

**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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12G)
- Runoff (12R)

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 09 01 2008 through 09 30 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 10 04 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	9

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

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 .....	50205.12									
(c) Total Receipts (from Line 19) .....	2321.80	27891.10								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	52526.92	83472.68								
7. Total Disbursements (from Line 31) .....	5255.00	36200.76								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	47271.92	47271.92								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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	9

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

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	2147.40	18695.54
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	174.40	9195.56
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	2321.80	27891.10
(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	27891.10
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	27891.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2321.80	27891.10

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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	175.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	5.00	175.76
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.....	5250.00	19775.00
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))..	5255.00	36200.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5255.00	36200.76

**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	27891.10
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	27891.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5.00	175.76
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	175.76

**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 / 20
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Scott Allen		Date of Receipt
	Mailing Address 3066 Richmond Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 08 / 2008
	City	State	Zip Code
	Clarkston	MI	48348-5063
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 81004.C5337
Name of Employer Health Alliance Plan		Occupation Assoc Dir, Labor Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 380.00	<input type="text"/> 40.00
			Receipt
			Payroll Deduction: (20.00- /Pay Period )

<b>B.</b>	Full Name (Last, First, Middle Initial) Vernal Teresa Blakley		Date of Receipt
	Mailing Address 42573 Saddle Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 08 / 2008
	City	State	Zip Code
	Sterling Heights	MI	48314
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 81004.C5308
Name of Employer Health Alliance Plan		Occupation Director, Quality Management	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 237.50	<input type="text"/> 25.00
			Receipt
			Payroll Deduction: (12.50- /Pay Period )

<b>C.</b>	Full Name (Last, First, Middle Initial) Angela K. Branch		Date of Receipt
	Mailing Address 81 Atkinson		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 08 / 2008
	City	State	Zip Code
	Detroit	MI	48202
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 81004.C5290
Name of Employer Health Alliance Plan		Occupation Dir - Customer Retention & Edu	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 380.00	<input type="text"/> 40.00
			Receipt
			Payroll Deduction: (20.00- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 105.00
<b>TOTAL</b> 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 7 / 20
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard Chaney	Date of Receipt MM / DD / YYYY 09 / 08 / 2008
	Mailing Address 16555 Shaftsbury Ave	<b>Transaction ID:</b> 81004.C5338
	City State Zip Code Detroit MI 48219-4011	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	Name of Employer Health Alliance Plan Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00	Payroll Deduction: (25.00- /Pay Period )

<b>B.</b>	Full Name (Last, First, Middle Initial) Elizabeth Chavez	Date of Receipt MM / DD / YYYY 09 / 08 / 2008
	Mailing Address 23706 Northstone Village Drive	<b>Transaction ID:</b> 81004.C5293
	City State Zip Code Taylor MI 48180	Amount of Each Receipt this Period 24.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	Name of Employer Health Alliance Plan Occupation Supv - Claims Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 216.00	Payroll Deduction: (12.00- /Pay Period )

<b>C.</b>	Full Name (Last, First, Middle Initial) Jonathan W. Clement	Date of Receipt MM / DD / YYYY 09 / 08 / 2008
	Mailing Address 923 Westchester	<b>Transaction ID:</b> 81004.C5330
	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. <b>C</b>	Receipt
	Name of Employer Health Alliance Plan Occupation VP - Underwriting & Rating Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00	Payroll Deduction: (40.00- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>154.00</b>
<b>TOTAL</b> 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 / 20
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Gwendolyn Davenport		Date of Receipt
	Mailing Address 11372 Whitehill		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 08 / 2008
	City	State	Zip Code
	Detroit	MI	48224-1653
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Health Alliance Plan		Occupation Dir - Credentialing Services	Transaction ID: 81004.C5294
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 342.00	Amount of Each Receipt this Period <input type="text"/> 36.00
			Receipt
			Payroll Deduction: (18.00- /Pay Period )

<b>B.</b>	Full Name (Last, First, Middle Initial) Donald Davis		Date of Receipt
	Mailing Address 11417 Fellows Creek Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 08 / 2008
	City	State	Zip Code
	Plymouth	MI	48170
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Health Alliance Plan		Occupation VP - Human Res & Cust Rel	Transaction ID: 81004.C5295
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 1463.00	Amount of Each Receipt this Period <input type="text"/> 154.00
			Receipt
			Payroll Deduction: (77.00- /Pay Period )

<b>C.</b>	Full Name (Last, First, Middle Initial) Jody L. Doherty		Date of Receipt
	Mailing Address 21115 Violet		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 08 / 2008
	City	State	Zip Code
	Saint Clair Shores	MI	48082
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Health Alliance Plan		Occupation Director	Transaction ID: 81004.C5323
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 328.89	Amount of Each Receipt this Period <input type="text"/> 34.62
			Receipt
			Payroll Deduction: (17.31- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 224.62
<b>TOTAL</b> 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: PAGE 9 / 20  
(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)  
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 ▼ 475.00  
 Date of Receipt 09 / 08 / 2008  
**Transaction ID:** 81004.C5327  
 Amount of Each Receipt this Period 50.00  
 Receipt  
 Payroll Deduction: (25.00- /Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
Vincenzo G. Ferri  
 Mailing Address 726 S. Renaud  
 City State Zip Code  
Grosse Pointe Wood MI 48236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Alliance Plan Occupation AVP - Bus Affiliations & Suppo  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 589.00  
 Date of Receipt 09 / 08 / 2008  
**Transaction ID:** 81004.C5322  
 Amount of Each Receipt this Period 62.00  
 Receipt  
 Payroll Deduction: (31.00- /Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
Howard Flasch  
 Mailing Address 1459 N Rochester Rd  
 City State Zip Code  
Oakland MI 48363-1630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Alliance Plan Occupation VP - Product Development  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 722.00  
 Date of Receipt 09 / 08 / 2008  
**Transaction ID:** 81004.C5328  
 Amount of Each Receipt this Period 76.00  
 Receipt  
 Payroll Deduction: (38.00- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) ..... ► 188.00  
**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 10 / 20
	<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)  
Michael M. Forhan

Mailing Address 1587 Anita

City State Zip Code  
Grosse Pointe Wood MI 48236

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

Name of Employer Health Alliance Plan Occupation Mgr - Comp & Benefits

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt: 09 / 08 / 2008  
Transaction ID: 81004.C5297  
Amount of Each Receipt this Period: 24.00  
Receipt  
Payroll Deduction: (12.00- /Pay Period)

**B.** 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 ▼ 328.89

Date of Receipt: 09 / 08 / 2008  
Transaction ID: 81004.C5301  
Amount of Each Receipt this Period: 34.62  
Receipt  
Payroll Deduction: (17.31- /Pay Period)

**C.** 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 ▼ 730.93

Date of Receipt: 09 / 08 / 2008  
Transaction ID: 81004.C5307  
Amount of Each Receipt this Period: 76.94  
Receipt  
Payroll Deduction: (38.47- /Pay Period)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 135.56

**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 / 20
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Cynthia Hoffman	Date of Receipt MM / DD / YYYY 09 / 08 / 2008
	Mailing Address 5768 Whitehaven Dr	<b>Transaction ID:</b> 81004.C5314
	City State Zip Code Troy MI 48085-3188	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Health Alliance Plan	Occupation Mgr - eCommerce & Tech Plannin	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 ▼ 360.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Joyce M. James	Date of Receipt MM / DD / YYYY 09 / 08 / 2008
	Mailing Address 20810 Gardner St.	<b>Transaction ID:</b> 81004.C5299
	City State Zip Code Oak Park MI 48237	Amount of Each Receipt this Period 24.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Health Alliance Plan	Occupation Mgr - Provider Fin	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 ▼ 228.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Donald Kiefiuk	Date of Receipt MM / DD / YYYY 09 / 08 / 2008
	Mailing Address 39810 Karda	<b>Transaction ID:</b> 81004.C5329
	City State Zip Code Sterling Heights MI 48313	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Health Alliance Plan	Occupation AVP Claim Operation	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 ▼ 760.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>144.00</b>
<b>TOTAL</b> 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 12 / 20  
(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
							17

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

**A.**

Full Name (Last, First, Middle Initial)  
Barbara Kopasz

Mailing Address 38412 Kingsway Ct

City Farmington Hills State MI Zip Code 48331-1651

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

Name of Employer Health Alliance Plan Occupation AVP Sales & Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 361.00

Date of Receipt 09 / 08 / 2008

Transaction ID: 81004.C5302

Amount of Each Receipt this Period 38.00

Receipt

Payroll Deduction: (19.00- /Pay Period )

**B.**

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

Mailing Address 30431 John Hauk

City Garden City State MI Zip Code 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 ▼ 342.00

Date of Receipt 09 / 08 / 2008

Transaction ID: 81004.C5304

Amount of Each Receipt this Period 36.00

Receipt

Payroll Deduction: (18.00- /Pay Period )

**C.**

Full Name (Last, First, Middle Initial)  
Ken Kreis

Mailing Address 31800 Shawn Dr

City Warren State MI Zip Code 48088-2936

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

Name of Employer Health Alliance Plan Occupation Mgr - Appl Dev/Bus Supp/Proj M

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt 09 / 08 / 2008

Transaction ID: 81004.C5300

Amount of Each Receipt this Period 22.00

Receipt

Payroll Deduction: (11.00- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) ..... ► 96.00

**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 13 / 20  
(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)  
Mark Lafata

Mailing Address 377 Arthur

City Plymouth State MI Zip Code 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 ▼ 238.00

Date of Receipt 09 / 08 / 2008

Transaction ID: 81004.C5292

Amount of Each Receipt this Period 34.00

Receipt

Payroll Deduction: (17.00- /Pay Period )

**B.**

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

Mailing Address 43885 Boulder Dr

City Clinton Township State MI Zip Code 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 ▼ 318.25

Date of Receipt 09 / 08 / 2008

Transaction ID: 81004.C5298

Amount of Each Receipt this Period 33.50

Receipt

Payroll Deduction: (16.75- /Pay Period )

**C.**

Full Name (Last, First, Middle Initial)  
Sandra Ledesma

Mailing Address 22429 Provincial St

City Trenton State MI Zip Code 48183

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

Name of Employer Health Alliance Plan Occupation Manager IT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt 09 / 08 / 2008

Transaction ID: 81004.C5305

Amount of Each Receipt this Period 22.00

Receipt

Payroll Deduction: (11.00- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) ..... ► 89.50

**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 14 / 20
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Irita Matthews		Date of Receipt
	Mailing Address 1305 Balfour St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Grosse Pointe Park	MI	48230-1021
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Health Alliance Plan		Occupation Assoc Counsel	Transaction ID: 81004.C5318
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 252.00	<input type="text"/> 28.00
			Receipt
			Payroll Deduction: (14.00- /Pay Period )

<b>B.</b>	Full Name (Last, First, Middle Initial) Colleen McClorey		Date of Receipt
	Mailing Address 48188 Andover Dr.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Detroit	MI	48374
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Health Alliance Plan		Occupation VP - Assoc General Counsel	Transaction ID: 81004.C5324
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 1102.00	<input type="text"/> 116.00
			Receipt
			Payroll Deduction: (58.00- /Pay Period )

<b>C.</b>	Full Name (Last, First, Middle Initial) Ryan C. Moore		Date of Receipt
	Mailing Address 723 Barclay Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Troy	MI	48085
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Health Alliance Plan		Occupation Adm Manager, Office of COO	Transaction ID: 81004.C5306
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 201.02	<input type="text"/> 21.16
			Receipt
			Payroll Deduction: (10.58- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 165.16
<b>TOTAL</b> 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 15 / 20
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Vincent Pawloske	Date of Receipt MM / DD / YYYY 09 / 08 / 2008
	Mailing Address 5450 Sandlewood Court	<b>Transaction ID:</b> 81004.C5332
	City State Zip Code Waterford MI 48329	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (20.00- /Pay Period )
Name of Employer Health Alliance Plan	Occupation Associate Director Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Christopher Pike	Date of Receipt MM / DD / YYYY 09 / 08 / 2008
	Mailing Address 1657 Wilmington Ct	<b>Transaction ID:</b> 81004.C5310
	City State Zip Code Rochester MI 48309	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (25.00- /Pay Period )
Name of Employer Health Alliance Plan	Occupation AVP - Information Tech Supp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Rachel Powell	Date of Receipt MM / DD / YYYY 09 / 08 / 2008
	Mailing Address 543 Thurber	<b>Transaction ID:</b> 81004.C5320
	City State Zip Code Troy MI 48085-4827	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (20.00- /Pay Period )
Name of Employer Health Alliance Plan	Occupation Dir - Encounter/Claim Accuracy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>130.00</b>
<b>TOTAL</b> 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 16 / 20
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Patricia R. Richards	Date of Receipt MM / DD / YYYY 09 / 08 / 2008
	Mailing Address 23 Turnberry Ln.	<b>Transaction ID:</b> 81004.C5333
	City State Zip Code Dearborn MI 48120	Amount of Each Receipt this Period 153.86
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Health Alliance Plan	Occupation Sr. Vice President & COO	Payroll Deduction: (76.93- /Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1461.67	

<b>B.</b>	Full Name (Last, First, Middle Initial) Chrystal M. Roberts	Date of Receipt MM / DD / YYYY 09 / 08 / 2008
	Mailing Address 24601 Pinehurst Avenue	<b>Transaction ID:</b> 81004.C5334
	City State Zip Code Oak Park MI 48237	Amount of Each Receipt this Period 34.62
	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 328.89	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dianna Ronan	Date of Receipt MM / DD / YYYY 09 / 08 / 2008
	Mailing Address 2156 Cumberland	<b>Transaction ID:</b> 81004.C5312
	City State Zip Code Brighton MI 48114	Amount of Each Receipt this Period 154.00
	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 1463.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>342.48</b>
<b>TOTAL</b> 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 17 / 20
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Diane Slon		Date of Receipt MM / DD / YYYY 09 / 08 / 2008
	Mailing Address 31646 Robinhood Drive		Transaction ID: 81004.C5335
	City Franklin	State MI	Zip Code 48025
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer Health Alliance Plan	Occupation Director, MBI	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 380.00	Payroll Deduction: (20.00- /Pay Period )

<b>B.</b>	Full Name (Last, First, Middle Initial) Mary Clare Solky		Date of Receipt MM / DD / YYYY 09 / 08 / 2008
	Mailing Address 30387 Windingbrook Lane		Transaction ID: 81004.C5313
	City Farmington	State MI	Zip Code 48334
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer Health Alliance Plan	Occupation Director, CBHM	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 380.00	Payroll Deduction: (20.00- /Pay Period )

<b>C.</b>	Full Name (Last, First, Middle Initial) Ronald R. Stallworth		Date of Receipt MM / DD / YYYY 09 / 08 / 2008
	Mailing Address 8121 Agnes		Transaction ID: 81004.C5319
	City Detroit	State MI	Zip Code 48214
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
	Name of Employer Health Alliance Plan	Occupation VP - Government Affairs	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 720.00	Payroll Deduction: (40.00- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	160.00
<b>TOTAL</b> 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 18 / 20
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) William Tierney	Date of Receipt MM / DD / YYYY 09 / 08 / 2008
	Mailing Address 12739 Herrod Drive	<b>Transaction ID:</b> 81004.C5315
	City State Zip Code Sterling Heights MI 48313-4145	Amount of Each Receipt this Period 23.08
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (11.54- /Pay Period )
Name of Employer Health Alliance Plan	Occupation Sr. Project Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 219.26	

<b>B.</b>	Full Name (Last, First, Middle Initial) Daniel Trim	Date of Receipt MM / DD / YYYY 09 / 08 / 2008
	Mailing Address 921 Juneau Rd.	<b>Transaction ID:</b> 81004.C5326
	City State Zip Code Ypsilanti MI 48198-6323	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (40.00- /Pay Period )
Name of Employer Health Alliance Plan	Occupation Mgr - Tech Support/Comp Op	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Matthew Walsh	Date of Receipt MM / DD / YYYY 09 / 08 / 2008
	Mailing Address 889 Langley Court	<b>Transaction ID:</b> 81004.C5336
	City State Zip Code Rochester Hills MI 48309	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (20.00- /Pay Period )
Name of Employer Health Alliance Plan	Occupation Project Dir, Purchaser Initiat	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>143.08</b>
<b>TOTAL</b> 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 19 / 20  
(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 ▼  
665.00

Date of Receipt  

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

Transaction ID: 81004.C5340

Amount of Each Receipt this Period  
70.00

Receipt

Payroll Deduction: (35.00- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	70.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2147.40

# 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

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)  
Friends of L. Brooks Patterson

Mailing Address 26200 American Dr Ste 500

City Southfield State MI Zip Code 48034-6101

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81004.E213  
Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)  
Friends of Paul Welday

Mailing Address PO Box 2780

City Farmington Hills State MI Zip Code 48333-2780

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81004.E212  
Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional) .....

5250.00

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

5250.00