

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Health Alliance Plan PAC

ADDRESS (number and street) 2850 West Grand Boulevard
 Check if different than previously reported. (ACC)
Detroit MI 48202

2. **FEC IDENTIFICATION NUMBER** C00410670
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 03 01 2008 through 03 31 2008

I certify that I have examined this Report 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 04 09 2008

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 Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Health Alliance Plan PAC

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

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	54235.42									
(c) Total Receipts (from Line 19)	2304.80	12199.40								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	56540.22	67780.98								
7. Total Disbursements (from Line 31)	2755.00	13995.76								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	53785.22	53785.22								
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Health Alliance Plan PAC

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

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	1040.80	6243.66
(i) Itemized (use Schedule A)	1264.00	5955.74
(ii) Unitemized	2304.80	12199.40
(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)	2304.80	12199.40
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))	2304.80	12199.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2304.80	12199.40

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

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	145.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	5.00	145.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2250.00	9250.00
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.....	500.00	4600.00
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))..	2755.00	13995.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2755.00	13995.76

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	2304.80	12199.40
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2304.80	12199.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5.00	145.76
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	145.76

**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 / 11
	<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) Jonathan W. Clement	Date of Receipt MM / DD / YYYY 03 / 06 / 2008
	Mailing Address 923 Westchester	Transaction ID: 80409.C4664
	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	Payroll Deduction: (40.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) Donald Davis	Date of Receipt MM / DD / YYYY 03 / 06 / 2008
	Mailing Address 11417 Fellows Creek Drive	Transaction ID: 80409.C4629
	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	Payroll Deduction: (77.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 462.00	

C.	Full Name (Last, First, Middle Initial) Howard Flasch	Date of Receipt MM / DD / YYYY 03 / 06 / 2008
	Mailing Address 1459 N Rochester Rd	Transaction ID: 80409.C4662
	City State Zip Code Oakland MI 48363-1630	Amount of Each Receipt this Period 76.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Health Alliance Plan	Occupation VP - Product Development	Payroll Deduction: (38.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00	

SUBTOTAL of Receipts This Page (optional)	310.00
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 7 / 11
(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

<p>A. Full Name (Last, First, Middle Initial) Mark Hall</p> <p>Mailing Address 25450 Constitution</p> <p>City State Zip Code Novi MI 48375-1763</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Health Alliance Plan Occupation: AVP - NB Dist Channel Mgmt</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 230.82</p>	<p>Date of Receipt 03 / 06 / 2008</p> <p>Transaction ID: 80409.C4641</p> <p>Amount of Each Receipt this Period 76.94</p> <p>Receipt</p> <p>Payroll Deduction: (38.47- /Pay Period)</p>
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<p>B. Full Name (Last, First, Middle Initial) Donald Kiefiuk</p> <p>Mailing Address 39810 Karda</p> <p>City State Zip Code Sterling Heights MI 48313</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Health Alliance Plan Occupation: AVP Claim Operation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p>	<p>Date of Receipt 03 / 06 / 2008</p> <p>Transaction ID: 80409.C4663</p> <p>Amount of Each Receipt this Period 80.00</p> <p>Receipt</p> <p>Payroll Deduction: (40.00- /Pay Period)</p>
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<p>C. Full Name (Last, First, Middle Initial) Colleen McClorey</p> <p>Mailing Address 48188 Andover Dr.</p> <p>City State Zip Code Detroit MI 48374</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Health Alliance Plan Occupation: VP - Assoc General Counsel</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 348.00</p>	<p>Date of Receipt 03 / 06 / 2008</p> <p>Transaction ID: 80409.C4658</p> <p>Amount of Each Receipt this Period 116.00</p> <p>Receipt</p> <p>Payroll Deduction: (58.00- /Pay Period)</p>
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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: (check only one)	PAGE 8 / 11
	<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 03 / 06 / 2008
	Mailing Address 23 Turnberry Ln.		Transaction ID: 80409.C4667
	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 ▼ 461.58	Payroll Deduction: (76.93- /Pay Period)

B.	Full Name (Last, First, Middle Initial) Dianna Ronan		Date of Receipt MM / DD / YYYY 03 / 06 / 2008
	Mailing Address 2156 Cumberland		Transaction ID: 80409.C4646
	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 ▼ 462.00	Payroll Deduction: (77.00- /Pay Period)

C.	Full Name (Last, First, Middle Initial) Daniel Trim		Date of Receipt MM / DD / YYYY 03 / 06 / 2008
	Mailing Address 921 Juneau Rd.		Transaction ID: 80409.C4660
	City Ypsilanti	State MI	Zip Code 48198-6323
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
	Name of Employer Health Alliance Plan	Occupation Mgr - Tech Support/Comp Op	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	Payroll Deduction: (40.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	387.86
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 9 / 11
(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)
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 ▼
210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	6	/	2	0	0	8

Transaction ID: 80409.C4674

Amount of Each Receipt this Period
70.00

Receipt

Payroll Deduction: (35.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	70.00
TOTAL This Period (last page this line number only)	▶	1040.80

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 10 / 11

<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

A. Full Name (Last, First, Middle Initial) Levin for Congress <hr/> Mailing Address P.O. Box 37 <hr/> City Roseville State MI Zip Code 48066- <hr/> Purpose of Disbursement DIRECT CONTRIBUTION <hr/> Candidate Name SANDER M LEVIN <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/> Category/ Type	Transaction ID: 80409.E166 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	DIRECT CONTRIBUTION
	(Empty box)
B. Full Name (Last, First, Middle Initial) Peters for Congress <hr/> Mailing Address P.O. Box 226 <hr/> City Bloomfield Hills State MI Zip Code 48303- <hr/> Purpose of Disbursement DIRECT CONTRIBUTION <hr/> Candidate Name GARY PETERS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/> Category/ Type	Transaction ID: 80409.E169 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 1250.00
	DIRECT CONTRIBUTION
	(Empty box)

SUBTOTAL of Disbursements This Page (optional) ▶

2250.00

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

2250.00

**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 11 / 11

<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)
CTE Mark C. Jansen for State Senate

Transaction ID: 80409.E167

Date of Disbursement

Mailing Address 6670 Kalamazoo Avenue
Suite E-128

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	0	8

City Grand Rapids State MI Zip Code 49508-

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
DIRECT CONTRIBUTION

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Friends to Elect Bert Johnson

Transaction ID: 80409.E165

Date of Disbursement

Mailing Address 36 Eason St

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	0	8

City Highland Park State MI Zip Code 48203-3708

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
DIRECT CONTRIBUTION

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

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

500.00
