

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 06 01 2008 through 06 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 07 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 **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	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

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 .....	53254.72									
(c) Total Receipts (from Line 19) .....	2321.80	20925.70								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	55576.52	76507.28								
7. Total Disbursements (from Line 31) .....	7555.00	28485.76								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	48021.52	48021.52								
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	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

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	1900.16	12612.82
(i) Itemized (use Schedule A) .....	421.64	8312.88
(ii) Unitemized .....	2321.80	20925.70
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	2321.80	20925.70
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	20925.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2321.80	20925.70

**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	160.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	5.00	160.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	5700.00	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.....	1850.00	12075.00
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))..	7555.00	28485.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7555.00	28485.76

**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	20925.70
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	20925.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5.00	160.76
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	160.76

# 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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Scott Allen		Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address 3066 Richmond Dr		<b>Transaction ID:</b> 80704.C5031
	City Clarkston	State MI	Zip Code 48348-5063
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
	Name of Employer Health Alliance Plan	Occupation Assoc Dir, Labor Affairs	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	Payroll Deduction: (20.00- /Pay Period )

<b>B.</b>	Full Name (Last, First, Middle Initial) Angela K. Branch		Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address 81 Atkinson		<b>Transaction ID:</b> 80704.C4984
	City Detroit	State MI	Zip Code 48202
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
	Name of Employer Health Alliance Plan	Occupation Dir - Customer Retention & Edu	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	Payroll Deduction: (20.00- /Pay Period )

<b>C.</b>	Full Name (Last, First, Middle Initial) Richard Chaney		Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address 16555 Shaftsbury Ave		<b>Transaction ID:</b> 80704.C5032
	City Detroit	State MI	Zip Code 48219-4011
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
	Name of Employer Health Alliance Plan	Occupation Vice President	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	Payroll Deduction: (25.00- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	130.00
<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 7 / 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

**A.** Full Name (Last, First, Middle Initial)  
Jonathan W. Clement

Mailing Address 923 Westchester

City State Zip Code  
Grosse Pointe MI 48230-1829

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

Name of Employer Health Alliance Plan Occupation VP - Underwriting & Rating

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 06 / 12 / 2008  
Transaction ID: 80704.C5024  
Amount of Each Receipt this Period: 80.00  
Receipt  
Payroll Deduction: (40.00- /Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
Gwendolyn Davenport

Mailing Address 11372 Whitehill

City State Zip Code  
Detroit MI 48224-1653

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

Name of Employer Health Alliance Plan Occupation Dir - Credentialing Services

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00

Date of Receipt: 06 / 12 / 2008  
Transaction ID: 80704.C4988  
Amount of Each Receipt this Period: 36.00  
Receipt  
Payroll Deduction: (18.00- /Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
Donald Davis

Mailing Address 11417 Fellows Creek Drive

City State Zip Code  
Plymouth MI 48170

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

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

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1001.00

Date of Receipt: 06 / 12 / 2008  
Transaction ID: 80704.C4989  
Amount of Each Receipt this Period: 154.00  
Receipt  
Payroll Deduction: (77.00- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 270.00

**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 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) Jody L. Doherty	Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address 21115 Violet	<b>Transaction ID:</b> 80704.C5017
	City State Zip Code Saint Clair Shores MI 48082	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 ▼ 225.03	

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael A. Elinski	Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address 3434 Essex	<b>Transaction ID:</b> 80704.C5021
	City State Zip Code Troy MI 48084	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 AVP - Technology & eBusiness D	Payroll Deduction: (25.00- /Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Vincenzo G. Ferri	Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address 726 S. Renaud	<b>Transaction ID:</b> 80704.C5016
	City State Zip Code Grosse Pointe Wood MI 48236	Amount of Each Receipt this Period 62.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Health Alliance Plan	Occupation AVP - Bus Affiliations & Suppo	Payroll Deduction: (31.00- /Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>146.62</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 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Howard Flasch</p> <p>Mailing Address 1459 N Rochester Rd</p> <p>City State Zip Code Oakland MI 48363-1630</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Health Alliance Plan      Occupation: VP - Product Development</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">494.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 12 / 2008</span></p> <p><b>Transaction ID:</b> 80704.C5022</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">76.00</span></p> <p>Receipt</p> <p>Payroll Deduction: (38.00- /Pay Period )</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Jeanette H. Girty</p> <p>Mailing Address 18246 Stoepel</p> <p>City State Zip Code Detroit MI 48221</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Health Alliance Plan      Occupation: Dir - Client Svcs Operations</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">225.03</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 12 / 2008</span></p> <p><b>Transaction ID:</b> 80704.C4995</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">34.62</span></p> <p>Receipt</p> <p>Payroll Deduction: (17.31- /Pay Period )</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Mark Hall</p> <p>Mailing Address 25450 Constitution</p> <p>City State Zip Code Novi MI 48375-1763</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Health Alliance Plan      Occupation: AVP - NB Dist Channel Mgmt</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">500.11</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 12 / 2008</span></p> <p><b>Transaction ID:</b> 80704.C5001</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">76.94</span></p> <p>Receipt</p> <p>Payroll Deduction: (38.47- /Pay Period )</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">187.56</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 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)  
Cynthia Hoffman

Mailing Address 5768 Whitehaven Dr

City State Zip Code  
Troy MI 48085-3188

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

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

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
06 / 12 / 2008

Transaction ID: 80704.C5008

Amount of Each Receipt this Period  
40.00

Receipt  
Payroll Deduction: (20.00- /Pay Period )

**B.**

Full Name (Last, First, Middle Initial)  
Donald Kiefiuk

Mailing Address 39810 Karda

City State Zip Code  
Sterling Heights MI 48313

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

Name of Employer Occupation  
Health Alliance Plan AVP Claim Operation

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
MM / DD / YYYY  
06 / 12 / 2008

Transaction ID: 80704.C5023

Amount of Each Receipt this Period  
80.00

Receipt  
Payroll Deduction: (40.00- /Pay Period )

**C.**

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

Mailing Address 38412 Kingsway Ct

City State Zip Code  
Farmington Hills MI 48331-1651

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

Name of Employer Occupation  
Health Alliance Plan AVP Sales & Marketing

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 247.00

Date of Receipt  
MM / DD / YYYY  
06 / 12 / 2008

Transaction ID: 80704.C4996

Amount of Each Receipt this Period  
38.00

Receipt  
Payroll Deduction: (19.00- /Pay Period )

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

158.00

**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 11 / 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)  
Glen Koslakiewicz

Mailing Address 30431 John Hauk

City State Zip Code  
Garden City MI 48135

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

Name of Employer Health Alliance Plan Occupation Dir - Fin Operations

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00

Date of Receipt MM / DD / YYYY  
06 / 12 / 2008

Transaction ID: 80704.C4998

Amount of Each Receipt this Period 36.00

Receipt

Payroll Deduction: (18.00- /Pay Period )

**B.**

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

Mailing Address 43885 Boulder Dr

City State Zip Code  
Clinton Township MI 48038-1423

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

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

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 217.75

Date of Receipt MM / DD / YYYY  
06 / 12 / 2008

Transaction ID: 80704.C4992

Amount of Each Receipt this Period 33.50

Receipt

Payroll Deduction: (16.75- /Pay Period )

**C.**

Full Name (Last, First, Middle Initial)  
Colleen McClorey

Mailing Address 48188 Andover Dr.

City State Zip Code  
Detroit MI 48374

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

Name of Employer Health Alliance Plan Occupation VP - Assoc General Counsel

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 754.00

Date of Receipt MM / DD / YYYY  
06 / 12 / 2008

Transaction ID: 80704.C5018

Amount of Each Receipt this Period 116.00

Receipt

Payroll Deduction: (58.00- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) ..... ► 185.50

**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 12 / 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) Vincent Pawloske		Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address 5450 Sandlewood Court		<b>Transaction ID:</b> 80704.C5026
	City Waterford	State MI	Zip Code 48329
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
	Name of Employer Health Alliance Plan	Occupation Associate Director Finance	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	Payroll Deduction: (20.00- /Pay Period )

<b>B.</b>	Full Name (Last, First, Middle Initial) Christopher Pike		Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address 1657 Wilmington Ct		<b>Transaction ID:</b> 80704.C5004
	City Rochester	State MI	Zip Code 48309
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
	Name of Employer Health Alliance Plan	Occupation AVP - Information Tech Supp	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	Payroll Deduction: (25.00- /Pay Period )

<b>C.</b>	Full Name (Last, First, Middle Initial) Rachel Powell		Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address 543 Thurber		<b>Transaction ID:</b> 80704.C5014
	City Troy	State MI	Zip Code 48085-4827
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
	Name of Employer Health Alliance Plan	Occupation Dir - Encounter/Claim Accuracy	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	Payroll Deduction: (20.00- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	130.00
<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: 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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

**A.**

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

Mailing Address 23 Turnberry Ln.

City Dearborn State MI Zip Code 48120

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.09

Date of Receipt 06 / 12 / 2008

Transaction ID: 80704.C5027

Amount of Each Receipt this Period 153.86

Receipt

Payroll Deduction: (76.93- /Pay Period )

**B.**

Full Name (Last, First, Middle Initial)  
Chrystal M. Roberts

Mailing Address 24601 Pinehurst Avenue

City Oak Park State MI Zip Code 48237

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

Name of Employer Health Alliance Plan Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.03

Date of Receipt 06 / 12 / 2008

Transaction ID: 80704.C5028

Amount of Each Receipt this Period 34.62

Receipt

Payroll Deduction: (17.31- /Pay Period )

**C.**

Full Name (Last, First, Middle Initial)  
Dianna Ronan

Mailing Address 2156 Cumberland

City Brighton State MI Zip Code 48114

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

Name of Employer Health Alliance Plan Occupation VP - Financial Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1001.00

Date of Receipt 06 / 12 / 2008

Transaction ID: 80704.C5006

Amount of Each Receipt this Period 154.00

Receipt

Payroll Deduction: (77.00- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **342.48**

**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

**A.** Full Name (Last, First, Middle Initial)  
Diane Slon

Mailing Address 31646 Robinhood Drive

City State Zip Code  
Franklin MI 48025

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

Name of Employer Health Alliance Plan Occupation Director, MBI

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 12 / 2008

**Transaction ID:** 80704.C5029

Amount of Each Receipt this Period 40.00

Receipt

Payroll Deduction: (20.00- /Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
Mary Clare Solky

Mailing Address 30387 Windingbrook Lane

City State Zip Code  
Farmington MI 48334

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

Name of Employer Health Alliance Plan Occupation Director, CBHM

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 12 / 2008

**Transaction ID:** 80704.C5007

Amount of Each Receipt this Period 40.00

Receipt

Payroll Deduction: (20.00- /Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
Ronald R. Stallworth

Mailing Address 8121 Agnes

City State Zip Code  
Detroit MI 48214

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

Name of Employer Health Alliance Plan Occupation VP - Government Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 12 / 2008

**Transaction ID:** 80704.C5013

Amount of Each Receipt this Period 80.00

Receipt

Payroll Deduction: (40.00- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) ..... ► 160.00

**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 15 / 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)  
Daniel Trim

Mailing Address 921 Juneau Rd.

City Ypsilanti State MI Zip Code 48198-6323

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

Name of Employer Health Alliance Plan Occupation Mgr - Tech Support/Comp Op

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 12 / 2008

Transaction ID: 80704.C5020

Amount of Each Receipt this Period 80.00

Receipt

Payroll Deduction: (40.00- /Pay Period )

**B.**

Full Name (Last, First, Middle Initial)  
Matthew Walsh

Mailing Address 889 Langley Court

City Rochester Hills State MI Zip Code 48309

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 12 / 2008

Transaction ID: 80704.C5030

Amount of Each Receipt this Period 40.00

Receipt

Payroll Deduction: (20.00- /Pay Period )

**C.**

Full Name (Last, First, Middle Initial)  
Deborah Withrow

Mailing Address 2646 Birch Harbor Ln

City West Bloomfield State MI Zip Code 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 ▼ 455.00

Date of Receipt 06 / 12 / 2008

Transaction ID: 80704.C5034

Amount of Each Receipt this Period 70.00

Receipt

Payroll Deduction: (35.00- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	190.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1900.16

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

A.	Full Name (Last, First, Middle Initial) Kilpatrick for United States Congress	Transaction ID: 80704.E201 Date of Disbursement 06 / 30 / 2008
	Mailing Address PO Box 32175	
	City Detroit State MI Zip Code 48232-0175	Amount of Each Disbursement this Period 700.00
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name CAROLYN MS. KILPATRICK	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15	DIRECT CONTRIBUTION
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Knollenberg for Congress Committee	Transaction ID: 80611.E189 Date of Disbursement 06 / 10 / 2008
	Mailing Address 31000 Telegraph Rd Ste 110	
	City Bingham Farms State DC Zip Code 48025-4321	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name JOSEPH K. KNOLLENBERG	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09	DIRECT CONTRIBUTION
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Levin for Congress	Transaction ID: 80611.E190 Date of Disbursement 06 / 10 / 2008
	Mailing Address P.O. Box 37	
	City Roseville State MI Zip Code 48066-	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name SANDER M LEVIN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	DIRECT CONTRIBUTION
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2700.00
<b>TOTAL</b> 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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

A.

Full Name (Last, First, Middle Initial)  
Candice Miller for Congress

Transaction ID: 80611.E191  
Date of Disbursement

Mailing Address P.O. Box 182652

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	0	8

City State Zip Code  
Utica MI 48318-

Amount of Each Disbursement this Period

600.00
--------

Purpose of Disbursement  
DIRECT CONTRIBUTION

Category/  
Type

Candidate Name  
CANDICE S. MILLER

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

DIRECT CONTRIBUTION

State: MI District: 10

B.

Full Name (Last, First, Middle Initial)  
Candice Miller for Congress

Transaction ID: 80611.E196  
Date of Disbursement

Mailing Address P.O. Box 182652

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	8

City State Zip Code  
Utica MI 48318-

Amount of Each Disbursement this Period

900.00
--------

Purpose of Disbursement  
DIRECT CONTRIBUTION

Category/  
Type

Candidate Name  
CANDICE S. MILLER

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

DIRECT CONTRIBUTION

State: MI District: 10

C.

Full Name (Last, First, Middle Initial)  
Peters for Congress Committee

Transaction ID: 80704.E200  
Date of Disbursement

Mailing Address P.O. Box 226

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

City State Zip Code  
Bloomfield Hills MI 48303-

Amount of Each Disbursement this Period

1500.00
---------

Purpose of Disbursement  
DIRECT CONTRIBUTION

Category/  
Type

Candidate Name  
GARY PETERS

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

DIRECT CONTRIBUTION

State: MI District: 09

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

3000.00
---------

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

5700.00
---------

# 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 18 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

**A.** Full Name (Last, First, Middle Initial)  
Michigan House Democratic Fund

Mailing Address PO Box 16193

City Lansing State MI Zip Code 48901-6193

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

ANNUAL/OTHER

Transaction ID: 80611.E192

Date of Disbursement

/  /

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Angerer Leadership Fund

Mailing Address PO Box 10025

City Lansing State MI Zip Code 48901-0025

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

ANNUAL/OTHER

Transaction ID: 80611.E194

Date of Disbursement

/  /

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Angerer Leadership Fund

Mailing Address PO Box 10025

City Lansing State MI Zip Code 48901-0025

Purpose of Disbursement  
VOIDED CHECK

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: 80611.E195

Date of Disbursement

/  /

Amount of Each Disbursement this Period

-2000.00

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

-500.00

**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 19 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

A.	Full Name (Last, First, Middle Initial) Committee to Elect Melanie Davis	Transaction ID: 80704.E197 Date of Disbursement																			
	Mailing Address 14143 Pernell Dr	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	3		2	0	0	8												
	City Sterling Heights State MI Zip Code 48313-5450	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT CONTRIBUTION	<table border="1"><tr><td>700.00</td></tr></table>	700.00																		
700.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

B.	Full Name (Last, First, Middle Initial) Taxpayers to Elect Philis DeSaele	Transaction ID: 80704.E198 Date of Disbursement																			
	Mailing Address 42430 Utica Rd	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	6		2	0	0	8												
	City Sterling Heights State MI Zip Code 48314-3562	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT CONTRIBUTION	<table border="1"><tr><td>250.00</td></tr></table>	250.00																		
250.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

C.	Full Name (Last, First, Middle Initial) Committee to Elect Shanelle Jackson	Transaction ID: 80611.E193 Date of Disbursement																			
	Mailing Address 19413 Burt Rd	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	0		2	0	0	8												
	City Detroit State MI Zip Code 48219-1951	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT CONTRIBUTION	<table border="1"><tr><td>200.00</td></tr></table>	200.00																		
200.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>1150.00</td></tr></table>	1150.00
1150.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

**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 20 / 20

<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

<b>A.</b> Full Name (Last, First, Middle Initial) John O'Reilly, Jr. Committee <hr/> Mailing Address PO Box 4521 <hr/> City Dearborn State MI Zip Code 48126-0521 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 80611.E188 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) CTE Grace Shore <hr/> Mailing Address 17305 Averhill Blvd <hr/> City Macomb State MI Zip Code 48042-4138 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 80704.E199 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 700.00

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

1200.00

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

1850.00