

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Health Alliance Plan PAC

ADDRESS (number and street)

2850 West Grand Boulevard

(Check if address is changed)

Detroit

MI

48202

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

Holly_J_Morris@Comerica.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2483717272

2. DATE

01 / 04 / 2007

3. FEC IDENTIFICATION NUMBER

C C00410670

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

James W Hoerberling

Signature of Treasurer

Electronically Filed by James W Hoerberling

Date

01 / 04 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

(d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

HEALTH ALLIANCE PLAN

Mailing Address **2850 WEST GRAND BOULEVARD**

DETROIT **MI** **48202**

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship **CONNECTED**

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

Health Alliance Plan PAC

- 7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **James Hoerberling**

Mailing Address **Comerica Bank, PAC Services**
P.O. Box 75000
Detroit MI 48275 - 2250

Title or Position ▼ **Recordkeeper** CITY ▲ **Detroit** STATE ▲ **MI** ZIP CODE ▲ **48275 - 2250**

Telephone number **248 - 371 - 5562**

- 8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **James W. Hoerberling**

Mailing Address **P.O. Box 75000**
MC 2250
Detroit MI 48275 - 2250

Title or Position ▼ **Treasurer** CITY ▲ **Detroit** STATE ▲ **MI** ZIP CODE ▲ **48275 - 2250**

Telephone number **248 - 371 - 5562**

Full Name of Designated Agent

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

COMERICA BANK

Mailing Address

P.O. BOX 75000

MC 2250

DETROIT

MI

48275

2250

CITY ▲

STATE ▲

ZIP CODE ▲