



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Health Alliance Plan PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		55581.58
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning 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 <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Health Alliance Plan PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	1332.80	7576.46
(i) Itemized (use Schedule A) .....	989.00	6944.74
(ii) Unitemized .....	2321.80	14521.20
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	2321.80	14521.20
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)) .....	2321.80	14521.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2321.80	14521.20

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	5.00	150.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	5.00	150.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1300.00	10550.00
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.....	2525.00	7125.00
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))..	3830.00	17825.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3830.00	17825.76

**DETAILED SUMMARY PAGE**  
of Disbursements

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

**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 6 / 14
	<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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard Chaney	Date of Receipt MM / DD / YYYY 04 / 07 / 2008
	Mailing Address 16555 Shaftsbury Ave	<b>Transaction ID:</b> 100004774
	City State Zip Code Detroit MI 48219-4011	Amount of Each Receipt this Period 50.00
	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) ▼ Aggregate Year-to-Date ▼ 200.00	Payroll Deduction: (25.00- /Pay Period )

<b>B.</b>	Full Name (Last, First, Middle Initial) Jonathan W. Clement	Date of Receipt MM / DD / YYYY 04 / 07 / 2008
	Mailing Address 923 Westchester	<b>Transaction ID:</b> 100004766
	City State Zip Code Grosse Pointe MI 48230-1829	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Health Alliance Plan Occupation VP - Underwriting & Rating Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00	Payroll Deduction: (40.00- /Pay Period )

<b>C.</b>	Full Name (Last, First, Middle Initial) Donald Davis	Date of Receipt MM / DD / YYYY 04 / 07 / 2008
	Mailing Address 11417 Fellows Creek Drive	<b>Transaction ID:</b> 100004731
	City State Zip Code Plymouth MI 48170	Amount of Each Receipt this Period 154.00
	FEC ID number of contributing federal political committee. C	Receipt
	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 ▼ 616.00	Payroll Deduction: (77.00- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	284.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 14  
(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><b>A.</b> Full Name (Last, First, Middle Initial) Michael A. Elinski</p> <p>Mailing Address 3434 Essex</p> <p>City State Zip Code Troy MI 48084</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Health Alliance Plan      Occupation: AVP - Technology &amp; eBusiness D</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">200.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p><b>Transaction ID:</b> 100004763</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">50.00</span></p> <p>Receipt</p> <p>Payroll Deduction: (25.00- /Pay Period )</p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Vincenzo G. Ferri</p> <p>Mailing Address 726 S. Renaud</p> <p>City State Zip Code Grosse Pointe Wood MI 48236</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Health Alliance Plan      Occupation: AVP - Bus Affiliations &amp; Suppo</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">248.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p><b>Transaction ID:</b> 100004758</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">62.00</span></p> <p>Receipt</p> <p>Payroll Deduction: (31.00- /Pay Period )</p>
--	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Howard Flasch</p> <p>Mailing Address 1459 N Rochester Rd</p> <p>City State Zip Code Oakland MI 48363-1630</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Health Alliance Plan      Occupation: VP - Product Development</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">304.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p><b>Transaction ID:</b> 100004764</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">76.00</span></p> <p>Receipt</p> <p>Payroll Deduction: (38.00- /Pay Period )</p>
--	--

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">188.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 14  
(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

**A.** 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 ▼ 307.76

Date of Receipt 04 / 07 / 2008  
**Transaction ID:** 100004743

Amount of Each Receipt this Period 76.94

Receipt

Payroll Deduction: (38.47- /Pay Period )

**B.** 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 ▼ 320.00

Date of Receipt 04 / 07 / 2008  
**Transaction ID:** 100004765

Amount of Each Receipt this Period 80.00

Receipt

Payroll Deduction: (40.00- /Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
Colleen McClorey

Mailing Address 48188 Andover Dr.

City State Zip Code  
Detroit MI 48374

FEC ID number of contributing federal political committee. C

Name of Employer Health Alliance Plan      Occupation VP - Assoc General Counsel

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 464.00

Date of Receipt 04 / 07 / 2008  
**Transaction ID:** 100004760

Amount of Each Receipt this Period 116.00

Receipt

Payroll Deduction: (58.00- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) ..... 272.94

**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: <input 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	PAGE 9 / 14
---	--	-------------

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Christopher Pike		Date of Receipt MM / DD / YYYY 04 / 07 / 2008
	Mailing Address 1657 Wilmington Ct		Transaction ID: 100004746
	City Rochester	State MI	Zip Code 48309
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Health Alliance Plan	Occupation AVP - Information Tech Supp	Receipt

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	Payroll Deduction: (25.00- /Pay Period )
---	------------------------------------	---

<b>B.</b>	Full Name (Last, First, Middle Initial) Patricia R. Richards		Date of Receipt MM / DD / YYYY 04 / 07 / 2008
	Mailing Address 23 Turnberry Ln.		Transaction ID: 100004769
	City Dearborn	State MI	Zip Code 48120
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 153.86
	Name of Employer Health Alliance Plan	Occupation Sr. Vice President & COO	Receipt

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 615.44	Payroll Deduction: (76.93- /Pay Period )
---	------------------------------------	---

<b>C.</b>	Full Name (Last, First, Middle Initial) Dianna Ronan		Date of Receipt MM / DD / YYYY 04 / 07 / 2008
	Mailing Address 2156 Cumberland		Transaction ID: 100004748
	City Brighton	State MI	Zip Code 48114
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 154.00
	Name of Employer Health Alliance Plan	Occupation VP - Financial Services	Receipt

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 616.00	Payroll Deduction: (77.00- /Pay Period )
---	------------------------------------	---

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	357.86
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 10 / 14  
(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

**A.** 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 Health Alliance Plan      Occupation VP - Government Affairs

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 04 / 07 / 2008  
Transaction ID: 100004755  
Amount of Each Receipt this Period: 80.00  
Receipt  
Payroll Deduction: (40.00- /Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
Daniel Trim

Mailing Address 921 Juneau Rd.

City State Zip Code  
Ypsilanti MI 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 ▼ 320.00

Date of Receipt: 04 / 07 / 2008  
Transaction ID: 100004762  
Amount of Each Receipt this Period: 80.00  
Receipt  
Payroll Deduction: (40.00- /Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
Deborah Withrow

Mailing Address 2646 Birch Harbor Ln

City State Zip Code  
West Bloomfield MI 48324-1904

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

Name of Employer Health Alliance Plan      Occupation VP-Strategic Relationships

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 04 / 07 / 2008  
Transaction ID: 100004776  
Amount of Each Receipt this Period: 70.00  
Receipt  
Payroll Deduction: (35.00- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) ..... ► 230.00

**TOTAL** This Period (last page this line number only) ..... ► 1332.80

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 14

<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

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)  
Friends of Senator Carl Levin

Mailing Address 26115 Greenfield Road

City State Zip Code  
Southfield MI 48076-

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name  
CARL LEVIN

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: MI District: 00

Transaction ID: 200000170  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

DIRECT CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
Stupak for Congress

Mailing Address P.O. Box 156

City State Zip Code  
Menominee MI 49858-

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name  
BART STUPAK

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: MI District: 01

Transaction ID: 80513.E178  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

DIRECT CONTRIBUTION

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 14

<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

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)  
Bishop Majority Fund

Transaction ID: 200000172  
Date of Disbursement

Mailing Address 702 N. Hayford

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	0	8

City Lansing State MI Zip Code 48912-

Amount of Each Disbursement this Period

Purpose of Disbursement  
DIRECT CONTRIBUTION



Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

ANNUAL/OTHER

B.

Full Name (Last, First, Middle Initial)  
Cmte to Elect Irma Clark-Coleman Senate

Transaction ID: 200000176  
Date of Disbursement

Mailing Address 2688 Oakman Blvd.

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	0	8

City Detroit State MI Zip Code 48238-

Amount of Each Disbursement this Period

Purpose of Disbursement  
: DIRECT CONTRIBUTION



Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Tom George for State Senate

Transaction ID: 80513.E179  
Date of Disbursement

Mailing Address P.O. Box 1265

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	8

City Portage State MI Zip Code 49081-1265

Amount of Each Disbursement this Period

Purpose of Disbursement  
DIRECT CONTRIBUTION



Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 14

<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

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><b>A.</b> Full Name (Last, First, Middle Initial) Gilda Jacobs for Senate</p> <p>Mailing Address 8353 Hendrie Blvd.</p> <p>City Huntington Woods State MI Zip Code 48070-</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 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 200000173 <b>Date of Disbursement</b> 04 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 400.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Todd LaJoy for State Representative</p> <p>Mailing Address 236 Cherry Stone Drive</p> <p>City Canton State MI Zip Code 48188-</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 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 80513.E177 <b>Date of Disbursement</b> 04 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Randy Richardville for Senate</p> <p>Mailing Address P.O. Box 1631</p> <p>City Monroe State MI Zip Code 48161-</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 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 200000175 <b>Date of Disbursement</b> 04 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p>

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

900.00

**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 14 / 14

<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

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)  
Friends to Elect Martha G. Scott

Transaction ID: 200000174

Date of Disbursement

Mailing Address P.O. Box 03341

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	0	8

City Highland Park State MI Zip Code 48203-

Amount of Each Disbursement this Period

200.00
--------

Purpose of Disbursement  
DIRECT CONTRIBUTION

--

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

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

200.00
--------

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

2525.00
---------