

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

RECEIVED
FEC MAIL
OPERATIONS CENTER

2005 APR -8 A 10:50

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

elizabeth_a_patrus@comerica.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

248-371-7272

2. DATE

MM / DD / YYYY
04 / 07 / 2005

3. FEC IDENTIFICATION NUMBER

C L

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. HOEBERLING

Signature of Treasurer

James W. Hoebeling

Date

MM / DD / YYYY
04 / 07 / 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

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)

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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

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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 HOEBERLING**

Mailing Address **COMERICA BANK, PAC SVCS, MC 2250**
P.O. BOX 75000
DETROIT MI 48275

Title or Position **RECORD KEEPER** CITY STATE ZIP CODE
248 371 5562
 Telephone number

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. HOEBERLING**

Mailing Address **P.O. BOX 75000**
MC 2250
DETROIT MI 48275 - 2250

Title or Position **TREASURER** CITY STATE ZIP CODE
248 371 7269
 Telephone number

Full Name of Designated Agent _____

Mailing Address _____

Title or Position _____ CITY STATE ZIP CODE
 Telephone number _____

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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

PAC SERVICES, MC 2250

DETROIT

MI

48275

2250

CITY Δ

STATE Δ

ZIP CODE Δ

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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<input type="checkbox"/> Delivery Confirmation™ or Signature Confirmation™ Label	<input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): DHL	Shipping Date 4/7/05
	Next Business Day Delivery <input checked="" type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


 PREPARER
 (3/2005)

4/8/05
 DATE PREPARED