

**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

CITY

STATE

ZIP CODE

C00410670

3. IS THIS REPORT

x

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)

X 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 (12S)

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

07

01

2005

through

12

31

2005

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 Hoerbering

Signature of Treasurer

Electronically Filed by James W Hoerbering

Date

01

23

2006

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. 02/2003)

**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: ^M07 ^D01 ^Y2005 To: ^M12 ^D31 ^Y2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2005		0.00
(b) Cash on Hand at Beginning of Reporting Period	15022.43	
(c) Total Receipts (from Line 19)	17671.90	48457.28
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	32694.33	48457.28
7. Total Disbursements (from Line 31)	19399.67	35162.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	13294.66	13294.66
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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name
Health Alliance Plan PAC

Report Covering the Period: From: ^M07 ^D01 ^Y2005 To: ^M12 ^D31 ^Y2005

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		
(i) Itemized (use Schedule A)	15606.19	42773.94
(ii) Unitemized	1475.71	5183.34
(iii) TOTAL (add Lines 11(a)(i) and (ii))	17171.90	47957.28
(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)	17171.90	47957.28
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.)	500.00	500.00
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))	17671.90	48457.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	17671.90	48457.28

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.....	199.60	462.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	199.60	462.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	8500.00
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.....	17200.07	26200.07
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 ActMty (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))..	19399.67	35162.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	19399.67	35162.62

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

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)	17171.90	47957.28
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17171.90	47957.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	199.60	462.55
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	199.60	462.55

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 / 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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

Full Name (Last, First, Middle Initial) A. Patricia Marie Barnett		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 29719 Sierra Pointe Circle		Transaction ID: 100000248
City Farmington	State MI	Zip Code 48331
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 390.00
Name of Employer Health Alliance Plan	Occupation Program Director	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	Payroll Deduction: (30.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. Vernal Teresa Bakley		Date of Receipt M / D / Y 07 / 18 / 2005
Mailing Address 42573 Saddle Lane		Transaction ID: 100000263
City Sterling Heights	State MI	Zip Code 48314
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Health Alliance Plan	Occupation Director, Quality Management	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Angela K. Branch		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 81 Atkinson		Transaction ID: 100000254
City Detroit	State MI	Zip Code 48202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 351.00
Name of Employer Health Alliance Plan	Occupation Director, Client Comm	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	Payroll Deduction: (27.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	1041.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 / 31

(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

Full Name (Last, First, Middle Initial) A. Kenneth A. Braun		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 842B Houghten		Transaction ID: 100000255
City	State	Zip Code
Troy	MI	48068
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Health Alliance Plan	Occupation Director, Labor Affairs	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	Payroll Deduction: (25.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. McKinley Broadus		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 3182 Woods Circle		Transaction ID: 100000213
City	State	Zip Code
Detroit	MI	48207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Health Alliance Plan	Occupation Director, Financial Service	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	Payroll Deduction: (25.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. KeJuan E. Brown		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 15888 Carlisle		Transaction ID: 100000214
City	State	Zip Code
Detroit	MI	48205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 195.00
Name of Employer Health Alliance Plan	Occupation Supervisor	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	Payroll Deduction: (15.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	845.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 / 31

(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

Full Name (Last, First, Middle Initial) A. John D. Calabria		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 2030 Brinston Drive		Transaction ID: 100000215
City	State	Zip Code
Troy	MI	48063
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 390.00
Name of Employer Health Alliance Plan	Occupation Associate Medical Director	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	Payroll Deduction: (30.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. Jonathan W. Clement		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 923 Westchester Rd		Transaction ID: 100000217
City	State	Zip Code
Grosse Pointe	MI	48230-1829
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 520.00
Name of Employer Health Alliance Plan	Occupation Vice President - Finance	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	Payroll Deduction: (40.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. Ronald R. Cook		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 8121 Agnes		Transaction ID: 100000218
City	State	Zip Code
Detroit	MI	48214
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Health Alliance Plan	Occupation Vice President-Government Affa	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 925.00	Payroll Deduction: (25.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	1235.00
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 9 / 31
(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

Full Name (Last, First, Middle Initial) A. Gwendolyn Davenport		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 11372 Whitehill		Transaction ID: 100000220
City Detroit	State MI	Zip Code 48224-1653
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Health Alliance Plan	Occupation Director	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	
		Payroll Deduction: (25.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. Dana DeFlorio		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 2077 18th Street		Transaction ID: 100000221
City Wyandotte	State MI	Zip Code 48192
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 260.00
Name of Employer Health Alliance Plan	Occupation Manager	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	
		Payroll Deduction: (20.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. Kenny Dodson		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 11236 Meadow Brook Drive		Transaction ID: 100000257
City Warren	State MI	Zip Code 48093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Health Alliance Plan	Occupation Claims Manager	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
		Payroll Deduction: (50.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	785.00
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 / 31

(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

Full Name (Last, First, Middle Initial) A. Jody L. Doherty		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 21115 Violet		Transaction ID: 100000222
City Saint Clair Shores	State MI	Zip Code 48082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Health Alliance Plan	Occupation Director	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	Payroll Deduction: (25.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. Vincenzo G. Ferri		Date of Receipt M / D / Y 07 / 18 / 2005
Mailing Address 726 S. Renaud		Transaction ID: 100000309
City Grosse Pointe Wood	State MI	Zip Code 48236
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 252.00
Name of Employer Health Alliance Plan	Occupation AVP -Appl Deve & Bus	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	Payroll Deduction: (21.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. Michael M. Forhen		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 1587 Anita Ave		Transaction ID: 100000223
City Grosse Pointe Wood	State MI	Zip Code 48236
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 221.00
Name of Employer Health Alliance Plan	Occupation Manager	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 289.00	Payroll Deduction: (17.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	798.00
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 11/31
(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

Full Name (Last, First, Middle Initial) A. Maurice A. Foster		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 18202 Oak Drive		Transaction ID: 100000219
City Detroit	State MI	Zip Code 48221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 172.12
Name of Employer Health Alliance Plan	Occupation Supervisor Security	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 211.84	Payroll Deduction: (13.24- /Pay Period)

Full Name (Last, First, Middle Initial) B. Mumtaz A. Ibrahim		Date of Receipt M / D / Y 11 / 16 / 2005
Mailing Address 21833 Sheffield Drive		Transaction ID: 60120.C710
City Farmington	State MI	Zip Code 48335
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
Name of Employer Health Alliance Plan	Occupation Sr. Assoc. Med Director	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name (Last, First, Middle Initial) C. Joyce M. James		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 20810 Gardner		Transaction ID: 100000225
City Oak Park	State MI	Zip Code 48237
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 221.00
Name of Employer Health Alliance Plan	Occupation Manager - Provider Finance	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 289.00	Payroll Deduction: (17.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	1193.12
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 12/31

(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

Full Name (Last, First, Middle Initial) A. Kenneth B. Jarrell		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 1881 Coyle		Transaction ID: 100000228
City Detroit	State MI	Zip Code 48235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 162.50
Name of Employer Health Alliance Plan	Occupation Supervisor	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 212.50	Payroll Deduction: (12.50- /Pay Period)

Full Name (Last, First, Middle Initial) B. Deborah Jenkins		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 8811 Ravines Circle		Transaction ID: 100000227
City West Bloomfield	State MI	Zip Code 48322
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 260.00
Name of Employer Health Alliance Plan	Occupation Manager	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	Payroll Deduction: (20.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. Thomas Japsen		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 151D Fairholme		Transaction ID: 100000228
City Grosse Pointe Wood	State MI	Zip Code 48238
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Health Alliance Plan	Occupation Director	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	Payroll Deduction: (25.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	747.50
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 13 / 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Sooman Kansal		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 334D Rocky Crest		Transaction ID: 100000229
City Rochester Hills	State MI	Zip Code 48306
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 205.40
Name of Employer Health Alliance Plan	Occupation T M Manager	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 268.60	Payroll Deduction: (15.80- /Pay Period)

Full Name (Last, First, Middle Initial) B. Gian Koskiewicz		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 30431 John Hawk		Transaction ID: 100000230
City Garden City	State MI	Zip Code 48135
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 162.50
Name of Employer Health Alliance Plan	Occupation Director of Financial Oper	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 212.50	Payroll Deduction: (12.50- /Pay Period)

Full Name (Last, First, Middle Initial) C. Mark Lafeta		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 377 Arthur St		Transaction ID: 100000231
City Plymouth	State MI	Zip Code 48170-1120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 288.00
Name of Employer Health Alliance Plan	Occupation Sr. Finance Administrator	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 396.00	Payroll Deduction: (22.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	653.90
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 14 / 31
(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

Full Name (Last, First, Middle Initial) A. Michelle Lang		Date of Receipt M / D / Y Y Y Y 07 / 06 / 2005
Mailing Address 48816 Dunn Court		Transaction ID: 100000262
City Macomb	State MI	Zip Code 48044
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 442.00
Name of Employer Health Alliance Plan	Occupation Director, COB	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 442.00	
		Payroll Deduction: (34.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. Rhonda Mabere		Date of Receipt M / D / Y Y Y Y 07 / 06 / 2005
Mailing Address 8306 Burnette		Transaction ID: 100000260
City Detroit	State MI	Zip Code 48204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 195.00
Name of Employer Health Alliance Plan	Occupation Supervisor	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
		Payroll Deduction: (15.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. Deborah Marine		Date of Receipt M / D / Y Y Y Y 07 / 06 / 2005
Mailing Address 22811 Strawberry Court #208		Transaction ID: 100000239
City Novi	State MI	Zip Code 48375
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 280.00
Name of Employer Health Alliance Plan	Occupation Compliance & Privacy Officer	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	
		Payroll Deduction: (20.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	897.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 15 / 31
(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

Full Name (Last, First, Middle Initial) A. Iris Matthews		Date of Receipt M / D / Y 07 / 06 / 2006
Mailing Address 391 D Audubon		Transaction ID: 100000234
City	State	Zip Code
Detroit	MI	48224
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 195.00
Name of Employer Health Alliance Plan	Occupation Associate Counsel	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
		Payroll Deduction: (15.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. Colleen McCleary		Date of Receipt M / D / Y 07 / 06 / 2006
Mailing Address 48188 Andover Drive		Transaction ID: 100000235
City	State	Zip Code
Detroit	MI	48224
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 722.15
Name of Employer Health Alliance Plan	Occupation Vice President, Associate Gen	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 899.90	
		Payroll Deduction: (55.55- /Pay Period)

Full Name (Last, First, Middle Initial) C. Bruce Niebylak		Date of Receipt M / D / Y 07 / 06 / 2006
Mailing Address 3450 Greentree		Transaction ID: 100000258
City	State	Zip Code
Bloomfield Hills	MI	48304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Health Alliance Plan	Occupation Sr. Associate Medical Director	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
		Payroll Deduction: (1000.- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	1917.15
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 16 / 31
(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

Full Name (Last, First, Middle Initial) A. Diane Pavlica		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 45588 Morningside		Transaction ID: 100000298
City	State	Zip Code
Canton	MI	48187
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Health Alliance Plan	Occupation Director	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	Payroll Deduction: (25.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. Vincent Pawloske		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 5450 Sandlewood Court		Transaction ID: 100000297
City	State	Zip Code
Waterford	MI	48329
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Health Alliance Plan	Occupation Associate Director Finance	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	Payroll Deduction: (25.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. Joyce Poole		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 18830 Lincoln Drive		Transaction ID: 100000251
City	State	Zip Code
Lathrup Village	MI	48078
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 229.32
Name of Employer Health Alliance Plan	Occupation Manager	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 282.24	Payroll Deduction: (17.64- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	879.32
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 17 / 31
(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

Full Name (Last, First, Middle Initial) A. Richard Record		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 150 Shorewood Lane		Transaction ID: 100000238
City Howell	State MI	Zip Code 48843
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 286.00
Name of Employer Health Alliance Plan	Occupation Director	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 374.00	
		Payroll Deduction: (22.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. Robert J. Rodriguez		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 50119 Crusader Drive		Transaction ID: 100000261
City Macomb	State MI	Zip Code 48044
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Health Alliance Plan	Occupation Director, OE & L Team	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
		Payroll Deduction: (25.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. Dianna Rosen		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 2156 Cumberland Drive		Transaction ID: 100000239
City Brighton	State MI	Zip Code 48114
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 975.00
Name of Employer Health Alliance Plan	Occupation Vice President Financial Svcs	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1275.00	
		Payroll Deduction: (75.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	1561.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 18 / 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Nancy Schlichting		Date of Receipt M / D / Y 08 / 03 / 2005
Mailing Address 15 Turnberry Lane		Transaction ID: 100000364
City Dearborn	State MI	Zip Code 48120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Henry Ford Health System	Occupation CEO	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Diane Sloan		Date of Receipt M / D / Y 11 / 16 / 2005
Mailing Address 31646 Robinhood Drive		Transaction ID: 60120.C711
City Franklin	State MI	Zip Code 48025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Health Alliance Plan	Occupation Director, MBI	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Mary Clara Soly		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 30387 Windingbrook Lane		Transaction ID: 100000241
City Farmington	State MI	Zip Code 48334
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Health Alliance Plan	Occupation Director, CBHM	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	
		Payroll Deduction: (25.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	1825.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 10 / 31

(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

Full Name (Last, First, Middle Initial) A. Angela M. Strickland		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 34372 Drisini		Transaction ID: 100000242
City Sterling Heights	State MI	Zip Code 48312
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 229.45
Name of Employer Health Alliance Plan	Occupation Manager - HMS	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.05	
		Payroll Deduction: (17.85- /Pay Period)

Full Name (Last, First, Middle Initial) B. Carolyn R. Tokarz		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 39218 Rivercrest		Transaction ID: 100000243
City Harrison Township	State MI	Zip Code 48045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 243.75
Name of Employer Health Alliance Plan	Occupation Management	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 318.75	
		Payroll Deduction: (18.75- /Pay Period)

Full Name (Last, First, Middle Initial) C. Ronald Torres		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 6581 Merrick		Transaction ID: 100000244
City Troy	State MI	Zip Code 48068
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 390.00
Name of Employer Health Alliance Plan	Occupation Assoc. Medical Director	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	
		Payroll Deduction: (30.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	963.20
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 20 / 31

(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

Full Name (Last, First, Middle Initial) A. Tamara Vonkoning		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 28648 Desmond Drive		Transaction ID: 100000245
City Warren	State MI	Zip Code 48090
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 195.00
Name of Employer Health Alliance Plan	Occupation Director, M & B	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	Payroll Deduction: (15.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. Matthew Walsh		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 889 Langley Court		Transaction ID: 100000246
City Rochester Hills	State MI	Zip Code 48309
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 260.00
Name of Employer Health Alliance Plan	Occupation Director - Project	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	Payroll Deduction: (20.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	455.00
TOTAL This Period (last page this line number only)	▶	15696.19

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 21 / 31

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
13	14	15	16	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Citizens to Elect Edward Gaffney		Date of Receipt M / D / Y 09 / 27 / 2005
Mailing Address 283 Kentwood Court		Transaction ID: 100000585
City Grosse Pointe	State MI	Zip Code 48236-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Other Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 31

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
	27		28a		28b		28c		29		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

Full Name (Last, First, Middle Initial)

A. Comerica Bank

Mailing Address P.O. Box 75000

City Detroit State MI Zip Code 48275-

Purpose of Disbursement
MERCHANT FEE JULY

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Transaction ID: 200000019

Date of Disbursement

07 / 05 / 2005

Amount of Each Disbursement this Period

19.44

MERCHANT FEE JULY

Full Name (Last, First, Middle Initial)

B. Comerica Bank

Mailing Address P.O. Box 75000

City Detroit State MI Zip Code 48275-

Purpose of Disbursement
MERCHANT FEE AUG

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Transaction ID: 200000024

Date of Disbursement

08 / 02 / 2005

Amount of Each Disbursement this Period

5.00

MERCHANT FEE AUG

Full Name (Last, First, Middle Initial)

C. Comerica Bank

Mailing Address P.O. Box 75000

City Detroit State MI Zip Code 48275-

Purpose of Disbursement
MERCHANT FEE SEPT

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Transaction ID: 200000029

Date of Disbursement

09 / 02 / 2005

Amount of Each Disbursement this Period

41.10

MERCHANT FEE SEPT

SUBTOTAL of Disbursements This Page (optional) ▶

65.54

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

**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 23 / 31

<input checked="" 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 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

Full Name (Last, First, Middle Initial)

A. Comerica Bank

Mailing Address P.O. Box 75000

City Detroit State MI Zip Code 48275-

Purpose of Disbursement
MERCHANT FEE OCT

Candidate Name

Category/
Type

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

State: District

Transaction ID: 200000033

Date of Disbursement

10 / 04 / 2005

Amount of Each Disbursement this Period

7.79

MERCHANT FEE OCT

Full Name (Last, First, Middle Initial)

B. Comerica Bank

Mailing Address P.O. Box 75000

City Detroit State MI Zip Code 48275-

Purpose of Disbursement
MERCHANT FEE NOV

Candidate Name

Category/
Type

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

State: District

Transaction ID: 60120.E51

Date of Disbursement

11 / 02 / 2005

Amount of Each Disbursement this Period

85.00

MERCHANT FEE NOV

Full Name (Last, First, Middle Initial)

C. Comerica Bank

Mailing Address P.O. Box 75000

City Detroit State MI Zip Code 48275-

Purpose of Disbursement
MERCHANT FEE DEC

Candidate Name

Category/
Type

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

State: District

Transaction ID: 60120.E53

Date of Disbursement

12 / 02 / 2005

Amount of Each Disbursement this Period

41.27

MERCHANT FEE DEC

SUBTOTAL of Disbursements This Page (optional) ▶

134.06

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

199.60

**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 24 / 31

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)
A. Rogers for Congress

Mailing Address P.O. Box 581

City Brighton State MI Zip Code 48116-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name
MICHAEL J ROGERS

Office Sought: House
 Senate
 President

State: MI District: D8

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: 200000031
Date of Disbursement

09 / 22 / 2005

Amount of Each Disbursement this Period

500.00

DIRECT CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. Stabenow for U.S. Senate

Mailing Address P.O. Box 4845

City East Lansing State MI Zip Code 48826-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name
DEBBIE STABENOW

Office Sought: House
 Senate
 President

State: MI District: D0

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: B0120.E54
Date of Disbursement

12 / 06 / 2005

Amount of Each Disbursement this Period

1500.00

DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

2000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 25 / 31

<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

Full Name (Last, First, Middle Initial)
A. Genesee Victory Fund

Mailing Address 4324 Barton

City Lansing State MI Zip Code 48917-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: 2005 Primary General
X Other (specify) ▼
Annual/Other

Category/
Type

Transaction ID: 200000023
Date of Disbursement
08 / 03 / 2005

Amount of Each Disbursement this Period
600.00

Full Name (Last, First, Middle Initial)
B. Republican Oakland County Commissioners

Mailing Address 1849 Lakeview Lane

City Highland State MI Zip Code 48357-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: 2005 Primary General
X Other (specify) ▼
Annual/Other

Category/
Type

Transaction ID: 60120.E46
Date of Disbursement
10 / 31 / 2005

Amount of Each Disbursement this Period
500.00

Full Name (Last, First, Middle Initial)
C. Ed Gaffney Leadership Fund

Mailing Address 283 Kenwood CT

City Grosse Pointe State MI Zip Code 48238-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: 2005 Primary General
X Other (specify) ▼
Annual/Other

Category/
Type

Transaction ID: 60120.E50
Date of Disbursement
11 / 07 / 2005

Amount of Each Disbursement this Period
500.00

SUBTOTAL of Disbursements This Page (optional) ▶ **1600.00**

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

**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 26 / 31

<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

Full Name (Last, First, Middle Initial)
A. Re-Elect Bill Boullard, Jr. County Comm.

Mailing Address 1849 Lakeview Lane

City Highland State MI Zip Code 48357-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: 200000038
Date of Disbursement

10 / 07 / 2005

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)
B. Hansen Clarke for Senate

Mailing Address 243 W. Congress
Suite 350

City Detroit State MI Zip Code 48226-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: 60120.E47
Date of Disbursement

10 / 31 / 2005

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)
C. Friends of Ken Cockrel

Mailing Address 4815 Avery

City Detroit State MI Zip Code 48208-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Office Sought: House Senate President
Disbursement For: 2005
Primary X General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: 200000035
Date of Disbursement

10 / 05 / 2005

Amount of Each Disbursement this Period

750.00

SUBTOTAL of Disbursements This Page (optional) ▶

1650.00

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

**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)

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<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

Full Name (Last, First, Middle Initial)
A. Committee to Re-Elect Sheila Cockrel

Mailing Address P.O. Box 48442

City State Zip Code
Detroit MI 48243-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Office Sought: House Senate President
Disbursement For: 2005 Primary X General Other (specify) ▼

State: District

Category/
Type

Transaction ID: 200000034
Date of Disbursement

10 / 05 / 2005

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)
B. Committee to Elect Jai-Lee Dearing

Mailing Address 2735 Russell

City State Zip Code
Detroit MI 48214-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Office Sought: House Senate President
Disbursement For: 2005 Primary X General Other (specify) ▼

State: District

Category/
Type

Transaction ID: 200000045
Date of Disbursement

10 / 18 / 2005

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)
C. Robert A. Ficano Committee

Mailing Address P.O. Box 700859

City State Zip Code
Plymouth MI 48170-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006 X Primary General Other (specify) ▼

State: District

Category/
Type

Transaction ID: 60120.E48
Date of Disbursement

10 / 31 / 2005

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

**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)

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<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

Full Name (Last, First, Middle Initial)
A. Tom George for State Senate

Mailing Address P.O. Box 1265

City State Zip Code
Portage MI 49081-1265

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: 200000044
Date of Disbursement

10 / 18 / 2005

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)
B. Gilbert for State Senate

Mailing Address P.O. Box 15311

City State Zip Code
Lansing MI 48001-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: 200000037
Date of Disbursement

10 / 07 / 2005

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)
C. Hardiman for State Senate Committee

Mailing Address P.O. Box 1689

City State Zip Code
Grand Rapids MI 49501-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: 60120.E49
Date of Disbursement

11 / 04 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

1700.00

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

**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)

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<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

Full Name (Last, First, Middle Initial)
A. Freeman Hendrix for Mayor Committee

Mailing Address 18701 Grandriver #360

City Detroit State MI Zip Code 48223-

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: 2005
Primary X General
Other (specify) ▼

Category/
Type

Transaction ID: 200000030
Date of Disbursement
09 / 22 / 2005

Amount of Each Disbursement this Period
3400.00

Full Name (Last, First, Middle Initial)
B. Committee to Elect Dave Hildenbrand

Mailing Address 2700 Timpson SE

City Lowell State MI Zip Code 49331-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: 2006
X Primary General
Other (specify) ▼

Category/
Type

Transaction ID: 200000021
Date of Disbursement
08 / 03 / 2005

Amount of Each Disbursement this Period
200.00

Full Name (Last, First, Middle Initial)
C. Friends of Kwame Kenyatta

Mailing Address 18550 Greenfield

City Detroit State MI Zip Code 48235-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: 2005
Primary X General
Other (specify) ▼

Category/
Type

Transaction ID: 200000038
Date of Disbursement
10 / 07 / 2005

Amount of Each Disbursement this Period
500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 4100.00

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

**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)

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<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

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

Mailing Address P.O. Box 14854

City Detroit State MI Zip Code 48214-

Purpose of Disbursement
PURCHASE OF FOOD AND BEVERAGE

Candidate Name

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

Category/
Type

Transaction ID: 200000028
Date of Disbursement
08 / 18 / 2005

Amount of Each Disbursement this Period
1000.00

In-Kind: Purchase of food and beverage

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

Mailing Address P.O. Box 14854

City Detroit State MI Zip Code 48214-

Purpose of Disbursement
PURCHASE OF FOOD AND BEVERAGE

Candidate Name

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

Category/
Type

Transaction ID: 200000040
Date of Disbursement
10 / 18 / 2005

Amount of Each Disbursement this Period
-1000.00

In-Kind: Purchase of food and beverage

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

Mailing Address P.O. Box 14854

City Detroit State MI Zip Code 48214-

Purpose of Disbursement
PURCHASE OF FOOD AND BEVERAGE

Candidate Name

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

Category/
Type

Transaction ID: 200000042
Date of Disbursement
10 / 18 / 2005

Amount of Each Disbursement this Period
5000.00

In-Kind: Purchase of food and beverage

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

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

**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)

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<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

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

Mailing Address P.O. Box 14854

City State Zip Code
Detroit MI 48214-

Purpose of Disbursement
PURCHASE OF FOOD AND BEVERAGE

Candidate Name

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

Category/
Type

Transaction ID: 200000043
Date of Disbursement

10 / 18 / 2005

Amount of Each Disbursement this Period

1000.07

In-Kind: Purchase of food
and beverage

Full Name (Last, First, Middle Initial)
B. Alberta Tinsley-Talbi

Mailing Address P.O. Box 43687

City State Zip Code
Detroit MI 48243-0687

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Office Sought:	House Senate President	Disbursement For:	2006 Primary X General Other (specify) ▼
State:	District		

Category/
Type

Transaction ID: 200000020
Date of Disbursement

08 / 01 / 2005

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

1500.07

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

17050.07