

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 08 01 2008 through 08 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 09 11 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**

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	8

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	8

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	49238.32									
(c) Total Receipts (from Line 19)	2321.80	25569.30								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	51560.12	81150.88								
7. Total Disbursements (from Line 31)	1355.00	30945.76								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	50205.12	50205.12								
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	8

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	8

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	2035.16	16548.14
(i) Itemized (use Schedule A)		
(ii) Unitemized	286.64	9021.16
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2321.80	25569.30
(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	25569.30
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	25569.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2321.80	25569.30

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	170.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	5.00	170.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	16250.00
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.....	1350.00	14525.00
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))..	1355.00	30945.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1355.00	30945.76

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	25569.30
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	25569.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5.00	170.76
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	170.76

**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 / 18
	<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) Scott Allen	Date of Receipt MM / DD / YYYY 08 / 11 / 2008
	Mailing Address 3066 Richmond Dr	Transaction ID: 80911.C5235
	City State Zip Code Clarkston MI 48348-5063	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Health Alliance Plan	Occupation Assoc Dir, Labor Affairs	Payroll Deduction: (20.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

B.	Full Name (Last, First, Middle Initial) Vernal Teresa Blakley	Date of Receipt MM / DD / YYYY 08 / 11 / 2008
	Mailing Address 42573 Saddle Lane	Transaction ID: 80911.C5206
	City State Zip Code Sterling Heights MI 48314	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Health Alliance Plan	Occupation Director, Quality Management	Payroll Deduction: (12.50- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.50	

C.	Full Name (Last, First, Middle Initial) Angela K. Branch	Date of Receipt MM / DD / YYYY 08 / 11 / 2008
	Mailing Address 81 Atkinson	Transaction ID: 80911.C5188
	City State Zip Code Detroit MI 48202	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Health Alliance Plan	Occupation Dir - Customer Retention & Edu	Payroll Deduction: (20.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

SUBTOTAL of Receipts This Page (optional)	▶	105.00
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 / 18
(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) Richard Chaney</p> <p>Mailing Address 16555 Shaftsbury Ave</p> <p>City State Zip Code Detroit MI 48219-4011</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Health Alliance Plan Occupation: Vice President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 425.00</p>	<p>Date of Receipt 08 / 11 / 2008</p> <p>Transaction ID: 80911.C5236</p> <p>Amount of Each Receipt this Period 50.00</p> <p>Receipt</p> <p>Payroll Deduction: (25.00- /Pay Period)</p>
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<p>B. Full Name (Last, First, Middle Initial) Jonathan W. Clement</p> <p>Mailing Address 923 Westchester</p> <p>City State Zip Code Grosse Pointe MI 48230-1829</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Health Alliance Plan Occupation: VP - Underwriting & Rating</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 680.00</p>	<p>Date of Receipt 08 / 11 / 2008</p> <p>Transaction ID: 80911.C5228</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) Gwendolyn Davenport</p> <p>Mailing Address 11372 Whitehill</p> <p>City State Zip Code Detroit MI 48224-1653</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Health Alliance Plan Occupation: Dir - Credentialing Services</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 306.00</p>	<p>Date of Receipt 08 / 11 / 2008</p> <p>Transaction ID: 80911.C5192</p> <p>Amount of Each Receipt this Period 36.00</p> <p>Receipt</p> <p>Payroll Deduction: (18.00- /Pay Period)</p>
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SUBTOTAL of Receipts This Page (optional)	166.00
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 8 / 18
(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"/> 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)
Donald Davis

Mailing Address 11417 Fellows Creek Drive

City State Zip Code
Plymouth MI 48170

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

Name of Employer Health Alliance Plan Occupation VP - Human Res & Cust Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1309.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 1 / 2 0 0 8

Transaction ID: 80911.C5193

Amount of Each Receipt this Period
154.00

Receipt

Payroll Deduction: (77.00- /Pay Period)

B.

Full Name (Last, First, Middle Initial)
Jody L. Doherty

Mailing Address 21115 Violet

City State Zip Code
Saint Clair Shores MI 48082

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

Name of Employer Health Alliance Plan Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 294.27

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 1 / 2 0 0 8

Transaction ID: 80911.C5221

Amount of Each Receipt this Period
34.62

Receipt

Payroll Deduction: (17.31- /Pay Period)

C.

Full Name (Last, First, Middle Initial)
Michael A. Elinski

Mailing Address 3434 Essex

City State Zip Code
Troy MI 48084

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

Name of Employer Health Alliance Plan Occupation AVP - Technology & eBusiness D

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 1 / 2 0 0 8

Transaction ID: 80911.C5225

Amount of Each Receipt this Period
50.00

Receipt

Payroll Deduction: (25.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► **238.62**

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 9 / 18
	<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) Vincenzo G. Ferri	Date of Receipt MM / DD / YYYY 08 / 11 / 2008
	Mailing Address 726 S. Renaud	Transaction ID: 80911.C5220
	City State Zip Code Grosse Pointe Wood MI 48236	Amount of Each Receipt this Period 62.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Health Alliance Plan	Occupation AVP - Bus Affiliations & Suppo	Payroll Deduction: (31.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 527.00	

B.	Full Name (Last, First, Middle Initial) Howard Flasch	Date of Receipt MM / DD / YYYY 08 / 11 / 2008
	Mailing Address 1459 N Rochester Rd	Transaction ID: 80911.C5226
	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 ▼ 646.00	

C.	Full Name (Last, First, Middle Initial) Michael M. Forhan	Date of Receipt MM / DD / YYYY 08 / 11 / 2008
	Mailing Address 1587 Anita	Transaction ID: 80911.C5195
	City State Zip Code Grosse Pointe Wood MI 48236	Amount of Each Receipt this Period 24.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Health Alliance Plan	Occupation Mgr - Comp & Benefits	Payroll Deduction: (12.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	

SUBTOTAL of Receipts This Page (optional)	162.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 18
(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)
Jeanette H. Girty
Mailing Address 18246 Stoepel

City State Zip Code
Detroit MI 48221

FEC ID number of contributing federal political committee. C

Name of Employer: Health Alliance Plan Occupation: Dir - Client Svcs Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 294.27

Date of Receipt 08 / 11 / 2008
Transaction ID: 80911.C5199

Amount of Each Receipt this Period 34.62

Receipt

Payroll Deduction: (17.31- /Pay Period)

B. 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 ▼ 653.99

Date of Receipt 08 / 11 / 2008
Transaction ID: 80911.C5205

Amount of Each Receipt this Period 76.94

Receipt

Payroll Deduction: (38.47- /Pay Period)

C. Full Name (Last, First, Middle Initial)
Cynthia Hoffman
Mailing Address 5768 Whitehaven Dr

City State Zip Code
Troy MI 48085-3188

FEC ID number of contributing federal political committee. C

Name of Employer: Health Alliance Plan Occupation: Mgr - eCommerce & Tech Plannin

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 11 / 2008
Transaction ID: 80911.C5212

Amount of Each Receipt this Period 40.00

Receipt

Payroll Deduction: (20.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional) 151.56

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 11 / 18
	<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) Joyce M. James		Date of Receipt MM / DD / YYYY 08 / 11 / 2008
	Mailing Address 20810 Gardner St.		Transaction ID: 80911.C5197
	City Oak Park	State MI	Zip Code 48237
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24.00
	Name of Employer Health Alliance Plan	Occupation Mgr - Provider Fin	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 204.00	Payroll Deduction: (12.00- /Pay Period)

B.	Full Name (Last, First, Middle Initial) Donald Kiefiuk		Date of Receipt MM / DD / YYYY 08 / 11 / 2008
	Mailing Address 39810 Karda		Transaction ID: 80911.C5227
	City Sterling Heights	State MI	Zip Code 48313
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
	Name of Employer Health Alliance Plan	Occupation AVP Claim Operation	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 680.00	Payroll Deduction: (40.00- /Pay Period)

C.	Full Name (Last, First, Middle Initial) Barbara Kopasz		Date of Receipt MM / DD / YYYY 08 / 11 / 2008
	Mailing Address 38412 Kingsway Ct		Transaction ID: 80911.C5200
	City Farmington Hills	State MI	Zip Code 48331-1651
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
	Name of Employer Health Alliance Plan	Occupation AVP Sales & Marketing	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 323.00	Payroll Deduction: (19.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	142.00
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: (check only one)	PAGE 12 / 18
	<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	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A.

Full Name (Last, First, Middle Initial)
Glen Koslakiewicz

Mailing Address 30431 John Hauk

City State Zip Code
Garden City MI 48135

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

Name of Employer Health Alliance Plan Occupation Dir - Fin Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 306.00

Date of Receipt 08 / 11 / 2008

Transaction ID: 80911.C5202

Amount of Each Receipt this Period 36.00

Receipt

Payroll Deduction: (18.00- /Pay Period)

B.

Full Name (Last, First, Middle Initial)
Mark Lafata

Mailing Address 377 Arthur

City State Zip Code
Plymouth MI 48170-1120

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

Name of Employer Health Alliance Plan Occupation Sr Finance Administrator/HMS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt 08 / 11 / 2008

Transaction ID: 80911.C5190

Amount of Each Receipt this Period 34.00

Receipt

Payroll Deduction: (17.00- /Pay Period)

C.

Full Name (Last, First, Middle Initial)
Anita Landino

Mailing Address 43885 Boulder Dr

City State Zip Code
Clinton Township MI 48038-1423

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

Name of Employer Health Alliance Plan Occupation Assoc Dir - Advertising/Comm

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 284.75

Date of Receipt 08 / 11 / 2008

Transaction ID: 80911.C5196

Amount of Each Receipt this Period 33.50

Receipt

Payroll Deduction: (16.75- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► 103.50

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 13 / 18
	<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) Irita Matthews		Date of Receipt
	Mailing Address 1305 Balfour St		<input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Grosse Pointe Park	MI	48230-1021
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Health Alliance Plan		Occupation Assoc Counsel	Transaction ID: 80911.C5216
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="224.00"/>	Amount of Each Receipt this Period <input type="text" value="28.00"/>
			Receipt
			Payroll Deduction: (14.00- /Pay Period)

B.	Full Name (Last, First, Middle Initial) Colleen McClorey		Date of Receipt
	Mailing Address 48188 Andover Dr.		<input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Detroit	MI	48374
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Health Alliance Plan		Occupation VP - Assoc General Counsel	Transaction ID: 80911.C5222
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="986.00"/>	Amount of Each Receipt this Period <input type="text" value="116.00"/>
			Receipt
			Payroll Deduction: (58.00- /Pay Period)

C.	Full Name (Last, First, Middle Initial) Vincent Pawloske		Date of Receipt
	Mailing Address 5450 Sandlewood Court		<input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Waterford	MI	48329
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Health Alliance Plan		Occupation Associate Director Finance	Transaction ID: 80911.C5230
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="340.00"/>	Amount of Each Receipt this Period <input type="text" value="40.00"/>
			Receipt
			Payroll Deduction: (20.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="184.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 14 / 18
	<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)
Christopher Pike

Mailing Address 1657 Wilmington Ct

City State Zip Code
Rochester MI 48309

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

Name of Employer Health Alliance Plan Occupation AVP - Information Tech Supp

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00

Date of Receipt: 08 / 11 / 2008
Transaction ID: 80911.C5208
Amount of Each Receipt this Period: 50.00
Receipt
Payroll Deduction: (25.00- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Rachel Powell

Mailing Address 543 Thurber

City State Zip Code
Troy MI 48085-4827

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

Name of Employer Health Alliance Plan Occupation Dir - Encounter/Claim Accuracy

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00

Date of Receipt: 08 / 11 / 2008
Transaction ID: 80911.C5218
Amount of Each Receipt this Period: 40.00
Receipt
Payroll Deduction: (20.00- /Pay Period)

C. Full Name (Last, First, Middle Initial)
Patricia R. Richards

Mailing Address 23 Turnberry Ln.

City State Zip Code
Dearborn MI 48120

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

Name of Employer Health Alliance Plan Occupation Sr. Vice President & COO

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1307.81

Date of Receipt: 08 / 11 / 2008
Transaction ID: 80911.C5231
Amount of Each Receipt this Period: 153.86
Receipt
Payroll Deduction: (76.93- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► 243.86

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: (check only one)	PAGE 15 / 18
	<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) Chrystal M. Roberts	Date of Receipt MM / DD / YYYY 08 / 11 / 2008
	Mailing Address 24601 Pinehurst Avenue	Transaction ID: 80911.C5232
	City State Zip Code Oak Park MI 48237	Amount of Each Receipt this Period 34.62
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Health Alliance Plan	Occupation Director	Payroll Deduction: (17.31- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.27	

B.	Full Name (Last, First, Middle Initial) Dianna Ronan	Date of Receipt MM / DD / YYYY 08 / 11 / 2008
	Mailing Address 2156 Cumberland	Transaction ID: 80911.C5210
	City State Zip Code Brighton MI 48114	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 - Financial Services	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 ▼ 1309.00	

C.	Full Name (Last, First, Middle Initial) Diane Slon	Date of Receipt MM / DD / YYYY 08 / 11 / 2008
	Mailing Address 31646 Robinhood Drive	Transaction ID: 80911.C5233
	City State Zip Code Franklin MI 48025	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Health Alliance Plan	Occupation Director, MBI	Payroll Deduction: (20.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

SUBTOTAL of Receipts This Page (optional)	228.62
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 16 / 18
(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)
Mary Clare Solky
Mailing Address 30387 Windingbrook Lane
City Farmington State MI Zip Code 48334
FEC ID number of contributing federal political committee. **C**
Name of Employer Health Alliance Plan Occupation Director, CBHM
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 340.00
Date of Receipt 08 / 11 / 2008
Transaction ID: 80911.C5211
Amount of Each Receipt this Period 40.00
Receipt
Payroll Deduction: (20.00- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Ronald R. Stallworth
Mailing Address 8121 Agnes
City Detroit State MI Zip Code 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 ▼ 640.00
Date of Receipt 08 / 11 / 2008
Transaction ID: 80911.C5217
Amount of Each Receipt this Period 80.00
Receipt
Payroll Deduction: (40.00- /Pay Period)

C. Full Name (Last, First, Middle Initial)
Daniel Trim
Mailing Address 921 Juneau Rd.
City Ypsilanti State MI Zip Code 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 ▼ 680.00
Date of Receipt 08 / 11 / 2008
Transaction ID: 80911.C5224
Amount of Each Receipt this Period 80.00
Receipt
Payroll Deduction: (40.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► 200.00
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 17 / 18
(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)
Matthew Walsh

Mailing Address 889 Langley Court

City State Zip Code
Rochester Hills MI 48309

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

Name of Employer Health Alliance Plan Occupation Project Dir, Purchaser Initiat

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 340.00

Date of Receipt

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

Transaction ID: 80911.C5234

Amount of Each Receipt this Period
40.00

Receipt

Payroll Deduction: (20.00- /Pay Period)

B. 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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 595.00

Date of Receipt

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

Transaction ID: 80911.C5238

Amount of Each Receipt this Period
70.00

Receipt

Payroll Deduction: (35.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	110.00
TOTAL This Period (last page this line number only)	2035.16

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 18 / 18

<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) Committee to Elect Kathy Angerer <hr/> Mailing Address PO Box 157 <hr/> City State Zip Code Dundee MI 48131-0157 <hr/> Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80911.E210 Date of Disbursement MM / DD / YYYY 08 / 28 / 2008
	Amount of Each Disbursement this Period 300.00
B. Full Name (Last, First, Middle Initial) Committee to Elect Brenda Lawrence <hr/> Mailing Address 29207 Southfield Rd <hr/> City State Zip Code Southfield MI 48076-1922 <hr/> Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80814.E207 Date of Disbursement MM / DD / YYYY 08 / 11 / 2008
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)	▶	1300.00
TOTAL This Period (last page this line number only)	▶	1300.00