaction ID: 90212.C5839

Amount of Each Receipt this Period 220.00

Receipt

Payroll Deduction: (20.00- /Bi-Weekly)

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1540.00 |
| TOTAL This Period (last page this line number only) | ▶ | 14809.62 |

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 19 / 28

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" 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

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Americas Leadership PAC</p> <p>Mailing Address 607 14th St NW Ste 800</p> <p>City Washington State DC Zip Code 20005-2005</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name AMERICAS LEADERSHIP PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER</p> <p>State: District:</p> | <p>Transaction ID: 90708.E257 Date of Disbursement 05 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>DIRECT CONTRIBUTION</p> |
| <p>B. Full Name (Last, First, Middle Initial) Levin for Congress</p> <p>Mailing Address 209 Pennsylvania Ave SE</p> <p>City Washington State DC Zip Code 20003-1107</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name SANDER M LEVIN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MI District: 12</p> | <p>Transaction ID: 90708.E239 Date of Disbursement 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p> |
| <p>C. Full Name (Last, First, Middle Initial) Candice Miller for Congress</p> <p>Mailing Address PO Box 182152</p> <p>City Utica State MI Zip Code 48318-2152</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name CANDICE S. MILLER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MI District: 10</p> | <p>Transaction ID: 90708.E258 Date of Disbursement 05 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>DIRECT CONTRIBUTION</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

3000.00

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 20 / 28

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)
Senate Republican Campaign Committee

Mailing Address P.O. Box 12023

City Lansing State MI Zip Code 48933-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: District:

ANNUAL/OTHER

Transaction ID: 90708.E253

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Bishop Majority Fund

Mailing Address 702 N. Hayford

City Lansing State MI Zip Code 48912-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: District:

ANNUAL/OTHER

Transaction ID: 90212.E232

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
The Granholm Leadership Fund

Mailing Address PO Box 16292

City Lansing State MI Zip Code 48901-6292

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: District:

ANNUAL/OTHER

Transaction ID: 90708.E242

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)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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) The Granholm Leadership Fund Mailing Address PO Box 16292 City Lansing State MI Zip Code 48901-6292 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER | Transaction ID: 90708.E249 Date of Disbursement 04 / 16 / 2009 Amount of Each Disbursement this Period 1000.00 |
| B. | Full Name (Last, First, Middle Initial) The Granholm Leadership Fund Mailing Address PO Box 16292 City Lansing State MI Zip Code 48901-6292 Purpose of Disbursement VOID CHECK NOT USED Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER | Transaction ID: 90708.E247 Date of Disbursement 04 / 14 / 2009 Amount of Each Disbursement this Period -5000.00 |
| C. | Full Name (Last, First, Middle Initial) Genesee County Democratic Party Mailing Address 5046 Davison Road City Burton State MI Zip Code 48509- Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER | Transaction ID: 90708.E248 Date of Disbursement 04 / 16 / 2009 Amount of Each Disbursement this Period 750.00 |

| | |
|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) | -3250.00 |
| 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 22 / 28

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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) Coulouris Leadership Fund Mailing Address PO Box 2005 City Saginaw State MI Zip Code 48605-2005 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER | Transaction ID: 90708.E263 Date of Disbursement 06 / 19 / 2009 Amount of Each Disbursement this Period 1000.00 |
| B. | Full Name (Last, First, Middle Initial) Angerer Leadership Fund Mailing Address PO Box 10025 City Lansing State MI Zip Code 48901-0025 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER | Transaction ID: 90212.E231 Date of Disbursement 02 / 11 / 2009 Amount of Each Disbursement this Period 1000.00 |
| C. | Full Name (Last, First, Middle Initial) Joan Bauer for State Representative Mailing Address 3105 S Martin Luther King Jr Blvd City Lansing State MI Zip Code 48910-2939 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90708.E262 Date of Disbursement 06 / 19 / 2009 Amount of Each Disbursement this Period 100.00 |

SUBTOTAL of Disbursements This Page (optional) ▶

2100.00

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 23 / 28

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ SPECIAL | Transaction ID: 90708.E245 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 2500.00 |

| | |
|--|--|
| B. 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 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ SPECIAL | Transaction ID: 90708.E251 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 750.00 |

| | |
|--|--|
| C. Full Name (Last, First, Middle Initial) Hansen Clarke for Senate Mailing Address PO Box 1821 City East Lansing State MI Zip Code 48826-1821 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90708.E252 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 250.00 |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3500.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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 for Ken Cockrel Jr. <hr/> Mailing Address PO Box 32708 <hr/> City Detroit State MI Zip Code 48232-0708 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ SPECIAL | Transaction ID: 90708.E244 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 5000.00 |
| B. Full Name (Last, First, Middle Initial) Marc Corriveau for State Representative <hr/> Mailing Address PO Box 5251 <hr/> City Northville State MI Zip Code 48167-5251 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90212.E229 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 500.00 |
| C. Full Name (Last, First, Middle Initial) Committee to Elect Marie Donigan <hr/> Mailing Address 503 Poplar Ave <hr/> City Royal Oak State MI Zip Code 48073-5117 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90708.E237 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 200.00 |

| | |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 5700.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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) Durhal 2008 Committee Mailing Address 5440 Cass Ave City Detroit State MI Zip Code 48202-3693 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: 90708.E256 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 9 Amount of Each Disbursement this Period 150.00 |
| B. | Full Name (Last, First, Middle Initial) Robert A. Ficano Committee Mailing Address PO Box 321123 City Detroit State MI Zip Code 48232-1123 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: 90708.E259 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 9 Amount of Each Disbursement this Period 2000.00 |
| C. | Full Name (Last, First, Middle Initial) Tom George for Governor Mailing Address PO Box 13036 City Lansing State MI Zip Code 48901-3036 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: 90708.E264 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 9 Amount of Each Disbursement this Period 1000.00 |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 3150.00 |
| 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)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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) Hardiman for State Senate Cmte Mailing Address PO Box 1669 City Grand Rapids State MI Zip Code 49501-1669 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90708.E261 Date of Disbursement 06 / 12 / 2009 Amount of Each Disbursement this Period 125.00 Category/Type |
| B. | Full Name (Last, First, Middle Initial) Jim Marleau for State Representative Mailing Address 3181 Sandoval Dr City Lake Orion State MI Zip Code 48360-1548 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90708.E255 Date of Disbursement 05 / 11 / 2009 Amount of Each Disbursement this Period 150.00 Category/Type |
| C. | Full Name (Last, First, Middle Initial) Mark Meadows for State Representative Mailing Address PO Box 4041 City East Lansing State MI Zip Code 48826-4041 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90212.E228 Date of Disbursement 02 / 06 / 2009 Amount of Each Disbursement this Period 500.00 Category/Type |

SUBTOTAL of Disbursements This Page (optional) ▶

775.00

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)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) John B. O'Reilly Committee for Mayor</p> <p>Mailing Address 601 Crescent Dr</p> <p>City Dearborn State MI Zip Code 48124-1244</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 90708.E240</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 500.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) Friends of Kate Segal</p> <p>Mailing Address 108 Pinehurst Ln</p> <p>City Battle Creek State MI Zip Code 49015-9400</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 90708.E236</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 250.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) Friends to Elect Dian Slavens</p> <p>Mailing Address PO Box 871212</p> <p>City Canton State MI Zip Code 48187-6212</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 90708.E238</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 175.00</p> |

| | |
|---|---------------|
| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>925.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

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)
Friends of Jon Switalski

Mailing Address 31705 Forest Ln

City Warren State MI Zip Code 48093-5586

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: 90708.E233
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
Friends of Rashida Tlaib

Mailing Address PO Box 9830

City Detroit State MI Zip Code 48209-9830

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: 90708.E234
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
Friends of Mary Valentine

Mailing Address P.O. Box 421

City Muskegon State MI Zip Code 49443-

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: 90708.E250
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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