

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 02 01 2008 through 02 29 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 03 10 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								
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Health Alliance Plan PAC

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	2

D	D
2	9

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	54990.07									
(c) Total Receipts (from Line 19)	2562.80	9894.60								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	57552.87	65476.18								
7. Total Disbursements (from Line 31)	3317.45	11240.76								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	54235.42	54235.42								
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	2

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	2

D	D
2	9

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	577.86	5202.86
(i) Itemized (use Schedule A)		
(ii) Unitemized	1984.94	4691.74
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	2562.80	9894.60
(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) ▶	2562.80	9894.60
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))	2562.80	9894.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2562.80	9894.60

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	17.45	140.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	17.45	140.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	1000.00	7000.00
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.....	2300.00	4100.00
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))..	3317.45	11240.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3317.45	11240.76

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)	2562.80	9894.60
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2562.80	9894.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	17.45	140.76
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	17.45	140.76

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 10
(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>A. Full Name (Last, First, Middle Initial) Donald Davis</p> <p>Mailing Address 11417 Fellows Creek Drive</p> <p>City State Zip Code Plymouth MI 48170</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Health Alliance Plan Occupation: VP - Human Res & Cust Rel</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 308.00</p>	<p>Date of Receipt 02 / 11 / 2008</p> <p>Transaction ID: 80310.C4528</p> <p>Amount of Each Receipt this Period 154.00</p> <p>Receipt</p> <p>Payroll Deduction: (77.00- /Pay Period)</p>
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<p>B. 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 ▼ 232.00</p>	<p>Date of Receipt 02 / 11 / 2008</p> <p>Transaction ID: 80310.C4557</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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<p>C. Full Name (Last, First, Middle Initial) Patricia R. Richards</p> <p>Mailing Address 23 Turnberry Ln.</p> <p>City State Zip Code Dearborn MI 48120</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Health Alliance Plan Occupation: Sr. Vice President & COO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 307.72</p>	<p>Date of Receipt 02 / 11 / 2008</p> <p>Transaction ID: 80310.C4566</p> <p>Amount of Each Receipt this Period 153.86</p> <p>Receipt</p> <p>Payroll Deduction: (76.93- /Pay Period)</p>
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SUBTOTAL of Receipts This Page (optional)	423.86
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 7 / 10	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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) Dianna Ronan		Date of Receipt																					
	Mailing Address 2156 Cumberland		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	1		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		1	1		2	0	0	8														
	City	State	Zip Code		Transaction ID: 80310.C4545																			
	Brighton	MI	48114																					
FEC ID number of contributing federal political committee.		C		Amount of Each Receipt this Period																				
Name of Employer Health Alliance Plan		Occupation VP - Financial Services		154.00																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		Receipt																				
		308.00		Payroll Deduction: (77.00- /Pay Period)																				

SUBTOTAL of Receipts This Page (optional)	▶	154.00
TOTAL This Period (last page this line number only)	▶	577.86

**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)

<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) Knollenberg for Congress	Transaction ID: 80310.E160 Date of Disbursement
	Mailing Address 2501 Wisconsin Ave NW Apt 304	<input type="text" value="02"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20007-4543	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name JOSEPH K. KNOLLENBERG	DIRECT CONTRIBUTION
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1000.00"/>

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)

<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) ROCC PAC II <hr/> Mailing Address 1849 Lakeview Lane <hr/> City Highland State MI Zip Code 48357- <hr/> Purpose of Disbursement DIRECT CONTRIBUTION <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	Transaction ID: 80211.E157 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Committee to Elect Kathy Angerer <hr/> Mailing Address PO Box 157 <hr/> City Dundee State MI Zip Code 48131-0157 <hr/> Purpose of Disbursement DIRECT CONTRIBUTION <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80310.E161 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 300.00
C.	Full Name (Last, First, Middle Initial) Re-Elect Bill Boullard, Jr. County Comm. <hr/> Mailing Address 1849 Lakeview Lane <hr/> City Highland State MI Zip Code 48357- <hr/> Purpose of Disbursement DIRECT CONTRIBUTION <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80310.E162 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 100.00

SUBTOTAL of Disbursements This Page (optional) ▶	1400.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

<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)
Bill Hardiman for State Senate

Transaction ID: 80211.E159
Date of Disbursement

Mailing Address P.O. Box 1669

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

City State Zip Code
Grand Rapids MI 49501-

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:

B.

Full Name (Last, First, Middle Initial)
Committee to Elect Buzz Thomas

Transaction ID: 80211.E158
Date of Disbursement

Mailing Address P.O. Box 14854

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

City State Zip Code
Detroit MI 48214-

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
DIRECT CONTRIBUTION

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Citizens for Jewel Ware

Transaction ID: 80310.E163
Date of Disbursement

Mailing Address P.O. Box 13
124 Harper Station

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

City State Zip Code
Detroit MI 48213-

Amount of Each Disbursement this Period

200.00

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)

900.00

TOTAL This Period (last page this line number only)

2300.00
