

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2007 through 12 31 2007

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 01 11 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty. Column 11: FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Health Alliance Plan PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		35902.72
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning 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) .....	11777.90	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 <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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
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	23304.56	41067.84
(i) Itemized (use Schedule A) .....		
(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
(d) Total Contributions (add Lines 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
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)) .....	23933.56	46492.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	23933.56	46492.89

**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.....	57.90	219.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	57.90	219.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	1050.00	7550.00
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.....	10670.00	19045.00
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))..	11777.90	26814.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11777.90	26814.03

**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) .....	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

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

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

FOR LINE NUMBER: PAGE 6 / 35  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

**A.** Full Name (Last, First, Middle Initial)  
Carol Allen

Mailing Address 26160 Franklin Pointe Dr.

City State Zip Code  
Southfield MI 48034

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

Name of Employer Health Alliance Plan      Occupation Ldr/Supv - Desktop Integration

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 07 / 16 / 2007  
Transaction ID: 100003558  
Amount of Each Receipt this Period: 120.00  
Receipt  
Payroll Deduction: (10.00- /Pay Period)

**B.** Full Name (Last, First, Middle Initial)  
Carol Allen

Mailing Address 26160 Franklin Pointe Dr.

City State Zip Code  
Southfield MI 48034

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

Name of Employer Health Alliance Plan      Occupation Ldr/Supv - Desktop Integration

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 12 / 28 / 2007  
Transaction ID: 80111.C4383  
Amount of Each Receipt this Period: 15.00  
Receipt  
Payroll Deduction: (15.00- /Pay Period)

**C.** Full Name (Last, First, Middle Initial)  
Scott Allen

Mailing Address 3066 Richmond Dr

City State Zip Code  
Clarkston MI 48348-5063

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

Name of Employer Health Alliance Plan      Occupation Assoc Dir, Labor Affairs

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 07 / 16 / 2007  
Transaction ID: 100003577  
Amount of Each Receipt this Period: 180.00  
Receipt  
Payroll Deduction: (15.00- /Pay Period)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **315.00**

**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 7 / 35
	<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) Scott Allen		Date of Receipt MM / DD / YYYY 12 / 28 / 2007
	Mailing Address 3066 Richmond Dr		<b>Transaction ID:</b> 80111.C4402
	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 10.00
	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 ▼ 385.00	Payroll Deduction: (10.00- /Pay Period )

<b>B.</b>	Full Name (Last, First, Middle Initial) Patricia Marine Barrett		Date of Receipt MM / DD / YYYY 07 / 16 / 2007
	Mailing Address 29719 Sierra Pointe Circle		<b>Transaction ID:</b> 100003536
	City Farmington	State MI	Zip Code 48331
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 130.00
	Name of Employer Health Alliance Plan	Occupation AVP - GM Consulting	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 262.00	Payroll Deduction: (10.00- /Pay Period )

<b>C.</b>	Full Name (Last, First, Middle Initial) Vernal Teresa Blakley		Date of Receipt MM / DD / YYYY 07 / 16 / 2007
	Mailing Address 42573 Saddle Lane		<b>Transaction ID:</b> 100003538
	City Sterling Heights	State MI	Zip Code 48314
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 162.50
	Name of Employer Health Alliance Plan	Occupation Director, Quality Management	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	Payroll Deduction: (12.50- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	302.50
<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 8 / 35

(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)  
Yvonne Boyd-Williams

Mailing Address 8194 House St

City State Zip Code  
Detroit MI 48234-3344

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

Name of Employer Occupation  
Health Alliance Plan Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 286.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 16 / 2007

Transaction ID: 100003587

Amount of Each Receipt this Period

143.00

Receipt

Payroll Deduction: (11.00- /Pay Period )

**B.**

Full Name (Last, First, Middle Initial)  
McKinley Broadus

Mailing Address 3182 Woods Circle

City State Zip Code  
Detroit MI 48207

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

Name of Employer Occupation  
Health Alliance Plan Dir - Fin Svcs

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 416.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 16 / 2007

Transaction ID: 100003520

Amount of Each Receipt this Period

192.00

Receipt

Payroll Deduction: (16.00- /Pay Period )

**C.**

Full Name (Last, First, Middle Initial)  
Elizabeth A. Caldwell

Mailing Address 24307 Cunningham

City State Zip Code  
Warren MI 48091

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

Name of Employer Occupation  
Health Alliance Plan Supervisor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 208.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 16 / 2007

Transaction ID: 100003579

Amount of Each Receipt this Period

104.00

Receipt

Payroll Deduction: (8.00- /Pay Period )

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

439.00

**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 9 / 35
	<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) Richard Chaney		Date of Receipt MM / DD / YYYY 07 / 16 / 2007
	Mailing Address 16555 Shaftsbury Ave		<b>Transaction ID:</b> 100003580
	City Detroit	State MI	Zip Code 48219-4011
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
	Name of Employer Health Alliance Plan	Occupation Vice President	Receipt

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	Payroll Deduction: (25.00- /Pay Period )
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<b>B.</b>	Full Name (Last, First, Middle Initial) Elizabeth Chavez		Date of Receipt MM / DD / YYYY 07 / 16 / 2007
	Mailing Address 6760 Minock		<b>Transaction ID:</b> 100003526
	City Detroit	State MI	Zip Code 48228
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 156.00
	Name of Employer Health Alliance Plan	Occupation Supv - Claims	Receipt

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	Payroll Deduction: (12.00- /Pay Period )
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<b>C.</b>	Full Name (Last, First, Middle Initial) Jonathan W. Clement		Date of Receipt MM / DD / YYYY 07 / 16 / 2007
	Mailing Address 923 Westchester		<b>Transaction ID:</b> 100003564
	City Grosse Pointe	State MI	Zip Code 48230-1829
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 520.00
	Name of Employer Health Alliance Plan	Occupation VP - Underwriting & Rating	Receipt

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1080.00	Payroll Deduction: (40.00- /Pay Period )
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1001.00
<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 10 / 35  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

**A.** Full Name (Last, First, Middle Initial)  
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 ▼ 432.35

Date of Receipt: 07 / 16 / 2007  
Transaction ID: 100003524  
Amount of Each Receipt this Period: 208.00  
Receipt  
Payroll Deduction: (16.00- /Pay Period)

**B.** 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 ▼ 2079.00

Date of Receipt: 07 / 16 / 2007  
Transaction ID: 100003525  
Amount of Each Receipt this Period: 1001.00  
Receipt  
Payroll Deduction: (77.00- /Pay Period)

**C.** Full Name (Last, First, Middle Initial)  
Dana DeFlorio

Mailing Address 2077 18th

City State Zip Code  
Wyandotte MI 48192

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

Name of Employer Health Alliance Plan      Occupation Mgr - System Care Mgmt

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt: 07 / 16 / 2007  
Transaction ID: 100003565  
Amount of Each Receipt this Period: 260.00  
Receipt  
Payroll Deduction: (20.00- /Pay Period)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1469.00

**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 11 / 35
	<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) Kenny Dodson	Date of Receipt MM / DD / YYYY 07 / 16 / 2007
	Mailing Address 11236 Meadow Brook Dr.	<b>Transaction ID:</b> 100003542
	City State Zip Code Warren MI 48093	Amount of Each Receipt this Period 200.04
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	Name of Employer Health Alliance Plan Occupation Mgr - Claims Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 383.41	Payroll Deduction: (16.67- /Pay Period)

<b>B.</b>	Full Name (Last, First, Middle Initial) Kenny Dodson	Date of Receipt MM / DD / YYYY 12 / 28 / 2007
	Mailing Address 11236 Meadow Brook Dr.	<b>Transaction ID:</b> 80111.C4367
	City State Zip Code Warren MI 48093	Amount of Each Receipt this Period 16.59
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	Name of Employer Health Alliance Plan Occupation Mgr - Claims Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	Payroll Deduction: (16.59- /Pay Period)

<b>C.</b>	Full Name (Last, First, Middle Initial) Jody L. Doherty	Date of Receipt MM / DD / YYYY 07 / 16 / 2007
	Mailing Address 21115 Violet	<b>Transaction ID:</b> 100003554
	City State Zip Code Saint Clair Shores MI 48082	Amount of Each Receipt this Period 225.03
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	Name of Employer Health Alliance Plan Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.06	Payroll Deduction: (17.31- /Pay Period)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>441.66</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 35  
(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)  
Michael A. Elinski

Mailing Address 3434 Essex

City Troy State MI Zip Code 48084

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt 07 / 16 / 2007

**Transaction ID:** 100003561

Amount of Each Receipt this Period 325.00

Receipt

Payroll Deduction: (25.00- /Pay Period )

**B.**

Full Name (Last, First, Middle Initial)  
Laura Eory

Mailing Address 19090 Parkwood Ln

City Brownstown Twp State MI Zip Code 48183-6804

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

Name of Employer Health Alliance Plan Occupation Sr Member Advocate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 07 / 16 / 2007

**Transaction ID:** 100003581

Amount of Each Receipt this Period 260.00

Receipt

Payroll Deduction: (20.00- /Pay Period )

**C.**

Full Name (Last, First, Middle Initial)  
Vincenzo G. Ferri

Mailing Address 726 S. Renaud

City Grosse Pointe Wood State MI Zip Code 48236

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

Name of Employer Health Alliance Plan Occupation AVP - Bus Affiliations & Suppo

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 541.00

Date of Receipt 07 / 16 / 2007

**Transaction ID:** 100003552

Amount of Each Receipt this Period 260.00

Receipt

Payroll Deduction: (20.00- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) ..... ► **845.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 35
	<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) Howard Flasch	Date of Receipt MM / DD / YYYY 07 / 16 / 2007
	Mailing Address 1459 N Rochester Rd	<b>Transaction ID:</b> 100003562
	City State Zip Code Oakland MI 48363-1630	Amount of Each Receipt this Period 455.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (35.00- /Pay Period )
Name of Employer Health Alliance Plan	Occupation VP - Product Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael M. Forhan	Date of Receipt MM / DD / YYYY 07 / 16 / 2007
	Mailing Address 1587 Anita	<b>Transaction ID:</b> 100003527
	City State Zip Code Grosse Pointe Wood MI 48236	Amount of Each Receipt this Period 143.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (11.00- /Pay Period )
Name of Employer Health Alliance Plan	Occupation Mgr - Comp & Benefits	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 298.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Maurice A. Foster	Date of Receipt MM / DD / YYYY 07 / 16 / 2007
	Mailing Address 18202 Oak Drive	<b>Transaction ID:</b> 100003546
	City State Zip Code Detroit MI 48221	Amount of Each Receipt this Period 132.99
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (10.23- /Pay Period )
Name of Employer Health Alliance Plan	Occupation Supv - Security	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.30	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>730.99</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 35
	<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) Antoinette Frawley		Date of Receipt
	Mailing Address 53910 Oakview Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 1 2 / 2 0 0 7
	City	State	Zip Code
	Shelby Township	MI	48315-1929
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 80111.C4273
Name of Employer Health Alliance Plan		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 400.00
			Receipt

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeanette H. Girty		Date of Receipt
	Mailing Address 18246 Stoepel		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 7 / 1 6 / 2 0 0 7
	City	State	Zip Code
	Detroit	MI	48221
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 100003531
Name of Employer Health Alliance Plan		Occupation Dir - Client Svcs Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 225.03
			Receipt
			Payroll Deduction: (17.31- /Pay Period )

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark Hall		Date of Receipt
	Mailing Address 25450 Constitution		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 7 / 1 6 / 2 0 0 7
	City	State	Zip Code
	Novi	MI	48375-1763
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 100003537
Name of Employer Health Alliance Plan		Occupation AVP - NB Dist Channel Mgmt	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 400.01
			Receipt
			Payroll Deduction: (30.77- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>1025.04</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 35
	<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) L. Elaine Helms		Date of Receipt MM / DD / YYYY 07 / 16 / 2007
	Mailing Address 4418 Robinwood		Transaction ID: 100003560
	City Royal Oak	State MI	Zip Code 48073
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 260.00
	Name of Employer Health Alliance Plan	Occupation AVP	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00	Payroll Deduction: (20.00- /Pay Period )

<b>B.</b>	Full Name (Last, First, Middle Initial) Cynthia Hoffman		Date of Receipt MM / DD / YYYY 07 / 16 / 2007
	Mailing Address 5768 Whitehaven Dr		Transaction ID: 100003522
	City Troy	State MI	Zip Code 48085-3188
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 260.00
	Name of Employer Health Alliance Plan	Occupation Mgr - eCommerce & Tech Plannin	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 540.00	Payroll Deduction: (20.00- /Pay Period )

<b>C.</b>	Full Name (Last, First, Middle Initial) Kevin Hurley		Date of Receipt MM / DD / YYYY 07 / 16 / 2007
	Mailing Address 45504 Morningside Rd		Transaction ID: 100003582
	City Canton	State MI	Zip Code 48187-5610
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 156.00
	Name of Employer Health Alliance Plan	Occupation Manager	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 312.00	Payroll Deduction: (12.00- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	676.00
<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 16 / 35
	<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) Mumtaz A. Ibrahim	Date of Receipt MM / DD / YYYY 12 / 06 / 2007
	Mailing Address 21833 Sheffield Drive	<b>Transaction ID:</b> 80111.C4201
	City State Zip Code Farmington MI 48335	Amount of Each Receipt this Period 800.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Health Alliance Plan	Occupation Sr. Assoc. Med Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Joyce M. James	Date of Receipt MM / DD / YYYY 07 / 16 / 2007
	Mailing Address 20810 Gardner St.	<b>Transaction ID:</b> 100003529
	City State Zip Code Oak Park MI 48237	Amount of Each Receipt this Period 156.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Health Alliance Plan	Occupation Mgr - Provider Fin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 329.00	Payroll Deduction: (12.00- /Pay Period )

<b>C.</b>	Full Name (Last, First, Middle Initial) Kenneth B. Jarriell	Date of Receipt MM / DD / YYYY 07 / 16 / 2007
	Mailing Address 18061 Coyle	<b>Transaction ID:</b> 100003530
	City State Zip Code Detroit MI 48235	Amount of Each Receipt this Period 112.58
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Health Alliance Plan	Occupation Supv - Office Svcs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 233.16	Payroll Deduction: (8.66- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1068.58</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 35
	<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) Deborah Jenkins	Date of Receipt MM / DD / YYYY 07 / 16 / 2007
	Mailing Address 6811 Ravines Circle	<b>Transaction ID:</b> 100003533
	City State Zip Code West Bloomfield MI 48322	Amount of Each Receipt this Period 143.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Health Alliance Plan	Occupation Mgr - System Care Mgmt	Payroll Deduction: (11.00- /Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Brian Jones	Date of Receipt MM / DD / YYYY 07 / 16 / 2007
	Mailing Address 22516 Milner	<b>Transaction ID:</b> 100003539
	City State Zip Code St Clair Shores MI 48081-2079	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Health Alliance Plan	Occupation Assoc Dir, Oper Strat & Plan	Payroll Deduction: (10.00- /Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.77	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mohammed Kanpurwala	Date of Receipt MM / DD / YYYY 07 / 16 / 2007
	Mailing Address 441 Sylvan Dr	<b>Transaction ID:</b> 100003541
	City State Zip Code Canton MI 48188-1596	Amount of Each Receipt this Period 195.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Health Alliance Plan	Occupation Dir - Underwriting/Ahl	Payroll Deduction: (15.00- /Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>468.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 / 35
<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) Donald Kiefiuk		Date of Receipt MM / DD / YYYY 07 / 16 / 2007
	Mailing Address 39810 Karda		<b>Transaction ID:</b> 100003563
	City State Zip Code Sterling Heights MI 48313	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 520.00
	Name of Employer Health Alliance Plan	Occupation AVP Claim Operation	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1040.00	Payroll Deduction: (40.00- /Pay Period )

<b>B.</b>	Full Name (Last, First, Middle Initial) Chad Kok		Date of Receipt MM / DD / YYYY 07 / 16 / 2007
	Mailing Address 5442 English Dr		<b>Transaction ID:</b> 100003583
	City State Zip Code Troy MI 48085-4061	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 182.00
	Name of Employer Health Alliance Plan	Occupation Manager	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 364.00	Payroll Deduction: (14.00- /Pay Period )

<b>C.</b>	Full Name (Last, First, Middle Initial) Barbara Kopasz		Date of Receipt MM / DD / YYYY 07 / 16 / 2007
	Mailing Address 38412 Kingsway Ct		<b>Transaction ID:</b> 100003532
	City State Zip Code Farmington Hills MI 48331-1651	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 325.00
	Name of Employer Health Alliance Plan	Occupation AVP Sales & Marketing	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	Payroll Deduction: (25.00- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1027.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 35
	<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) Glen Koslaskiewicz	Date of Receipt MM / DD / YYYY 07 / 16 / 2007
	Mailing Address 30431 John Hauk	<b>Transaction ID:</b> 100003534
	City State Zip Code Garden City MI 48135	Amount of Each Receipt this Period 214.50
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	Name of Employer Health Alliance Plan Occupation Dir - Fin Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 444.50	Payroll Deduction: (16.50- /Pay Period)

<b>B.</b>	Full Name (Last, First, Middle Initial) Phillip Krause	Date of Receipt MM / DD / YYYY 12 / 21 / 2007
	Mailing Address 30526 N. Greenbriar	<b>Transaction ID:</b> 80111.C4276
	City State Zip Code Franklin MI 48025	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	Name of Employer Health Alliance Plan Occupation Manager, MBI Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark Lafata	Date of Receipt MM / DD / YYYY 07 / 16 / 2007
	Mailing Address 377 Arthur	<b>Transaction ID:</b> 100003535
	City State Zip Code Plymouth MI 48170-1120	Amount of Each Receipt this Period 221.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	Name of Employer Health Alliance Plan Occupation Sr Finance Administrator/HMS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 440.50	Payroll Deduction: (17.00- /Pay Period)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>735.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 35
	<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) Julie LaJoice		Date of Receipt MM / DD / YYYY 07 / 16 / 2007
	Mailing Address 15783 Jonas Avenue		Transaction ID: 100003567
	City State Zip Code Allen Park MI 48101	Amount of Each Receipt this Period 137.41	
	FEC ID number of contributing federal political committee. C	Receipt	
	Name of Employer Health Alliance Plan Occupation Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 274.82	Payroll Deduction: (10.57- /Pay Period )	

<b>B.</b>	Full Name (Last, First, Middle Initial) Anita Landino		Date of Receipt MM / DD / YYYY 07 / 16 / 2007
	Mailing Address 43885 Boulder Dr		Transaction ID: 100003528
	City State Zip Code Clinton Township MI 48038-1423	Amount of Each Receipt this Period 217.75	
	FEC ID number of contributing federal political committee. C	Receipt	
	Name of Employer Health Alliance Plan Occupation Assoc Dir - Advertising/Comm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 450.50	Payroll Deduction: (16.75- /Pay Period )	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michelle Lang		Date of Receipt MM / DD / YYYY 07 / 16 / 2007
	Mailing Address 48616 Dunn Court		Transaction ID: 100003555
	City State Zip Code Macomb MI 48044	Amount of Each Receipt this Period 201.50	
	FEC ID number of contributing federal political committee. C	Receipt	
	Name of Employer Health Alliance Plan Occupation Dir - Coordination of Benefits Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 420.00	Payroll Deduction: (15.50- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>556.66</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 21 / 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) Rhonda Mabene		Date of Receipt
	Mailing Address 14046 Northlawn St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 16 / 2007
	City	State	Zip Code
	Detroit	MI	48238-2489
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 100003549
Name of Employer Health Alliance Plan		Occupation Supv - Claims	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 216.00	<input type="text"/> 104.00
			Receipt
			Payroll Deduction: (8.00/- Pay Period)

<b>B.</b>	Full Name (Last, First, Middle Initial) Annette Marcath		Date of Receipt
	Mailing Address 55261 Ester Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 16 / 2007
	City	State	Zip Code
	Shelby Township	MI	48315-1035
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 100003568
Name of Employer Health Alliance Plan		Occupation Project Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 260.00	<input type="text"/> 130.00
			Receipt
			Payroll Deduction: (10.00- /Pay Period)

<b>C.</b>	Full Name (Last, First, Middle Initial) Deborah Marine		Date of Receipt
	Mailing Address 40054 Crosswinds		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 16 / 2007
	City	State	Zip Code
	Novi	MI	48375
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 100003553
Name of Employer Health Alliance Plan		Occupation Compliance/Privacy Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 405.00	<input type="text"/> 195.00
			Receipt
			Payroll Deduction: (15.00- /Pay Period)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 429.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 35  
(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) Irita Matthews		Date of Receipt MM / DD / YYYY 07 / 16 / 2007
Mailing Address 1305 Balfour St		<b>Transaction ID:</b> 100003556
City Grosse Pointe Park	State MI	Zip Code 48230-1021
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.02
Name of Employer Health Alliance Plan	Occupation Assoc Counsel	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 313.09	Payroll Deduction: (11.54- /Pay Period )

**B.**

Full Name (Last, First, Middle Initial) Colleen McClorey		Date of Receipt MM / DD / YYYY 07 / 16 / 2007
Mailing Address 48188 Andover Dr.		<b>Transaction ID:</b> 100003557
City Detroit	State MI	Zip Code 48374
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 520.00
Name of Employer Health Alliance Plan	Occupation VP - Assoc General Counsel	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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 MM / DD / YYYY 07 / 16 / 2007
Mailing Address 12319 Fordline St		<b>Transaction ID:</b> 100003585
City Southgate	State MI	Zip Code 48195-2303
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 112.58
Name of Employer Health Alliance Plan	Occupation Ldr/Supv Appl Dev & Supp	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.16	Payroll Deduction: (8.66- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>782.60</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 23 / 35  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

**A.** Full Name (Last, First, Middle Initial)  
Bruce Niebylski

Mailing Address 3450 Greentree

City State Zip Code  
Bloomfield Hills MI 48304

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

Name of Employer Health Alliance Plan      Occupation Sr. Associate Medical Director

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 25 / 2007  
Transaction ID: 100003588  
Amount of Each Receipt this Period 1000.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Karen Parenteau

Mailing Address 53978 Blakely Ct

City State Zip Code  
New Baltimore MI 48047-5532

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

Name of Employer Health Alliance Plan      Occupation AVP - Business Dev & Mkt Ops

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 07 / 16 / 2007  
Transaction ID: 100003548  
Amount of Each Receipt this Period 260.00  
Receipt  
Payroll Deduction: (20.00- /Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
Diane Pawlica

Mailing Address 45568 Morningside

City State Zip Code  
Canton MI 48187

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

Name of Employer Health Alliance Plan      Occupation Dir - System Care Mgmt

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 432.00

Date of Receipt 07 / 16 / 2007  
Transaction ID: 100003540  
Amount of Each Receipt this Period 208.00  
Receipt  
Payroll Deduction: (16.00- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1468.00

**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 24 / 35  
(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)  
Vincent Pawloske

Mailing Address 5450 Sandlewood Court

City State Zip Code  
Waterford MI 48329

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

Name of Employer Health Alliance Plan Occupation Associate Director Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 286.00

Date of Receipt 07 / 16 / 2007

Transaction ID: 100003569

Amount of Each Receipt this Period 143.00

Receipt

Payroll Deduction: (11.00- /Pay Period )

**B.**

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

Mailing Address 543 Thurber

City State Zip Code  
Troy MI 48085-4827

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 538.00

Date of Receipt 07 / 16 / 2007

Transaction ID: 100003550

Amount of Each Receipt this Period 260.00

Receipt

Payroll Deduction: (20.00- /Pay Period )

**C.**

Full Name (Last, First, Middle Initial)  
Richard Precord

Mailing Address 150 Shorewood Lane

City State Zip Code  
Howell MI 48843

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 ▼ 403.00

Date of Receipt 07 / 16 / 2007

Transaction ID: 100003570

Amount of Each Receipt this Period 201.50

Receipt

Payroll Deduction: (15.50- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **604.50**

**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 25 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

**A.** Full Name (Last, First, Middle Initial)  
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 ▼ 2002.00

Date of Receipt 07 / 16 / 2007

Transaction ID: 100003571

Amount of Each Receipt this Period 1001.00

Receipt

Payroll Deduction: (77.00- /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 ▼ 450.06

Date of Receipt 07 / 16 / 2007

Transaction ID: 100003572

Amount of Each Receipt this Period 225.03

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 ▼ 2079.00

Date of Receipt 07 / 16 / 2007

Transaction ID: 100003543

Amount of Each Receipt this Period 1001.00

Receipt

Payroll Deduction: (77.00- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2227.03

**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 26 / 35  
(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)  
Yvonne Shannon

Mailing Address 1108 Brompton Rd

City State Zip Code  
Rochester MI 48309-4381

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

Name of Employer Health Alliance Plan Occupation Mgr, Client/Dom Adm & Telecom

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt MM / DD / YYYY  
07 / 16 / 2007

**Transaction ID:** 100003573

Amount of Each Receipt this Period 195.00

Receipt

Payroll Deduction: (15.00- /Pay Period )

**B.**

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 ▼ 520.00

Date of Receipt MM / DD / YYYY  
07 / 16 / 2007

**Transaction ID:** 100003574

Amount of Each Receipt this Period 260.00

Receipt

Payroll Deduction: (20.00- /Pay Period )

**C.**

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 ▼ 540.00

Date of Receipt MM / DD / YYYY  
07 / 16 / 2007

**Transaction ID:** 100003544

Amount of Each Receipt this Period 260.00

Receipt

Payroll Deduction: (20.00- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) ..... ► **715.00**

**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 27 / 35
	<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) Jamie Spriel	Date of Receipt MM / DD / YYYY 12 / 06 / 2007
	Mailing Address 885 Bishop Road	<b>Transaction ID:</b> 80111.C4202
	City State Zip Code Grosse Pointe MI 48230	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	Name of Employer Health Alliance Plan Occupation VP Sales & Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ronald R. Stallworth	Date of Receipt MM / DD / YYYY 07 / 16 / 2007
	Mailing Address 8121 Agnes	<b>Transaction ID:</b> 100003523
	City State Zip Code Detroit MI 48214	Amount of Each Receipt this Period 520.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	Name of Employer Health Alliance Plan Occupation VP - Government Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1080.00	Payroll Deduction: (40.00- /Pay Period )

<b>C.</b>	Full Name (Last, First, Middle Initial) Angela M. Strickland	Date of Receipt MM / DD / YYYY 07 / 16 / 2007
	Mailing Address 34372 Orsini	<b>Transaction ID:</b> 100003545
	City State Zip Code Sterling Heights MI 48312	Amount of Each Receipt this Period 143.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	Name of Employer Health Alliance Plan Occupation Mgr - System Care Mgmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 299.00	Payroll Deduction: (11.00- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1663.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 35  
(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)  
Ronald M Torakis

Mailing Address 19031 Wayne Rd.

City Livonia State MI Zip Code 48152

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

Name of Employer Health Alliance Plan Occupation AVP-Labor Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 21 / 2007  
**Transaction ID:** 80111.C4277  
 Amount of Each Receipt this Period: 500.00  
 Receipt

**B.**

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 ▼ 550.00

Date of Receipt: 07 / 16 / 2007  
**Transaction ID:** 100003559  
 Amount of Each Receipt this Period: 260.00  
 Receipt  
 Payroll Deduction: (20.00- /Pay Period )

**C.**

Full Name (Last, First, Middle Initial)  
Edwin Tuller

Mailing Address 24060 Devonshire Dr

City Novi State MI Zip Code 48374-3760

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 ▼ 500.00

Date of Receipt: 12 / 21 / 2007  
**Transaction ID:** 80111.C4275  
 Amount of Each Receipt this Period: 500.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1260.00

**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 29 / 35  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

**A.** Full Name (Last, First, Middle Initial)  
Randy Walker

Mailing Address 25474 Edge Mont

City State Zip Code  
Southfield MI 48034

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

Name of Employer Health Alliance Plan      Occupation SVP - HCM

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	6	/	2	0	0	7

**Transaction ID:** 100003575

Amount of Each Receipt this Period  
500.50

Receipt

Payroll Deduction: (38.50- /Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
Randy Walker

Mailing Address 25474 Edge Mont

City State Zip Code  
Southfield MI 48034

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

Name of Employer Health Alliance Plan      Occupation SVP - HCM

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      2001.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	6	/	2	0	0	7

**Transaction ID:** 80111.C4203

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Matthew Walsh

Mailing Address 889 Langley Court

City State Zip Code  
Rochester Hills MI 48309

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

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

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      540.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	6	/	2	0	0	7

**Transaction ID:** 100003576

Amount of Each Receipt this Period  
260.00

Receipt

Payroll Deduction: (20.00- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1760.50**

**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:	PAGE 30 / 35
	(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) Karen Wintringham		Date of Receipt MM / DD / YYYY 12 / 12 / 2007
Mailing Address 2846 Pheasant Ring Dr		<b>Transaction ID:</b> 80111.C4274
City Rochester	State MI	Zip Code 48309-2857
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
Name of Employer Health Alliance Plan	Occupation VP Medical Programs	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

**B.**

Full Name (Last, First, Middle Initial) Deborah Withrow		Date of Receipt MM / DD / YYYY 07 / 16 / 2007
Mailing Address 2646 Birch Harbor Ln		<b>Transaction ID:</b> 100003586
City West Bloomfield	State MI	Zip Code 48324-1904
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 494.00
Name of Employer Health Alliance Plan	Occupation VP-Strategic Relationships	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 988.00	
		Payroll Deduction: (38.00- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1294.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	23304.56

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

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

A.	Full Name (Last, First, Middle Initial) Comerica Bank	Transaction ID: 200000129 Date of Disbursement 07 / 01 / 2007
	Mailing Address P.O. Box 75000	
	City Detroit State MI Zip Code 48275-	Amount of Each Disbursement this Period 5.00
	Purpose of Disbursement Merchant Fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		MERCHANT FEE

B.	Full Name (Last, First, Middle Initial) Comerica Bank	Transaction ID: 200000131 Date of Disbursement 08 / 03 / 2007
	Mailing Address P.O. Box 75000	
	City Detroit State MI Zip Code 48275-	Amount of Each Disbursement this Period 32.90
	Purpose of Disbursement Operating Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		OPERATING EXPENSE

C.	Full Name (Last, First, Middle Initial) Comerica Bank	Transaction ID: 200000132 Date of Disbursement 09 / 05 / 2007
	Mailing Address P.O. Box 75000	
	City Detroit State MI Zip Code 48275-	Amount of Each Disbursement this Period 5.00
	Purpose of Disbursement Merchant Fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		MERCHANT FEE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	42.90
<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)

PAGE 32 / 35

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

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Comerica Bank</p> <p>Mailing Address P.O. Box 75000</p> <p>City Detroit State MI Zip Code 48275-</p> <p>Purpose of Disbursement Merchant Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 200000140 <b>Date of Disbursement:</b>  <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>1</td><td>0</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>5.00</td> </tr> </table> </p> <p><b>MERCHANT FEE</b></p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	2	/	2	0	0	7	5.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	0	2	/	2	0	0	7													
5.00																						
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Comerica Bank</p> <p>Mailing Address P.O. Box 75000</p> <p>City Detroit State MI Zip Code 48275-</p> <p>Purpose of Disbursement Operating Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80111.E143 <b>Date of Disbursement:</b>  <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>1</td><td>1</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>5.00</td> </tr> </table> </p> <p><b>OPERATING EXPENSE</b></p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	2	/	2	0	0	7	5.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	2	/	2	0	0	7													
5.00																						
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Comerica Bank</p> <p>Mailing Address P.O. Box 75000</p> <p>City Detroit State MI Zip Code 48275-</p> <p>Purpose of Disbursement Operating Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80111.E149 <b>Date of Disbursement:</b>  <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>1</td><td>2</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>5.00</td> </tr> </table> </p> <p><b>OPERATING EXPENSE</b></p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	4	/	2	0	0	7	5.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	0	4	/	2	0	0	7													
5.00																						

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

15.00

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

57.90



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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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: 200000128 Date of Disbursement 07 / 02 / 2007
	Mailing Address P.O. Box 182652	Amount of Each Disbursement this Period 300.00
	City Utica State MI Zip Code 48318-	
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name CANDICE S. MILLER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 10	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		DIRECT CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) Schauer for Congress	Transaction ID: 80111.E142 Date of Disbursement 11 / 06 / 2007
	Mailing Address P.O. Box 100	Amount of Each Disbursement this Period 500.00
	City Battle Creek State MI Zip Code 49016-	
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		DIRECT CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) Stabenow for U.S. Senate	Transaction ID: 200000135 Date of Disbursement 10 / 11 / 2007
	Mailing Address P.O. Box 4945	Amount of Each Disbursement this Period 250.00
	City East Lansing State MI Zip Code 48826-	
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name DEBBIE STABENOW	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		DIRECT CONTRIBUTION

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1050.00

# 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 34 / 35

<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) Senate Democratic Fund  Mailing Address P.O. Box 11111  City Lansing State MI Zip Code 48910-  Purpose of Disbursement DIRECT CONTRIBUTION  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	Transaction ID: 200000133 Date of Disbursement 09 / 18 / 2007  Amount of Each Disbursement this Period 2500.00
B.	Full Name (Last, First, Middle Initial) Senate Republican Campaign Committee  Mailing Address P.O. Box 12023  City Lansing State MI Zip Code 48933-  Purpose of Disbursement DIRECT CONTRIBUTION  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	Transaction ID: 80111.E144 Date of Disbursement 11 / 14 / 2007  Amount of Each Disbursement this Period 5000.00
C.	Full Name (Last, First, Middle Initial) Pam Byrnes Leadership Circle  Mailing Address 17750 Sharon Valley Rd  City Manchester State MI Zip Code 48158-8575  Purpose of Disbursement DIRECT CONTRIBUTION  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	Transaction ID: 200000139 Date of Disbursement 10 / 18 / 2007  Amount of Each Disbursement this Period 500.00

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

8000.00

**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 35 / 35

<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) Citizens to Elect Edward J. Gaffney <hr/> Mailing Address 283 Kentwood Court <hr/> City Grosse Pointe State MI Zip Code 48236- <hr/> Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 80111.E146 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7
	Amount of Each Disbursement this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) Tom George for State Senate <hr/> Mailing Address P.O. Box 1265 <hr/> City Portage State MI Zip Code 49081-1265 <hr/> Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 80111.E147 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00

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

1500.00

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

9500.00