FEC FORM 3X	AN	PORT OF D DISBU Other Than An	RSEM	ENTS	ee	o	ffice Use Only	
1. NAME OF COMMITTEE (in fu		EC MAILING LAE PE OR PRINT 🛒		ample:If typing r the lines	, type			
	n PAC							
ADDRESS (number and	street)	50 West Grand Bou	Ilevard					
Check if differ than previousl reported. (ACC	y Det	roit					48202 	
2. FEC IDENTIFICAT	ION NUMBER	▼	CITY 🛋		S	STATE 🛋	ZIPCODI	= 🔺
C00410670		:	3. IS THIS REPORT		NEW N) OR	AME (A)	NDED	
4. TYPE OF REPC (Choose One) (a) Quarterly Rep) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)		May 20 (M5) Jun 20 (M6)	Aug 20 Sep 20	(140)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly July 15 Quarterly October	Report(Q1) Report(Q2)	(c) 12-Day PRE-Electio Report for th		Primary (12F Convention (Oct 20 General (120 Special (120	(M10) G)	Jan 31 (YE) Runoff (12R)
X January 3 Quarterly	31 Report(YE)	E	lection on				in the State of	
Year Only	on-election	(d) 30-Day Post -Electi Report for th		General (300	à)	Runoff (30R)	Special (30S)
(TER)		E	ection on				in the State of	
5. Covering Period	07	01 200	7	through	12	31 2	2007	
I certify that I have exam Type or Print Name of T	· .	and to the best of n mes W Hoeberling	-	and belief it is	true, correct a	nd complete.		
Signature of Treasurer	Electronically F	Filed by James V	V Hoeberling		Da	ate 01	11 2	2008
NOTE : Submission of f	alse, erroneous, o	or incomplete inform	nation may su	bject the pers	on signing this	Report to the pe	nalties of 2 U.S.	C 437g.
Office Use Only							FEC FORM (Rev. 12/2004	

FE6AN026

mage	# 28990043177 FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name Health Alliance Plan PAC			
F	Report Covering the Period: From:	M M D D Y	o: 12 0 0 7
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2007 Y		35902.72
	(b) Cash on Hand at Begining of Reporting Period	43425.92	
	(c) Total Receipts (from Line 19)	23933.56	46492.89
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	67359.48	82395.61
7.	Total Disbursements (from Line 31)		26814.03
8.	Cash on Hand at Close of		
	Reporting Period (subtract Line 7 from Line 6(d))	55581.58	55581.58
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	

SUMMARY PAGE

X 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

FE6AN026

	FEC Form 3X (Rev. 06/2004)	OF RECEIPTS	Page 3
W	rite or Type Committee Name Health Alliance Plan PAC		
R	eport Covering the Period: From:	M M O 7 0 1 Y Y W Y 0 7 0 1 2 0 0 7 To	2 0 0 7
	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) 	23304.56	41067.84
	(ii) Unitemized	629.00	5375.05
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	23933.56	46442.89
	(b) Political Party Committees	0.00	0.00
	 (c) Other Political Committees (such as PACs)	0.00	50.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	23933.56	46492.89
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
10.	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 Fund	s	
	(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))	23933.56	46492.89
20	Total Federal Receipts		

Image# 28990043179

DETAILED SUMMARY PAGE

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	perating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.00
	(ii) Nen Federal Share	0.00	0.00
(b	(ii) Non-Federal Share) Other Federal Operating		0.00
(~	Expenditures	57.90	219.03
(C) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii) and (b)) 🕨	57.90	219.03
	ansfers to Affiliated/Other Party	0.00	0.00
3. C	ommitteesontributions to	0.00	0.00
	ederal Candidates/Committees	1050.00	7550.00
4. In	dependent Expenditure	0.00	0.00
	se Schedule E)	0.00	0.00
С	se Schedule F)	0.00	0.00
(u			
:6. Lo	oan Repayments Made	0.00	0.00
7 1	pans Made	0.00	0.00
	efunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
		0.00	0.00
(b	, <u> </u>	0.00	0.00
(C) Other Political Committees (such as PACs)	0.00	0.00
(d			
	(add Lines 28(a), (b), and (c)) 🕨	0.00	0.00
		10670.00	19045.00
9. O	ther Disbursements	10870.00	19045.00
0. F	ederal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	· · · · · · · · · · · · · ·	
4 T	atal Diaburaamanta (add Linca 21(a) 20		
	otal Disbursements (add Lines 21(c), 22, 3, 24, 25, 26, 27, 28(d), 29 and 30(c))	11777.90	26814.03
2	0, 27, 20, 20, 27, 20(0), 29 and $30(0)).$		
2. 1	otal Federal Disbursements		
(:	subtract Line 21(a)(ii) and Line 30(a)(ii)		
		11777.00	00014.00

11777.90

26814.03

from Line 31).....

Image# 28990043180

DETAILED SUMMARY PAGE

	III Not Os ataikastis as (Os sastin a		
	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)	23933.56	46492.89
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	23933.56	46492.89
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	57.90	219.03
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	57.90	219.03

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(for each category of the Detailed Summary Page	,	FOR LINE NUMBER: PAGE 6 / 35 (check only one) X X 11a 11b 11c 12
Γ	Any information copied from such Reports and soft of commercial purposes, other than using the	Statements ma e name and ad	ay not be sold or used by any dress of any political commit	person ttee to so	13 14 15 16 17 for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC				
∠ A.	Full Name (Last, First, Middle Initial) Carol Allen		Date of Receipt		
	Mailing Address 26160 Franklin Pointe	e Dr.			07 / 16 / Y Y Y Y 02007
	City	State	Zip Code		Transaction ID: 100003558
	Southfield	MI	48034		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			120.00
	Name of Employer Health Alliance Plan	Occupation Ldr/Sup	on v - Desktop Integration		Receipt
	Receipt For:	Aggregat	e Year-to-Date 🔻		
	Primary General Other (specify) ▼	0 0	260.0	0	Payroll Deduction: (10.00- /Pay Period)
– B.	Full Name (Last, First, Middle Initial) Carol Allen				Date of Receipt
	Mailing Address 26160 Franklin Pointe		M M / D D / Y Y Y Y 12 28 2007		
	City	State	Zip Code		Transaction ID: 80111.C4383
	Southfield		48034		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			15.00
	Name of Employer Health Alliance Plan	Occupatio			Receipt
		· · · · · · · · · · · · · · · · · ·	v - Desktop Integration		
	Receipt For: Primary General	e Year-to-Date	_	Payroll Deduction: (15.00-	
	Other (specify)	0 0	275.0	0	/Pay Period)
с. –	Full Name (Last, First, Middle Initial) Scott Allen				Date of Receipt
	Mailing Address 3066 Richmond Dr				07 16 Y Y Y Y 07 16
	City	State	Zip Code		Transaction ID: 100003577
	Clarkston	MI	48348-5063		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			180.00
	Name of Employer Health Alliance Plan		ir, Labor Affairs		Receipt
	Receipt For:	Aggregat	e Year-to-Date 🔻		
	Primary General Other (specify) ▼		375.0	0	Payroll Deduction: (15.00- /Pay Period)
Γ	SUBTOTAL of Receipts This Page (optional).				315.00
┝	CODICINE OF HOCOPUS THIS I age (optional).			•	
	TOTAL This Period (last page this line number	r only)		►	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:PAGE $7/35$ (check only one)(check only one)X11a1314151617on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC	name and address of any political committee to	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Scott Allen Mailing Address 3066 Richmond Dr		Date of Receipt
			1 2 2 8 2 0 0 7
	City	State Zip Code	Transaction ID: 80111.C4402
	Clarkston	MI 48348-5063	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10.00
	Name of Employer Health Alliance Plan	Occupation	Receipt
		Assoc Dir, Labor Affairs	
	Receipt For:	Aggregate Year-to-Date ▼	Devrall Deductions (10.00
	Other (specify) ▼	385.00	Payroll Deduction: (10.00- /Pay Period)
в.	Full Name (Last, First, Middle Initial) Patricia Marine Barrett		Date of Receipt
	Mailing Address 29719 Sierra Pointe Ci	M M / D D / Y Y Y Y 07 16 2007	
	City	State Zip Code	Transaction ID: 100003536
	Farmington	MI 48331	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	130.00
	Name of Employer Health Alliance Plan	Occupation AVP - GM Consulting	- Receipt
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	262.00	Payroll Deduction: (10.00- /Pay Period)
C.	Full Name (Last, First, Middle Initial) Vernal Teresa Blakley		Date of Receipt
	Mailing Address 42573 Saddle Lane		M M / D D / Y
	City	State Zip Code	Transaction ID: 100003538
	Sterling Heights	MI 48314	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	162.50
	Name of Employer Health Alliance Plan	Occupation Director, Quality Management	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	Payroll Deduction: (12.50- /Pay Period)
	SUBTOTAL of Receipts This Page (optional)		302.50
	TOTAL This Period (last page this line number	only)	

ç	SCHEDULE A (FEC Form 3X)		a b a d u la (a)	FOR LINE NUMBER: PAGE 8 / 35			
		Use separate s for each catego		(check only one)			
•		Detailed Sumn	nary Page	X 11a 11b 11c 12 13 14 15 16 17			
	Any information copied from such Reports and S	tatements may not be sold or us	ed by any person	n for the purpose of soliciting contributions			
N N		for commercial purposes, other than using the name and address of any political committee to NAME OF COMMITTEE (In Full)					
)	Health Alliance Plan PAC						
Ζ							
Α.	Full Name (Last, First, Middle Initial) Yvonne Boyd-Williams	Date of Receipt					
	Mailing Address 8194 House St			M M / D D / Y Y Y Y 07 16 2007			
	City	State Zip Code		Transaction ID: 100003587			
	Detroit	MI 48234-3344		Amount of Each Receipt this Period			
	FEC ID number of contributing	С		143.00			
	federal political committee.						
	Name of Employer Health Alliance Plan	Occupation		Receipt			
		Manager		4			
	Receipt For: Primary General	Aggregate Year-to-Date					
	Other (specify)		286.00	Payroll Deduction: (11.00- /Pay Period)			
_							
В.	Full Name (Last, First, Middle Initial) McKinley Broadus			Date of Receipt			
D.	Mailing Address 3182 Woods Circle						
	-			07 16 2007			
	City	State Zip Code		Transaction ID: 100003520			
		MI 48207		Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		192.00			
	Name of Employer	Occupation		Receipt			
	Name of Employer Health Alliance Plan	Dir - Fin Svcs					
	Receipt For:	Aggregate Year-to-Date V		_			
	Primary General Other (specify)		416.00	Payroll Deduction: (16.00- /Pay Period)			
		0 0 0 0 0 0	0 0 0	, , , , , , , , , , , , , , , , , , ,			
с. –	Full Name (Last, First, Middle Initial) Elizabeth A. Caldwell			Date of Receipt			
0.	Mailing Address 24307 Cunningham			M M / D D / Y Y Y Y			
				07 16 2007			
	City Warren	State Zip Code MI 48091		Transaction ID: 100003579 Amount of Each Receipt this Period			
	FEC ID number of contributing						
	federal political committee.	C		104.00			
	Name of Employer Health Alliance Plan	Occupation		Receipt			
		Supervisor		_			
	Receipt For:	Aggregate Year-to-Date 🔻					
	Primary General Other (specify) ▼		208.00	Payroll Deduction: (8.00/- Pay Period)			
				· · ·			
				439.00			
Ļ	SUBTOTAL of Receipts This Page (optional)		····· •	433.00			
	TOTAL This Period (last page this line number	only)					

ſ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 35 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17	
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Health Alliance Plan PAC	Statements ma e name and ad	ay not be sold or used by any perso Idress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
۷ A.	Full Name (Last, First, Middle Initial) Richard Chaney Mailing Address 16555 Shaftsbury Ave	2		Date of Receipt	
				07 16 2007	
	City	State	Zip Code	Transaction ID: 100003580	
	Detroit	MI	48219-4011	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		325.00	
	Name of Employer Health Alliance Plan	Occupation Vice Pre		- Receipt	
	Receipt For: Primary General Other (specify) ▼	Aggregat	e Year-to-Date 650.00	Payroll Deduction: (25.00- /Pay Period)	
- В.	Full Name (Last, First, Middle Initial) Elizabeth Chavez			Date of Receipt	
	Mailing Address 6760 Minock			M M / D D Y	
	City	State	Zip Code	Transaction ID: 100003526	
	Detroit	MI	48228	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		156.00	
	Name of Employer Health Alliance Plan	Occupatio Supv - C		- Receipt	
	Receipt For:	Aggregat	e Year-to-Date 🔻	_	
	Primary General Other (specify) ▼	0 0	315.00	Payroll Deduction: (12.00- /Pay Period)	
- c.	Full Name (Last, First, Middle Initial) Jonathan W. Clement			Date of Receipt	
	Mailing Address 923 Westchester			M M / D D Y	
	City	State	Zip Code	Transaction ID: 100003564	
	Grosse Pointe	MI	48230-1829	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		520.00	
	Name of Employer Health Alliance Plan	Occupation VP - Uno	on derwriting & Rating	- Receipt	
	Receipt For:	Aggregat	e Year-to-Date 🔻		
	Primary General Other (specify) ▼	0 0	1080.00	Payroll Deduction: (40.00- /Pay Period)	
Γ	SUBTOTAL of Receipts This Page (optional).			1001.00	
┝					
	TOTAL This Period (last page this line number	r only)			

	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 10/35
		for each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12
A	Any information copied from such Reports and	Statements may not be sold or used by any perso	13 14 15 16 17 on for the purpose of soliciting contributions
0	r for commercial purposes, other than using th	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)		
	angle Health Alliance Plan PAC		
۰. ۱.	Full Name (Last, First, Middle Initial) Gwendolyn Davenport	Date of Receipt	
	Mailing Address 11372 Whitehill		M M / D D / Y Y Y Y 07 16 2007
	City	State Zip Code	Transaction ID: 100003524
	Detroit	MI 48224-1653	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	208.00
		Occurrentiere	Receipt
	Name of Employer Health Alliance Plan	Occupation Dir - Credentialing Services	
	Receipt For:	Aggregate Year-to-Date ▼	-1
	Primary General		Payroll Deduction: (16.00-
	Other (specify)	432.35	Payroll Deduction: (16.00- /Pay Period)
	Full Name (Last, First, Middle Initial) Donald Davis		Date of Receipt
-	Mailing Address 11417 Fellows Creek	Drive	M M / D D / Y Y Y Y 07 16 2007
	City	State Zip Code	Transaction ID: 100003525
	<u>Plymouth</u>	MI 48170	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1001.00
	Name of Employer Health Alliance Plan	Occupation VP - Human Res & Cust Rel	- Receipt
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	2079.00	Payroll Deduction: (77.00- /Pay Period)
_	Full Name (Last, First, Middle Initial)		
	Dana DeFlorio Mailing Address 2077 18th		Date of Receipt
			07 / D D / Y Y Y Y 2007
	City	State Zip Code	Transaction ID: 100003565
	Wyandotte	MI 48192	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	260.00
	Name of Employer Health Alliance Plan	Occupation Mgr - System Care Mgmt	Receipt
	Receipt For:	Aggregate Year-to-Date V	1
			Payroll Deduction: (20.00-
	Primary General Other (specify) ▼	540.00	/Pay Period)
Г			/Páy Period)` 1469.00

	SCHEDULE A (FEC Form 3X)	Γ	Use separate schedule(s)	FOR LINE NUMBER: PAGE 11/35 (check only one)
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and addr	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Health Alliance Plan PAC			
Α.	Full Name (Last, First, Middle Initial) Kenny Dodson	Date of Receipt		
	Mailing Address 11236 Meadow Brook	M M / D D / Y		
	City	State	Zip Code	Transaction ID: 100003542
	Warren	MI	48093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.04
	Name of Employer Health Alliance Plan	Occupation		Receipt
		Mgr - Clai	ms	
	Receipt For:	Aggregate	Year-to-Date	
	Primary General Other (specify) ▼		383.41	Payroll Deduction: (16.67- /Pay Period)
в.	Full Name (Last, First, Middle Initial) Kenny Dodson			Date of Receipt
Б.	Mailing Address 11236 Meadow Brook	Dr.		1 2 2 8 2 0 0 7
	City	State	Zip Code	Transaction ID: 80111.C4367
	Warren	MI	48093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		16.59
	Name of Employer Health Alliance Plan	Occupation Mgr - Clai		- Receipt
	Receipt For:	1 I Š	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	400.00	Payroll Deduction: (16.59- /Pay Period)
с.	Full Name (Last, First, Middle Initial) Jody L. Doherty	1		Date of Receipt
0.	Mailing Address 21115 Violet			07 16 2007
	City	State	Zip Code	Transaction ID: 100003554
	Saint Clair Shores	MI	48082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		225.03
	Name of Employer Health Alliance Plan	Occupation Director		- Receipt
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	450.06	Payroll Deduction: (17.31- /Pay Period)
	SUBTOTAL of Dessints This Days (article)	1		441.66
	SUBTOTAL of Receipts This Page (optional)		••••••	
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/35 (check only one)
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and St or for commercial purposes, other than using the		on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
Α.	Full Name (Last, First, Middle Initial) Michael A. Elinski		Date of Receipt
	Mailing Address 3434 Essex		07 16 Y Y Y Y 07
	City Trov	State Zip Code MI 48084	Transaction ID: 100003561
	FEC ID number of contributing federal political committee.	MI 48084	Amount of Each Receipt this Period 325.00
	Name of Employer Health Alliance Plan	Occupation	Receipt
	Receipt For:	AVP - Technology & eBusiness D Aggregate Year-to-Date	_
	Other (specify) ▼	675.00	Payroll Deduction: (25.00- /Pay Period)
В.	Full Name (Last, First, Middle Initial) Laura Eory		Date of Receipt
	Mailing Address 19090 Parkwood Ln		M · M / D · D / Y · Y · Y · Y Y Y · Y Y
	City	State Zip Code MI 48183-6804	Transaction ID: 100003581
	Brownstown Twp FEC ID number of contributing federal political committee.	MI 48183-6804	Amount of Each Receipt this Period 260.00
			Receipt
	Name of Employer Health Alliance Plan	Occupation Sr Member Advocate	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Other (specify) ▼	520.00	Payroll Deduction: (20.00- /Pay Period)
C.	Full Name (Last, First, Middle Initial) Vincenzo G. Ferri		Date of Receipt
	Mailing Address 726 S. Renaud		07 / D D / Y Y Y Y 07 16 2007
	City	State Zip Code	Transaction ID: 100003552
	Grosse Pointe Wood	MI 48236	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		260.00
	Name of Employer Health Alliance Plan	Occupation AVP - Bus Affiliations & Suppo	Receipt
	Receipt For: Primary General	Aggregate Year-to-Date ▼	Payroll Deduction: (20.00-
	Other (specify) ▼	541.00	Payroll Deduction: (20.00- /Pay Period)
	SUBTOTAL of Receipts This Page (optional)		845.00
	TOTAL This Period (last page this line number of	nly)	

				FOR LINE NUMBER: PAGE 13/35
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
	[ugu	13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements mage name and ad	y not be sold or used by any p dress of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	Health Alliance Plan PAC			
Α.	Full Name (Last, First, Middle Initial) Howard Flasch			Date of Receipt
	Mailing Address 1459 N Rochester Rd			07 / D D / Y Y Y Y 07 16 2007
	City	State	Zip Code	Transaction ID: 100003562
	Oakland	MI	48363-1630	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		455.00
	Name of Employer Health Alliance Plan	Occupatio	n duct Development	Receipt
	Receipt For:	1	e Year-to-Date V	
	Primary General	Aggregate		Payroll Deduction: (35.00-
	Other (specify)	0 0	950.00	Payroll Deduction: (35.00- /Pay Period)
в.	Full Name (Last, First, Middle Initial) Michael M. Forhan	I		Date of Receipt
	Mailing Address 1587 Anita			07 / ^D ^D / ^Y ^Y ^Y ^Y ^Y ^Y
	City	State	Zip Code	Transaction ID: 100003527
	Grosse Pointe Wood	MI	48236	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		143.00
	Name of Employer Health Alliance Plan	Occupatio	n mp & Benefits	Receipt
	Receipt For:	1 ¹ - ²	e Year-to-Date V	
	Primary General	Aggregate	e rear-to-Date •	Payroll Deduction: (11.00-
	Other (specify)	0 0	298.00	/Pay Period)
C.	Full Name (Last, First, Middle Initial) Maurice A. Foster			Date of Receipt
	Mailing Address 18202 Oak Drive			M M / D D / Y
	City	State	Zip Code	Transaction ID: 100003546
	Detroit	MI	48221	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		132.99
	Name of Employer Health Alliance Plan	Occupatio Supv - S		Receipt
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	238.30	Payroll Deduction: (10.23- /Pay Period)
	SUBTOTAL of Receipts This Page (optional)	I		730.99
	TOTAL This Period (last page this line number			
		(iiiy)		

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 14/35 (check only one)
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
Α.	Full Name (Last, First, Middle Initial) Antoinette Frawley		Date of Receipt
	Mailing Address 53910 Oakview Dr		12 12 Y Y Y Y 12 12 2007
	City	State Zip Code	Transaction ID: 80111.C4273
	Shelby Township	MI 48315-1929	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	400.00
	Name of Employer Health Alliance Plan	Occupation Director	- Receipt
	Receipt For:	Aggregate Year-to-Date V	-
	Primary General Other (specify) ▼	400.00	
- B.	Full Name (Last, First, Middle Initial) Jeanette H. Girty		Date of Receipt
	Mailing Address 18246 Stoepel		07 16 Y Y Y Y Y 07 16 2007
	City	State Zip Code	Transaction ID: 100003531
	Detroit	MI 48221	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	225.03
	Name of Employer Health Alliance Plan	Occupation Dir - Client Svcs Operations	Receipt
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 467.37	Payroll Deduction: (17.31- /Pay Period)
С.	Full Name (Last, First, Middle Initial) Mark Hall		Date of Receipt
	Mailing Address 25450 Constitution		07 / 16 / Y Y Y Y 2007
	City	State Zip Code	Transaction ID: 100003537
	Novi	MI 48375-1763	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		400.01
	Name of Employer Health Alliance Plan	Occupation AVP - NB Dist Channel Mgmt	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 830.79	Payroll Deduction: (30.77- /Pay Period)
	SUBTOTAL of Receipts This Page (optional)		1025.04
ľ	TOTAL This Period (last page this line number	·	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page tatements may not be sold or used by any persor	FOR LINE NUMBER: PAGE 15/35 (check only one) X 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17 n for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Health Alliance Plan PAC	name and address of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) L. Elaine Helms Mailing Address 4418 Robinwood		Date of Receipt
	City	State Zip Code	Transaction ID: 100003560
	Royal Oak	MI 48073	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	260.00
	Name of Employer Health Alliance Plan	Occupation AVP	- Receipt
	Receipt For: Primary General Other (specify) \blacksquare	Aggregate Year-to-Date 520.00	Payroll Deduction: (20.00- /Pay Period)
В.	Full Name (Last, First, Middle Initial) Cynthia Hoffman Mailing Address 5768 Whitehaven Dr		Date of Receipt
	City	State Zip Code	Transaction ID: 100003522
	Troy	MI 48085-3188	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	260.00
	Name of Employer Health Alliance Plan	Occupation Mgr - eCommerce & Tech Plannin	- Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 540.00	Payroll Deduction: (20.00- /Pay Period)
C.	Full Name (Last, First, Middle Initial) Kevin Hurley Mailing Address 45504 Morningside Rd		Date of Receipt
	City	State Zip Code	Transaction ID: 100003582
	Canton	MI 48187-5610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	156.00
	Name of Employer Health Alliance Plan Receipt For:	Occupation Manager	- Receipt
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00	Payroll Deduction: (12.00- /Pay Period)
	SUBTOTAL of Receipts This Page (optional)	•	676.00
	TOTAL This Period (last page this line number	only)	

		FOR LINE NUMBER: PAGE 16/35
SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	\overline{X} 11a $\overline{11b}$ 11c $\overline{12}$
	Detailed Summary Page	
Any information copied from such Reports and Sta		
or for commercial purposes, other than using the n	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. Mumtaz A. Ibrahim		Date of Receipt
Mailing Address 21833 Sheffield Drive		M M / D D / Y Y Y Y
		12 06 2007
City	State Zip Code	Transaction ID: 80111.C4201
Farmington	MI 48335	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	800.00
Name of Employer Health Alliance Plan	Occupation	- Receipt
	Sr. Assoc. Med Director	4
Receipt For:	Aggregate Year-to-Date	
Other (specify) ▼	800.00	
Full Name (Last, First, Middle Initial)		
B. Joyce M. James		Date of Receipt
Mailing Address 20810 Gardner St.		
City	State Zip Code	07 16 2007
Oak Park	MI 48237	Transaction ID: 100003529
	111 40237	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	156.00
·		Receipt
Name of Employer Health Alliance Plan	Occupation	
Receipt For:	Mgr - Provider Fin	-
Primary General	Aggregate Year-to-Date 🔻	Bayrall Daductions (12.00
Other (specify)	329.00	Payroll Deduction: (12.00- /Pay Period)
Full Name (Last, First, Middle Initial)		
C. Kenneth B. Jarriell		Date of Receipt
Mailing Address 18061 Coyle		07 16 2007
City	State Zip Code	Transaction ID: 100003530
Detroit	MI 48235	Amount of Each Receipt this Period
FEC ID number of contributing		112 59
federal political committee.	C	112.58
Name of Employer	Occupation	- Receipt
Name of Employer Health Alliance Plan	Supv - Office Svcs	
Receipt For:	Aggregate Year-to-Date V	1
Primary General	233.16	Payroll Deduction: (8.66/-
Other (specify)	233.10	Pay Period)
		1
CURTOTAL of Descripto This Days (anti-up)		1068.58
SUBTOTAL of Receipts This Page (optional)	•	1068.58

	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 17 / 35 (check only one)
ľ	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
A C	Any information copied from such Reports and Si r for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
∠ A.	Full Name (Last, First, Middle Initial) Deborah Jenkins		Date of Receipt
	Mailing Address 6811 Ravines Circle		07 / D D / Y Y Y Y 07 16 2007
	City	State Zip Code	Transaction ID: 100003533
	West Bloomfield	MI 48322	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	143.00
	Name of Employer Health Alliance Plan	Occupation	Receipt
	Receipt For:	Mgr - System Care Mgmt Aggregate Year-to-Date	_
	Primary General	290.00	Payroll Deduction: (11.00- /Pay Period)
	Other (specify)		/Páy Period)`
— В.	Full Name (Last, First, Middle Initial) Brian Jones		Date of Receipt
	Mailing Address 22516 Milner		07 16 2007
	City	State Zip Code	Transaction ID: 100003539
	St Clr Shores	MI 48081-2079	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	130.00
	Name of Employer Health Alliance Plan	Occupation Assoc Dir, Oper Strat & Plan	- Receipt
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify)	265.77	Payroll Deduction: (10.00- /Pay Period)
– c.	Full Name (Last, First, Middle Initial) Mohammed Kanpurwala		Date of Receipt
•	Mailing Address 441 Sylvan Dr		07 16 2007
	City	State Zip Code	Transaction ID: 100003541
	Canton	MI 48188-1596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	195.00
	Name of Employer Health Alliance Plan	Occupation Dir - Underwriting/Ahl	Receipt
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify)	400.00	Payroll Deduction: (15.00- /Pay Period)
Γ	SUBTOTAL of Receipts This Page (optional)	L	468.00
	TOTAL This Period (last page this line number of		

SCHEDULE A (FEC Form 3X	Use separate schedule(s)	FOR LINE NUMBER: PAGE 18/35
ITEMIZED RECEIPTS	for each category of the	(check only one)
	Detailed Summary Page	X 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 perso	n for the purpose of soliciting contributions
	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Health Alliance Plan PAC		
/		- F
Full Name (Last, First, Middle Initial)		
A. Donald Kiefiuk		Date of Receipt
Mailing Address 39810 Karda		07 16 Y Y Y Y 07 16 2007
01		
City	State Zip Code	Transaction ID: 100003563
Sterling Heights	MI 48313	Amount of Each Receipt this Period
FEC ID number of contributing	С	520.00
federal political committee.		
Name of Employer	Occupation	Receipt
Name of Employer Health Alliance Plan	AVP Claim Operation	
Beceint Ecr		-1
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	1040.00	Payroll Deduction: (40.00- /Pay Period)
Full Name (Lest First Middle Initial)		
Full Name (Last, First, Middle Initial) B. Chad Kok		Date of Receipt
Mailing Address 5442 English Dr		
		07 16 2007
City	State Zip Code	Transaction ID: 100003583
Trov	MI 48085-4061	Amount of Each Receipt this Period
FEC ID number of contributing	0 0 0 0 0 0	
federal political committee.	C	182.00
		- Receipt
Name of Employer Health Alliance Plan	Occupation	
	Manager	
Receipt For:	Aggregate Year-to-Date 🔻	
Primary General	364.00	Payroll Deduction: (14.00-
Other (specify)		/Páy Period)`
Full Name (Last, First, Middle Initial)		Data of Descipt
C. Barbara Kopasz Mailing Address 38412 Kingsway Ct		Date of Receipt
Mailing Address 38412 Kingsway Ct		07 16 Y Y Y Y 07
City	State Zip Code	Transaction ID: 100003532
Farmington Hills	MI 48331-1651	Amount of Each Receipt this Period
· · · ·		
FEC ID number of contributing federal political committee.	С	325.00
Name of Employer Health Alliance Plan	Occupation	Receipt
	AVP Sales & Marketing	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		Payroll Deduction: (25.00-
Other (specify) 🔻	450.00	Payroll Deduction: (25.00- /Pay Period)
SUBTOTAL of Receipts This Page (optional)		1027.00
	•	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 35 (check only one) 11c X 11a 11b 11c 12 I 13 14 15 16 17
	Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
Α.	Full Name (Last, First, Middle Initial) Glen Koslakiewicz Mailing Address 30431 John Hauk		Date of Receipt
	City	State Zip Code	0 7 1 6 2 0 0 7 Transaction ID: 100003534
	Garden City FEC ID number of contributing federal political committee.	MI 48135	Amount of Each Receipt this Period 214.50
	Name of Employer Health Alliance Plan	Occupation Dir - Fin Operations	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 444.50	Payroll Deduction: (16.50- /Pay Period)
В.	Full Name (Last, First, Middle Initial) Phillip Krause Mailing Address 30526 N. Greenbriar		Date of Receipt
	City	State Zip Code	1 2 2 1 2 0 0 7 Transaction ID: 80111.C4276
	Franklin	MI 48025	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		300.00
	Name of Employer Health Alliance Plan	Occupation Manager, MBI	- Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
C.	Full Name (Last, First, Middle Initial) Mark Lafata		Date of Receipt
	Mailing Address 377 Arthur		07 16 Y Y Y Y 2007
	City	State Zip Code	Transaction ID: 100003535
	<u>Plymouth</u>	MI 48170-1120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	221.00
	Name of Employer Health Alliance Plan Receipt For:	Occupation Sr Finance Administrator/HMS	
	Primary General Other (specify) ▼	Aggregate Year-to-Date 440.50	Payroll Deduction: (17.00- /Pay Period)
	SUBTOTAL of Receipts This Page (optional)	►	735.50
	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	FOR LINE NUMBER: PAGE 20 / 35 (check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC			
Α.	Full Name (Last, First, Middle Initial) Julie LaJoice			Date of Receipt
	Mailing Address 15783 Jonas Avenue			07 16 2007
	City	State	Zip Code	Transaction ID: 100003567
	Allen Park	MI	48101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		137.41
	Name of Employer Health Alliance Plan	Occupation Manager		- Receipt
	Receipt For:	, I	Year-to-Date V	-
	Other (specify) ▼	0 0	274.82	Payroll Deduction: (10.57- /Pay Period)
В.	Full Name (Last, First, Middle Initial) Anita Landino			Date of Receipt
	Mailing Address 43885 Boulder Dr			07 / ^D D / <u>Y</u> Y Y Y 2007
	City	State	Zip Code	Transaction ID: 100003528
	Clinton Township	MI	48038-1423	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		217.75
	Name of Employer Health Alliance Plan	Occupation Assoc Dir	· · - Advertising/Comm	- Receipt
	Receipt For:	Aggregate	Year-to-Date V	_
	Other (specify) ▼	0 0	450.50	Payroll Deduction: (16.75- /Pay Period)
C.	Full Name (Last, First, Middle Initial) Michelle Lang			Date of Receipt
	Mailing Address 48616 Dunn Court			07 16 2007
	City	State	Zip Code	Transaction ID: 100003555
	Macomb	MI	48044	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		201.50
	Name of Employer Health Alliance Plan	Occupation Dir - Coor	dination of Benefits	- Receipt
	Receipt For:	Aggregate	Year-to-Date V	
	Other (specify) ▼	0 0	420.00	Payroll Deduction: (15.50- /Pay Period)
	SUBTOTAL of Receipts This Page (optional)		••••••	556.66
	TOTAL This Period (last page this line number of	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 35 (check only one) 11c X 11a 11b I 11b 11c 12 I 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
A.	Full Name (Last, First, Middle Initial) Rhonda Mabene Mailing Address 14046 Northlawn St		Date of Receipt
			07 16 2007
	City	State Zip Code	Transaction ID: 100003549
	Detroit	MI 48238-2489	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	104.00
	Name of Employer Health Alliance Plan	Occupation Supv - Claims	- Receipt
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify)	216.00	Payroll Deduction: (8.00/- Pay Period)
В.	Full Name (Last, First, Middle Initial) Annette Marcath		Date of Receipt
	Mailing Address 55261 Ester Dr		07 / 16 / Y Y Y Y 2007
	City	State Zip Code	Transaction ID: 100003568
	Shelby Township	MI 48315-1035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	130.00
	Name of Employer Health Alliance Plan	Occupation Project Manager	- Receipt
	Receipt For:	Aggregate Year-to-Date ▼	_
	Other (specify)	260.00	Payroll Deduction: (10.00- /Pay Period)
C.	Full Name (Last, First, Middle Initial) Deborah Marine		Date of Receipt
	Mailing Address 40054 Crosswinds		07 / D D / Y Y Y Y 2007
	City	State Zip Code	Transaction ID: 100003553
	Novi	MI 48375	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	195.00
	Name of Employer Health Alliance Plan	Occupation Compliance/Privacy Officer	Receipt
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify)	405.00	Payroll Deduction: (15.00- /Pay Period)
	SUBTOTAL of Receipts This Page (optional)	······	429.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22/35 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
Z	Health Alliance Plan PAC Full Name (Last, First, Middle Initial)		
Α.	Irita Matthews Mailing Address 1305 Balfour St		Date of Receipt
	City	State Zip Code	Transaction ID: 100003556
	Grosse Pointe Park	MI 48230-1021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.02
	Name of Employer Health Alliance Plan	Occupation Assoc Counsel	- Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 313.09	Payroll Deduction: (11.54- /Pay Period)
– В.	Full Name (Last, First, Middle Initial) Colleen McClorey Mailing Address 48188 Andover Dr.		Date of Receipt
			07 16 2007
	City	State Zip Code	Transaction ID: 100003557
	Detroit	MI 48374	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	520.00 Receipt
	Name of Employer Health Alliance Plan	Occupation VP - Assoc General Counsel	-
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date 1080.00	Payroll Deduction: (40.00- /Pay Period)
– c.	Full Name (Last, First, Middle Initial) Denise McKay		Date of Receipt
	Mailing Address 12319 Fordline St		07 / 16 / Y Y Y Y 0 7 / 16
	City Southgate	State Zip Code MI 48195-2303	Transaction ID: 100003585 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	112.58
	Name of Employer Health Alliance Plan	Occupation Ldr/Supv Appl Dev & Supp	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.16	Payroll Deduction: (8.66/- Pay Period)
Γ	SUBTOTAL of Receipts This Page (optional)	······	782.60
	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 23 / 35 (check only one) 11c X 11a 11b 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Health Alliance Plan PAC	atements may not be sold or used by any persor name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Bruce Niebylski		Date of Receipt
	Mailing Address 3450 Greentree		07 25 2007
	City	State Zip Code	Transaction ID: 100003588
	Bloomfield Hills	MI 48304	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Health Alliance Plan	Occupation Sr. Associate Medical Director	- Receipt
	Receipt For:	Aggregate Year-to-Date V	-
	Other (specify) ▼	1000.00	
в.	Full Name (Last, First, Middle Initial) Karen Parenteau		Date of Receipt
	Mailing Address 53978 Blakely Ct		07 16 Y Y Y Y 2007
	City	State Zip Code	Transaction ID: 100003548
	New Baltimore	MI 48047-5532	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	260.00
	Name of Employer Health Alliance Plan	Occupation AVP - Business Dev & Mkt Ops	- Receipt
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify)	540.00	Payroll Deduction: (20.00- /Pay Period)
C.	Full Name (Last, First, Middle Initial) Diane Pawlica		Date of Receipt
	Mailing Address 45568 Morningside		07 / D D / Y Y Y Y 07 16 2007
	City	State Zip Code	Transaction ID: 100003540
	Canton	MI 48187	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	208.00
	Name of Employer Health Alliance Plan	Occupation Dir - System Care Mgmt	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 432.00	Payroll Deduction: (16.00- /Pay Period)
	SUBTOTAL of Receipts This Page (optional)	•••••••	1468.00
	TOTAL This Period (last page this line number of	only) 🕨	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24/35 (check only one) X X 11a 11b 11c 12
Any information copied from such Report or for commercial purposes, other than u	ts and Statements may not be sold or used by any person sing the name and address of any political committee to s	13 14 15 16 17 a for the purpose of soliciting contributions colicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
Full Name (Last, First, Middle Initial) Vincent Pawloske		Date of Receipt
Mailing Address 5450 Sandlewoo	od Court	07 16 Y Y Y Y 2007
City	State Zip Code	Transaction ID: 100003569
Waterford	MI 48329	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	143.00
Name of Employer Health Alliance Plan	Occupation Associate Director Finance	Receipt
Receipt For:	Aggregate Year-to-Date ▼]
Other (specify) ▼	286.00	Payroll Deduction: (11.00- /Pay Period)
Full Name (Last, First, Middle Initial) Rachel Powell		Date of Receipt
Mailing Address 543 Thurber		07 / 16 / Y Y Y Y 07 / 16
City	State Zip Code	Transaction ID: 100003550
Troy	MI 48085-4827	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	260.00
Name of Employer Health Alliance Plan	Occupation Dir - Encounter/Claim Accuracy	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 538.00	Payroll Deduction: (20.00- /Pay Period)
Full Name (Last, First, Middle Initial) Richard Precord		Date of Receipt
Mailing Address 150 Shorewood	Lane	07 16 Y Y Y Y Y 07 16 2007
City	State Zip Code	Transaction ID: 100003570
Howell	MI 48843	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	201.50
Name of Employer Health Alliance Plan	Occupation Director	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 403.00	Payroll Deduction: (15.50- /Pay Period)
SUBTOTAL of Receipts This Page (opt	ional)	604.50
TOTAL This Period (last page this line	number only)	

A.	rrposes, other than using the MITTEE (In Full) e Plan PAC First, Middle Initial) ds 23 Turnberry Ln.	State MI Occupation	Zip Code 48120	Date of Receipt 0,7 / 0,7 / 1,6 / 2,00,7 Transaction ID: 100003571 Amount of Each Receipt this Period 1001.00							
A. Patricia R. Richar Mailing Address City Dearborn FEC ID number federal political c	23 Turnberry Ln.	C	•	M M / D D / Y							
Dearborn FEC ID number federal political c	ommittee.	C	•	Transaction ID: 100003571 Amount of Each Receipt this Period							
FEC ID number federal political c	ommittee.	C	48120								
		Occupation		1001.00							
			resident & COO	- Receipt							
Receipt For: Primary Other (spe	General cify) ▼	Aggregate Y	Year-to-Date ▼ 2002.00	Payroll Deduction: (77.00- /Pay Period)							
Chrystal M. Rober	First, Middle Initial) ts 24601 Pinehurst Aven	ue		Date of Receipt							
City		State	Zip Code	07 16 2007 Transaction ID: 100003572							
Oak Park		MI	48237	Amount of Each Receipt this Period							
FEC ID number federal political c		C		225.03							
Name of Employ Health Alliance F	er Ian	Occupation Director		Receipt							
Receipt For: Primary Other (spe	General cify) ▼	Aggregate Y	rear-to-Date ▼ 450.06	Payroll Deduction: (17.31- /Pay Period)							
Full Name (Last, Dianna Ronan	First, Middle Initial)			Date of Receipt							
Mailing Address	2156 Cumberland			07 / D D / Y Y Y Y 16 / 2007							
City		State	Zip Code	Transaction ID: 100003543							
Brighton FEC ID number federal political c		C	48114	Amount of Each Receipt this Period							
Name of Employ Health Alliance F	er Ian		cial Services	Receipt							
Receipt For: Primary Other (spe	General cify) ▼	Aggregate Y	/ear-to-Date ▼ 2079.00	Payroll Deduction: (77.00- /Pay Period)							
SUBTOTAL of Red	eipts This Page (optional)			2227.03							

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any pers	FOR LINE NUMBER: PAGE 26/35 (check only one) 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions 11 11 12
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Health Alliance Plan PAC	e name and address of any political committee to	o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Yvonne Shannon Mailing Address 1108 Brompton Rd		Date of Receipt
			07 16 2007
	City Rochester	State Zip Code MI 48309-4381	Transaction ID: 100003573 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		195.00
	Name of Employer Health Alliance Plan	Occupation Mgr, Client/Dom Adm & Telecom	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 390.00	Payroll Deduction: (15.00- /Pay Period)
- В.	Full Name (Last, First, Middle Initial) Diane Slon Mailing Address 31646 Robinhood Driv	Г /Р	Date of Receipt
			07 16 2007
	City	State Zip Code	Transaction ID: 100003574
	Franklin	MI 48025	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	260.00
	Name of Employer Health Alliance Plan	Occupation Director, MBI	
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	520.00	Payroll Deduction: (20.00- /Pay Period)
- C.	Full Name (Last, First, Middle Initial) Mary Clare Solky		Date of Receipt
	Mailing Address 30387 Windingbrook	Lane	M M / D D Y
	City	State Zip Code	Transaction ID: 100003544
	Farmington	MI 48334	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	260.00 Receipt
	Name of Employer Health Alliance Plan	Occupation Director, CBHM	
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date 540.00	Payroll Deduction: (20.00- /Pay Period)
ſ	SUBTOTAL of Receipts This Page (optional)		715.00
	TOTAL This Period (last page this line number	r only)	

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 35 (check only one)
, N	Any information copied from such Reports and s or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	Health Alliance Plan PAC		
× ۹.	Full Name (Last, First, Middle Initial) Jamie Spriel		Date of Receipt
	Mailing Address 885 Bishop Road		12 06 Y Y Y Y Y 12 07
	City	State Zip Code	Transaction ID: 80111.C4202
	Grosse Pointe	MI 48230	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Health Alliance Plan	Occupation VP Sales & Marketing	- Receipt
	Receipt For:	Aggregate Year-to-Date	_
	Primary General Other (specify) ▼	1000.00	
– B.	Full Name (Last, First, Middle Initial) Ronald R. Stallworth		Date of Receipt
	Mailing Address 8121 Agnes		07 / 16 / Y Y Y Y 07 / 16
	City	State Zip Code	Transaction ID: 100003523
		MI 48214	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	520.00 Receipt
	Name of Employer Health Alliance Plan	Occupation VP - Government Affairs	
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 1080.00	Payroll Deduction: (40.00- /Pay Period)
-).	Full Name (Last, First, Middle Initial) Angela M. Strickland		Date of Receipt
	Mailing Address 34372 Orsini		07 16 Y Y Y Y 07
	City	State Zip Code	Transaction ID: 100003545
	Sterling Heights	MI 48312	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	143.00
	Name of Employer Health Alliance Plan	Occupation Mgr - System Care Mgmt	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 299.00	Payroll Deduction: (11.00- /Pay Period)
Γ	SUBTOTAL of Receipts This Page (optional).		1663.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS									
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any persor name and address of any political committee to s	n for the purpose of soliciting contributions							
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC									
Α.	Full Name (Last, First, Middle Initial) Ronald M Torakis		Date of Receipt							
	Mailing Address 19031 Wayne Rd.		12 / D D / Y Y Y Y 12 21 2007							
	City	State Zip Code	Transaction ID: 80111.C4277							
	Livonia	MI 48152	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C	500.00							
	Name of Employer Health Alliance Plan	Occupation AVP-Labor Relations	- Receipt							
	Receipt For:	Aggregate Year-to-Date ▼	_							
	Other (specify)	500.00								
В.	Full Name (Last, First, Middle Initial) Daniel Trim		Date of Receipt							
	Mailing Address 921 Juneau Rd.		07 / ^D D / Y Y Y Y 16 2007							
	City	State Zip Code	Transaction ID: 100003559							
	<u>Ypsilanti</u>	MI 48198-6323	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C	260.00							
	Name of Employer Health Alliance Plan	Occupation Mgr - Tech Support/Comp Op	Receipt							
	Receipt For:	Aggregate Year-to-Date 🔻								
	Primary General Other (specify) The second seco	550.00	Payroll Deduction: (20.00- /Pay Period)							
C.	Full Name (Last, First, Middle Initial) Edwin Tuller	I	Date of Receipt							
	Mailing Address 24060 Devonshire Dr		M M / D D / Y Y Y Y 12 21 2007							
	City	State Zip Code	Transaction ID: 80111.C4275							
	Novi	MI 48374-3760	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.		500.00							
	Name of Employer Health Alliance Plan	Occupation Director	- Receipt							
	Receipt For:	Aggregate Year-to-Date ▼								
	Primary General Other (specify) ▼	500.00								
	SUBTOTAL of Receipts This Page (optional)	·····	1260.00							
	TOTAL This Period (last page this line number									

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS										
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or use	ed by any person	13 14 15 16 17							
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC			Since contributions from such committee.							
Α.	Full Name (Last, First, Middle Initial) Randy Walker			Date of Receipt							
	Mailing Address 25474 Edge Mont			07 ¹⁶ / <u>YYYY</u> 2007							
	City	State Zip Code		Transaction ID: 100003575							
	Southfield FEC ID number of contributing	<u>MI 48034</u>	_	Amount of Each Receipt this Period							
	federal political committee.	C		500.50							
	Name of Employer Health Alliance Plan	Occupation SVP - HCM		Receipt							
	Receipt For:	Aggregate Year-to-Date ▼									
	Other (specify) ▼		1001.00	Payroll Deduction: (38.50- /Pay Period)							
в.	Full Name (Last, First, Middle Initial) Randy Walker			Date of Receipt							
	Mailing Address 25474 Edge Mont			1 2 / D D / Y Y Y Y Y 1 2 0 6 / 2 0 0 7							
	City	State Zip Code		Transaction ID: 80111.C4203							
	Southfield	MI 48034		Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		1000.00							
	Name of Employer Health Alliance Plan	Occupation SVP - HCM		Receipt							
	Receipt For:	Aggregate Year-to-Date ▼									
	Other (specify) ▼		2001.00								
C.	Full Name (Last, First, Middle Initial) Matthew Walsh			Date of Receipt							
	Mailing Address 889 Langley Court			07 16 2007							
	City	State Zip Code		Transaction ID: 100003576							
	Rochester Hills	MI 48309		Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.			260.00							
	Name of Employer Health Alliance Plan	Occupation Project Dir, Purchaser In	itiat	Receipt							
	Receipt For:	Aggregate Year-to-Date ▼									
	Other (specify)		540.00	Payroll Deduction: (20.00- /Pay Period)							
	SUBTOTAL of Receipts This Page (optional)		····· •	1760.50							
	TOTAL This Period (last page this line number of	nly)									

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Health Alliance Plan PAC	atements may name and add	Use separate so for each catego Detailed Summa y not be sold or use dress of any politica	ry of the ary Page d by any person	FOR LINE NUMBER: PAGE 30 / 35 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17 for the purpose of soliciting contributions olicit contributions from such committee. 17					
Α.	Full Name (Last, First, Middle Initial) Karen Wintringham Mailing Address 2846 Pheasant Ring Di				Date of Receipt					
	City Rochester FEC ID number of contributing	State MI	Zip Code 48309-2857	U U	Transaction ID: 80111.C4274 Amount of Each Receipt this Period 800.00					
	federal political committee. Name of Employer Health Alliance Plan Receipt For: Primary General	Occupation VP Medio	n cal Programs ⊇ Year-to-Date ▼		Receipt					
В.	Full Name (Last, First, Middle Initial) Deborah Withrow	0 0	0 0 0 0 0	800.00	Date of Receipt					
	Mailing Address 2646 Birch Harbor Ln City West Bloomfield FEC ID number of contributing federal political committee.	State MI	Zip Code 48324-1904		M M M D D P Y					
	Name of Employer Health Alliance Plan Receipt For: Primary General Other (specify) ▼	-	n egic Relationship ∋ Year-to-Date ▼	os 988.00	Receipt Payroll Deduction: (38.00- /Pay Period)					

SUBTOTAL of Receipts This Page (optional)	►	1294.00
TOTAL This Period (last page this line number only)	►	23304.56

SCHEDULE B (FEC Form 3X)	Use sepa	FOR LIN					R:			PAGE 31/35				
TEMIZED DISBURSEMENTS	for each Detailed			_		one) 22 28a	Π	23 28b	\square	24 28c	Π	25 29	\square	
Any Information copied from such Reports and State					y per	son fo	or the pu	irpose of solid						
or for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)	ne and addre	ss of any political	con	hm	Ittee	(0 SOII	CIT CONTI	IDUT	ions tr	om	sucn c	omm	littee	
Health Alliance Plan PAC														
Full Name (Last, First, Middle Initial) Comerica Bank							Date	of D	isburs	eme	00001 ent			_
Mailing Address P.O. Box 75000							^м 7	М	[′] °) [₽]	/ Y	ž	0 ð 7	, Y
City Detroit	State MI	Zip Code 48275-					Amou	nt o	f Each	n Dis	burser	nent		-
Purpose of Disbursement				U									5.0	0
Merchant Fee Candidate Name					egory/	,								
Office Sought: House Disburs Senate President State: District:	sement For: Primary Other (spe	General ecify)		• • •	ρc		MER	CHA	ANT F	EE				
Full Name (Last, First, Middle Initial) Comerica Bank									isburs	eme	00001 ent	131		
Mailing Address P.O. Box 75000							0 ^M 8	М	[′] °	3 3	/ Y	ž	0 ð 7	, Y
City Detroit	State Zip Code MI 48275-							nt o	f Each	n Dis	burser	nent		
Purpose of Disbursement Operating Expense				-		٦	L.						32.9	0
Candidate Name					egory/ /pe	'								
Office Sought: House Disburs Senate President State: District:	sement For: Primary Other (spe	General					OPEF	RAT	'ING I	EXF	PENS	E		
Full Name (Last, First, Middle Initial) Comerica Bank									on ID isburs	-	00001 ent	132		
Mailing Address P.O. Box 75000							0 9	М	[/] D	0 [⊅]	/ Y	ž	0 ð 7	, Y
City Detroit	State MI	Zip Code 48275-					Amou	nt o	f Each	ı Dis	burser	nent		-
Purpose of Disbursement Merchant Fee							L.						5.0	0
Candidate Name					egory /pe	, ,								
Office Sought: House Disburs Senate President State: District:	sement For: Primary Other (spe	General ecify)		_			MER	СНА	ANT F	EE				
SUBTOTAL of Disbursements This Page (optional)					►							42.9	0
TOTAL This Period (last page this line number only	-					•								
6AN026	,,						FE	c s	chedu	le B	(Forr	n 3X)) (Re	vised

C Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X)		arate schedule(s)			FOR LINE NUMBER: (check only one)					PAGE 32 / 35				
TEMIZED DISBURSEMENTS		category of the Summary Page		X	-	F	22 28a	\square	23 28b	2 2	4 8c	25 29		
ny Information copied from such Reports and State r for commercial purposes, other than using the nat	ements may n	ot be sold or used	d by	an	/ perso	n for	the pu	rpos	se of s	olicitin	g cor	tributio	าร	_
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC			COII			50110							;	
Full Name (Last, First, Middle Initial) Comerica Bank							Trans Date of		i on ID : isburs		001	40		
Mailing Address P.O. Box 75000							1 ^M 0	М	[/] ^D C	^D 2	Y	² o ò	7 [×]	
City Detroit	State MI	Zip Code 48275-					Amou	nt o	f Each	Disbu	irsem	nent this	Per	io
Purpose of Disbursement Merchant Fee							L.					5	.00	-
Candidate Name				ate Ty	gory/ pe									
Office Sought: House Disbur Senate President State: District:	sement For: Primary Other (spe	General ecify)					MERC	CHA	ANT F	ΈE				
Full Name (Last, First, Middle Initial) Comerica Bank								of D	isburs	ement	1.E [.]			
Mailing Address P.O. Box 75000							^м 11	М	[′] ^D C	2 /	Y	² o ò	7 ^Y	
City Detroit	State MI	Zip Code 48275-					Amou	nt o	f Each	Disbu	irsem	nent this	-	io
Purpose of Disbursement Operating Expense			Г	-			L.					5	.00	-
Candidate Name				ate Ty	gory/ pe									
Office Sought: House Disbur Senate President State: District:	sement For: Primary Other (spe	General ecify) V					OPEF	RAT	'ING I	EXPE	NSE	Ē		
Full Name (Last, First, Middle Initial) Comerica Bank							Trans Date of		i on ID : isburse		1.E ⁻	149		
Mailing Address P.O. Box 75000							^M 2	М	[/] D C	4	Y	² o ò	7 [×]	
City Detroit	State MI	Zip Code 48275-					Amou	nt o	f Each	Disbu	irsem	nent this	-	io
Purpose of Disbursement Operating Expense				v			L.					5	.00	-
Candidate Name					gory/ pe									
Office Sought: House Disbur Senate President State: District:	sement For: Primary Other (spe	General ecify) ▼					OPEF	RAT	'ING I	EXPE	NSE	E		
SUBTOTAL of Disbursements This Page (optional	I)				►	 ,						15.	00	
TOTAL This Period (last page this line number onl	y)				►							57.	90	-
6AN026							FE	c s	chedu	le B (Form	13X) (R	evis	ec

C Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the)	(che	k onl	/ one)					PAGE 3		
	Detailed Summary Page			1b 7	22 28a	X	23 28b	Н	24 28c	Н	25 29	H
ny Information copied from such Reports and Sta			any pe	rson f	or the pu		se of s		ing co		outions	<u>с</u>] ;
r for commercial purposes, other than using the na	ame and address of any politica	l com	mittee	to so	licit cont	ribut	ions fr	om s	such c	omn	nittee	
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC												
Full Name (Last, First, Middle Initial) Candice Miller for Congress		Transaction ID: 200000128 Date of Disbursement										
Mailing Address P.O. Box 182652		0 ^M 7	М	/ D() ^D	/ Y	ź	0 ð 7	, ^Y			
City Utica	State Zip Code MI 48318-				Amou	unt o	f Each	ı Disl	burse	men	t this F	Perio
Purpose of Disbursement DIRECT CONTRIBUTION					L.						300.0	0
Candidate Name CANDICE S. MILLER			ategor Type	y /								
Office Sought: X House Disbu Senate President State: MI District: 10	X Primary 2008 Other (specify) ▼				DIRE	CT	CON	TRI	BUTI	ON		
Full Name (Last, First, Middle Initial)							ion ID			E142	2	
Schauer for Congress					Date	of D	isburs		nt	v	Y	Y
Mailing Address P.O. Box 100					1 [™] 1	141	· [06		Ź	0 ð 7	'
City Battle Creek	State Zip Code MI 49016-		Amou	unt o	f Each	ı Disl	burse	U				
Purpose of Disbursement DIRECT CONTRIBUTION			• •		L.						500.0	0
Candidate Name			ategor Type	y /								
Office Sought: House Disbu Senate President State: District:	X Primary General Other (specify) ▼	ı	-		DIRE	CT	CON	TRII	BUTI	ON		
Full Name (Last, First, Middle Initial) Stabenow for U.S. Senate							ion ID			135		
Staberiow for U.S. Senate					M	М	isburs		nt / Y	Y	Y	Y
Mailing Address P.O. Box 4945					10			11	L	2	0 ð 7	′
City East Lansing	State Zip Code MI 48826-				Amou	unt o	f Each	n Disl	burse	men	t this F	Perio
Purpose of Disbursement DIRECT CONTIRBUTION			0 0	٦	L.						250.0	0
Candidate Name DEBBIE STABENOW			ategor Type	y /								
Office Sought: House Disbu X Senate President State: MI District: 00	X Primary General Other (specify) ▼	•			DIRE	СТ	CON	TIRI	BUTI	ON		
SUBTOTAL of Disbursements This Page (option	al)			•						10	050.0	0
FOTAL This Period (last page this line number or	·			- •						10)50.0	0
6AN026				•			chedu	ile P	(For		-	

003) 8(Form 3X)(F

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the)			NE NUMBER: PAGE 34 / 35							
	Detailed Summary Page			21b 27	22 28a		23 28b		24 28c	x	25 29	
Any Information copied from such Reports and or for commercial purposes, other than using the												S
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC												
Full Name (Last, First, Middle Initial) Senate Democratic Fund							ion ID isburs		:00000 nent	133		
Mailing Address P.O. Box 11111					0 9	М	/ D.	18	3 /	ź	0 ŏ	7 ^Y
City Lansing	State Zip Code MI 48910-				Amou	unt c	f Each	n D	isburse			
Purpose of Disbursement DIRECT CONTRIBUTION					L.					2	500.0	0
Candidate Name			atego Type	,								
Senate President	sbursement For: 2007 Primary General X Other (specify) ▼	I										
State: District: A Full Name (Last, First, Middle Initial)	NNUAL/OTHER											
Senate Republican Campaign Comm	ittee				Date	of D	isburs	sem				
Mailing Address P.O. Box 12023					1 ^M 1	М	/ D	14		ź	0 ð	7 [×]
City Lansing	State Zip Code MI 48933-				Amou	unt c	f Each	n D	isburse	emer	t this	Period
Purpose of Disbursement DIRECT CONTRIBUTION			0		L.					5	000.(00
Candidate Name			atego Type									
Senate President	sbursement For: 2007 Primary General X Other (specify) ▼ NNUAL/OTHER	<u> </u>										
Full Name (Last, First, Middle Initial) Pam Byrnes Leadership Circle							isburs	sem		139		
Mailing Address 17750 Sharon Valle	ey Rd				1 ^M 0	М	/ D.	18	3	ź	0 ď	7 [×]
City Manchester	State Zip Code MI 48158-8575				Amou	unt c	f Each	n D	isburse			
Purpose of Disbursement DIRECT CONTRIBUTION					L.						500.0	0
Candidate Name			atego Type									
Office Sought: House D Senate President	sbursement For: 2007 Primary General X Other (specify) ▼	L										
State: District: A	NNUAL/OTHER											
SUBTOTAL of Disbursements This Page (op TOTAL This Period (last page this line number				<u>►</u>						8	000.0	00

FE6AN026

FEC Schedule B (Form 3X) (Revised 02/2003)

S	SCHEDULE B (FEC Form 3	X)		FORLINE	NUMBER: PAGE 35/35
	TEMIZED DISBURSEMENT	Use separ	rate schedule(s) ategory of the	(check only	
_		Detailed S	Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30b
	Any Information copied from such Reports a or for commercial purposes, other than using				
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC				
	Full Name (Last, First, Middle Initial)				Transaction ID: 80111.E146
Α.	Citizens to Elect Edward J. Gaffne	ey			Date of Disbursement
	Mailing Address 283 Kentwood C	ourt			$\begin{array}{c} \begin{array}{c} M \\ 1 \end{array} \\ 1 \end{array} \\ 1 \end{array} \\ 1 \end{array} \\ 4 \end{array} \\ \left(\begin{array}{c} D \\ 1 \end{array} \\ 1 \end{array} \\ 1 \end{array} \\ \left(\begin{array}{c} Y \\ 2 \end{array} \\ 1 \end{array} \\ \left(\begin{array}{c} Y \\ 2 \end{array} \\ 0 \end{array} \\ \left(\begin{array}{c} Y \\ Y \end{array} \right) \\ Y \\ $
	City Grosse Pointe	State MI	Zip Code 48236-		Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT CONTRIBUTION				500.00
	Candidate Name			Category/ Type	
	Office Sought: House Senate President	Disbursement For: Primary Other (spec	2008 X General cify) ▼		
_	State: District:				
В.	Full Name (Last, First, Middle Initial) Tom George for State Senate				Transaction ID: 80111.E147 Date of Disbursement
	Mailing Address P.O. Box 1265				$\begin{array}{c} \begin{array}{c} M & M \\ 1 & 1 \end{array} \end{array} \right) \left(\begin{array}{c} D & D \\ 2 & 1 \end{array} \right) \left(\begin{array}{c} Y & Y & Y \\ 2 & 0 & 0 \end{array} \right) \left(\begin{array}{c} Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \\ 2 & 0 & 0 \end{array} \right) \left(\begin{array}{c} Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \end{array} \right) \left(\begin{array}{c} Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \end{array} \right) \left(\begin{array}{c} Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \end{array} \right) \left(\begin{array}{c} Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \end{array} \right) \left(\left(\begin{array}{c} Y \end{array} \right) \left($
	City Portage	State MI	Zip Code 49081-1265		Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT CONTRIBUTION				1000.00
	Candidate Name			Category/ Type	
	Office Sought: House Senate President	Disbursement For: Primary Other (spec	2010 X General cify) ▼		
	State: District:				

SUBTOTAL of Disbursements This Page (optional)	•	1500.00
TOTAL This Period (last page this line number only)	►	9500.00

FE6AN026

FEC Schedule B (Form 3X) (Revised 02/2003)