05/13/2008 14:06

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Health Alliance Plan PAC 2850 West Grand Boulevard ADDRESS (number and street) Check if different than previously Detroit МІ 48202 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00410670 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 04 0 1 2008 04 30 2008 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 05 13 2008 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

Page 2

Write or Type Committee Name
Health Alliance Plan PAC

FEC Form 3X (Rev. 02/2003)

F	teport Covering the Period: From:	01 2008	To: 0 4 3 0 2 0 0 8
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 Ž008		55581.58
	(b) Cash on Hand at Begining of Reporting Period	53785.22	
	(c) Total Receipts (from Line 19)	2321.80	14521.20
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	56107.02	70102.78
7.	Total Disbursements (from Line 31)	3830.00	17825.76
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	52277.02	52277.02
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	

For further information contact:

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

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

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

Write or Type Committee Name Health Alliance Plan PAC

Report Covering the Period:

м м 0 4

From:

01

2008

To: 0 4 4

^D 3 0

2008

	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)	1332.80	7576.46
	(ii) Unitemized	989.00	6944.74
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	2321.80	14521.20
	(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)	2321.80	14521.20
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
6.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
В.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	2321.80	14521.20
0.	Total Federal Receipts (subtract Line 18(c) from Line 19)	2321.80	14521.20

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 5.00 150.76 Expenditures..... (c) Total Operating Expenditures 5.00 150.76 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 1300.00 10550.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) 2525.00 7125.00 29. Other Disbursements..... 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 (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 3830.00 17825.76 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 3830.00 17825.76 from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	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)	2321.80	14521.20
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	2321.80	14521.20
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5.00	150.76
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	5.00	150.76

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 / 14 (check only one) X 11a 11b 11c 12 13 14 15 16
0	r for commercial purposes, other than using the	Statements may not be sold or used by any per e 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) Richard Chaney		Date of Receipt
	Mailing Address 16555 Shaftsbury Ave		04 07 2008
	City Detroit	State Zip Code MI 48219-4011	Transaction ID: 100004774 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Health Alliance Plan	Occupation Vice President	Receipt
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 200.00	Payroll Deduction: (25.00-/Pay Period)
_	Full Name (Last, First, Middle Initial) Jonathan W. Clement	I.	Date of Receipt
	Mailing Address 923 Westchester		04 07 2008
	City	State Zip Code	Transaction ID: 100004766
	Grosse Pointe	MI 48230-1829	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	80.00
	Name of Employer Health Alliance Plan	Occupation VP - Underwriting & Rating	Receipt
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	320.00	Payroll Deduction: (40.00-/Pay Period)
	Full Name (Last, First, Middle Initial) Donald Davis	1	Date of Receipt
	Mailing Address 11417 Fellows Creek Drive		04 07 2008
	City	State Zip Code	Transaction ID: 100004731
	Plymouth FEC ID number of contributing	MI 48170	Amount of Each Receipt this Period
	federal political committee.	C	154.00 Receipt
	Name of Employer Health Alliance Plan	Occupation VP - Human Res & Cust Rel	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 616.00	Payroll Deduction: (77.00-/Pay Period)
	SUBTOTAL of Receipts This Page (optional) .	1	284.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate sched for each category of Detailed Summary F	the (crieck only one)
Ar	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by e name and address of any political cor	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
	Health Alliance Plan PAC		
	Full Name (Last, First, Middle Initial) Michael A. Elinski		Date of Receipt
	Mailing Address 3434 Essex		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Troy	State Zip Code MI 48084	Transaction ID: 100004763 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Health Alliance Plan	Occupation AVP - Technology & eBusine	Receipt ss D
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00 Payroll Deduction: (25.00-/Pay Period)
	Full Name (Last, First, Middle Initial) Vincenzo G. Ferri		Date of Receipt
	Mailing Address 726 S. Renaud		0 4 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 100004758
	Grosse Pointe Wood	MI 48236	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	62.00
	Name of Employer Health Alliance Plan	Occupation AVP - Bus Affiliations & Supp	Receipt
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	24	8.00 Payroll Deduction: (31.00-/Pay Period)
	Full Name (Last, First, Middle Initial) Howard Flasch		Date of Receipt
	Mailing Address 1459 N Rochester Rd		04 07 2008
	City	State Zip Code	Transaction ID: 100004764
	Oakland	MI 48363-1630	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	76.00
	Name of Employer Health Alliance Plan	Occupation VP - Product Development	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	4.00 Payroll Deduction: (38.00-/Pay Period)
	IIRTOTAL of Receipts This Page (optional)		188.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 14 (check only one) X 11a
\	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Health Alliance Plan PAC	latements may not be sold or used by any personame and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
. <u>/</u>	Full Name (Last, First, Middle Initial) Mark Hall		Date of Receipt
	Mailing Address 25450 Constitution		04 / 07 / Y Y Y Y Y
	City <u>Novi</u>	State Zip Code MI 48375-1763	Transaction ID: 100004743 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	76.94
	Name of Employer Health Alliance Plan	Occupation AVP - NB Dist Channel Mgmt	Receipt
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 307.76	Payroll Deduction: (38.47-/Pay Period)
_	Full Name (Last, First, Middle Initial) Donald Kiefiuk Mailing Address 39810 Karda		Date of Receipt
	City	State Zip Code	0 4 0 7 2 0 0 8 Transaction ID: 100004765
	Sterling Heights	MI 48313	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer Health Alliance Plan	Occupation AVP Claim Operation	Receipt
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 320.00	Payroll Deduction: (40.00-/Pay Period)
_	Full Name (Last, First, Middle Initial) Colleen McClorey		Date of Receipt
	Mailing Address 48188 Andover Dr.	Chata 7:a Carla	04 07 2008
	City Detroit	State Zip Code MI 48374	Transaction ID: 100004760 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	116.00
	Name of Employer Health Alliance Plan	Occupation VP - Assoc General Counsel	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 464.00	Payroll Deduction: (58.00-/Pay Period)
	SUBTOTAL of Receipts This Page (optional)		272.94

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 14 (check only one) X 11a 11b 11c 12 13 14 15 16
any information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any persename and address 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) Christopher Pike		Date of Receipt
Mailing Address 1657 Wilmington Ct		04 DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 100004746
Rochester	MI 48309	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Health Alliance Plan	Occupation AVP - Information Tech Supp	Receipt
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	200.00	Payroll Deduction: (25.00-/Pay Period)
Full Name (Last, First, Middle Initial)		Date of Descript
Patricia R. Richards Mailing Address 23 Turnberry Ln.		Date of Receipt 0 4 0 7 7 2 0 0 8
City	State Zip Code	Transaction ID: 100004769
Dearborn	MI 48120	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	153.86
Name of Employer Health Alliance Plan	Occupation Sr. Vice President & COO	Receipt
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	615.44	Payroll Deduction: (76.93-/Pay Period)
Full Name (Last, First, Middle Initial) Dianna Ronan	<u> </u>	Date of Receipt
Mailing Address 2156 Cumberland		04 07 2008
City	State Zip Code	Transaction ID: 100004748
Brighton	MI 48114	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	154.00
Name of Employer Health Alliance Plan	Occupation VP - Financial Services	Receipt
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	616.00	Payroll Deduction: (77.00-/Pay Period)
SUBTOTAL of Receipts This Page (optional)		357.86

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 14 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Health Alliance Plan PAC	the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ronald R. Stallworth Mailing Address 8121 Agnes		Date of Receipt
City Detroit	State Zip Code MI 48214	Transaction ID: 100004755 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer Health Alliance Plan Receipt For: Primary General Other (specify)	Occupation VP - Government Affairs Aggregate Year-to-Date ▼ 280.00	Payroll Deduction: (40.00-/Pay Period)
Full Name (Last, First, Middle Initial) Daniel Trim Mailing Address 921 Juneau Rd.		Date of Receipt M 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: 100004762
Ypsilanti FEC ID number of contributing federal political committee.	MI 48198-6323	Amount of Each Receipt this Period 80.00
Name of Employer Health Alliance Plan Receipt For:	Occupation Mgr - Tech Support/Comp Op Aggregate Year-to-Date ▼	Receipt
Primary General Other (specify) ▼	320.00	Payroll Deduction: (40.00-/Pay Period)
Full Name (Last, First, Middle Initial) Deborah Withrow Mailing Address 2646 Birch Harbor L	_n	Date of Receipt 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: 100004776
West Bloomfield FEC ID number of contributing federal political committee.	MI 48324-1904	Amount of Each Receipt this Period 70.00 Receipt
Name of Employer Health Alliance Plan	Name of Employer Health Alliance Plan Occupation VP-Strategic Relationships	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	Payroll Deduction: (35.00-/Pay Period)
SUBTOTAL of Receipts This Page (optional	l)	230.00
	ber only)	1332.80

A.

В.

President District: 01

ago# 20001000011			
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC			
Full Name (Last, First, Middle Initial) Friends of Senator Carl Levin Mailing Address 26115 Greenfield Road			Transaction ID: 200000170 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code MI 48076-		Amount of Each Disbursement this Period
Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name		Category/	1000.00
CARL LEVIN Office Sought: House Disburse	ment For: 2008 Primary General Other (specify)	Type	DIRECT CONTRIBUTION
Full Name (Last, First, Middle Initial) Stupak for Congress Mailing Address P.O. Box 156			Transaction ID: 80513.E178 Date of Disbursement
	State Zip Code MI 49858-		Amount of Each Disbursement this Period
DIRECT CONTRIBUTION Candidate Name BART STUPAK	C	Category/ Type	
Office Sought: X House Disburse Senate President	ment For: 2008 Primary X General Other (specify)		DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)	•	1300.00
TOTAL This Period (last page this line number only)	•	1300.00

State: MI

A.

В.

C.

FE6AN026

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N		PAGE 12 / 14
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	22 23	24 25 26
Any Information copied from such Reports and Staten	pents may not be sold or used by	27	28a 28b	
or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
Health Alliance Plan PAC				
Full Name (Last, First, Middle Initial) Bishop Majority Fund			Transaction II	D : 200000172
Mailing Address 702 N. Hayford			04	2008
City Lansing	State Zip Code MI 48912-		Amount of Eac	ch Disbursement this Period
Purpose of Disbursement DIRECT CONTRIBUTION	Г			1000.00
Candidate Name	C	Category/ Type		
Senate President X	ment For: 2008 Primary General Other (specify)			
	L/OTHER			
Full Name (Last, First, Middle Initial) Cmte to Elect Irma Clark-Coleman Senate			Date of Disbur	
Mailing Address 2688 Oakman Blvd.			04	2 0 0 8
City Detroit	State Zip Code MI 48238-		Amount of Eac	ch Disbursement this Period
Purpose of Disbursement : DIRECT CONTRIBUTION				175.00
Candidate Name	C	Category/ Type		
Office Sought: House Disburse Senate President State: District:	ement For: 2010 Primary X General Other (specify)			
Full Name (Last, First, Middle Initial) Tom George for State Senate			Transaction II Date of Disbur	D : 80513.E179 rsement
Mailing Address P.O. Box 1265			04 /	29 / 4008
City Portage	State Zip Code MI 49081-1265		Amount of Eac	ch Disbursement this Period
Purpose of Disbursement DIRECT CONTRIBUTION				250.00
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President State: District:	ement For: 2010 Primary X General Other (specify)			
SUBTOTAL of Disbursements This Page (optional)			V V V	1425.00
TOTAL This Period (last page this line number only)				
I TOTAL THIS FEHOU (last page this line number only)				

SCHEDIII F B (FEC Form 3Y)

	HEDULE B (FEC FUIII 3X)	Use separate schedule(s	(check only	NUMBER: PAGE 13/14
ITI	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 25 28a 28b 28c X 29
	r Information copied from such Reports and State or commercial purposes, other than using the r			
\rangle	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC			
•	Full Name (Last, First, Middle Initial) Gilda Jacobs for Senate			Transaction ID: 200000173 Date of Disbursement
	Mailing Address 8353 Hendrie Blvd.			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 4 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 1 & 4 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Q & Q & R \\ 2 & Q & Q & R \end{bmatrix}$
	City Huntington Woods	State Zip Code MI 48070-		Amount of Each Disbursement this Perio
	Purpose of Disbursement DIRECT CONTRIBUTION			400.00
	Candidate Name		Category/ Type	
	Office Sought: House Disb Senate President State: District:	orsement For: 2010 Primary X General Other (specify) ▼		
	Full Name (Last, First, Middle Initial) Todd LaJoy for State Representative			Transaction ID: 80513.E177 Date of Disbursement
	Mailing Address 236 Cherry Stone Dri	/e		0 4 M / 2 9 / Y 2 0 0 8
	City Canton	State Zip Code MI 48188-		Amount of Each Disbursement this Perio
	Purpose of Disbursement DIRECT CONTRIBUTION			250.00
	Candidate Name		Category/ Type	
	Office Sought: House Senate President State: District:	ursement For: 2008 Primary X General Other (specify) ▼		
	Full Name (Last, First, Middle Initial) Randy Richardville for Senate			Transaction ID: 200000175 Date of Disbursement
	Mailing Address P.O. Box 1631			04
	City Monroe	State Zip Code MI 48161-		Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT CONTRIBUTION			250.00
	Candidate Name		Category/ Type	
	Senate President	orsement For: 2010 Primary X General Other (specify) ▼		
	State: District:			

Image# 28991000644

A.

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5(CHEDULE B (FEC Form 3)	() Use sepa	Use separate schedule(s) for each category of the		NUMBER:	PAGE 14/14	
IT	EMIZED DISBURSEMENTS	for each			y one)]	
			Summary Page	21b 27	22 23 28b 28b	24 25 26 28c X 29 30b	
An	y Information copied from such Reports and	d Statements may n	ot be sold or used	by any person		7, 1	
or	for commercial purposes, other than using t	the name and addre	ss of any political c	committee to so	licit contributions from	such committee	
\	NAME OF COMMITTEE (In Full)						
/	Health Alliance Plan PAC						
	Full Name (Last, First, Middle Initial)				Transaction ID: 20	00000174	
	Friends to Elect Martha G. Scott				Date of Disbursement		
	Mailing Address P.O. Box 03341				$ \begin{bmatrix} 0 & 4 & M \\ 0 & 4 & M \end{bmatrix} / \begin{bmatrix} 0 & 1 & 4 \\ 1 & 4 \end{bmatrix} / \begin{bmatrix} 0 & 1 & 4 \\ 2 & 0 & 0 & 8 \end{bmatrix} $		
	City Highland Park	State MI	Zip Code 48203-		Amount of Each Di	sbursement this Period	
	Purpose of Disbursement DIRECT CONTRIBUTION					200.00	
	Candidate Name			Category/ Type			
	Office Sought: House Senate President	Disbursement For: Primary Other (spe	2010 X General				
	State: District:	Other (spe	(Ciry) ▼				

SUBTOTAL of Disbursements This Page (optional)	•	200.00
TOTAL This Period (last page this line number only)	—	2525.00