

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Health Alliance Plan PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		55581.58
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	47271.92									
(c) Total Receipts (from Line 19)	1195.90	29087.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	48467.82	84668.58								
7. Total Disbursements (from Line 31)	2461.54	38662.30								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	46006.28	46006.28								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Health Alliance Plan PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1158.70	19854.24
(i) Itemized (use Schedule A)	37.20	9232.76
(ii) Unitemized	1195.90	29087.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1195.90	29087.00
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))	1195.90	29087.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1195.90	29087.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	5.00	180.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	5.00	180.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	16250.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	2456.54	22231.54
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))..	2461.54	38662.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2461.54	38662.30

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	1195.90	29087.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1195.90	29087.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5.00	180.76
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5.00	180.76

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A.	Full Name (Last, First, Middle Initial) Carol Allen	Date of Receipt MM / DD / YYYY 10 / 06 / 2008
	Mailing Address 26160 Franklin Pointe Dr.	Transaction ID: 81017.C5428
	City State Zip Code Southfield MI 48034	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Health Alliance Plan	Occupation Ldr/Supv - Desktop Integration	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 ▼ 200.00	

B.	Full Name (Last, First, Middle Initial) Scott Allen	Date of Receipt MM / DD / YYYY 10 / 06 / 2008
	Mailing Address 3066 Richmond Dr	Transaction ID: 81017.C5440
	City State Zip Code Clarkston MI 48348-5063	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Health Alliance Plan	Occupation Assoc Dir, Labor Affairs	Payroll Deduction: (20.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Vernal Teresa Blakley	Date of Receipt MM / DD / YYYY 10 / 06 / 2008
	Mailing Address 42573 Saddle Lane	Transaction ID: 81017.C5410
	City State Zip Code Sterling Heights MI 48314	Amount of Each Receipt this Period 12.50
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Health Alliance Plan	Occupation Director, Quality Management	Payroll Deduction: (12.50- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	42.50
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 7 / 22
	<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) Angela K. Branch		Date of Receipt
	Mailing Address 81 Atkinson		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Detroit	MI	48202
	FEC ID number of contributing federal political committee. C		Transaction ID: 81017.C5392
Name of Employer Health Alliance Plan		Occupation Dir - Customer Retention & Edu	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	<input type="text"/> 20.00
			Receipt
			Payroll Deduction: (20.00- /Pay Period)

B.	Full Name (Last, First, Middle Initial) Richard Chaney		Date of Receipt
	Mailing Address 16555 Shaftsbury Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Detroit	MI	48219-4011
	FEC ID number of contributing federal political committee. C		Transaction ID: 81017.C5441
Name of Employer Health Alliance Plan		Occupation Vice President	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 ▼ 500.00	<input type="text"/> 25.00
			Receipt
			Payroll Deduction: (25.00- /Pay Period)

C.	Full Name (Last, First, Middle Initial) Elizabeth Chavez		Date of Receipt
	Mailing Address 23706 Northstone Village Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Taylor	MI	48180
	FEC ID number of contributing federal political committee. C		Transaction ID: 81017.C5395
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 ▼ 228.00	<input type="text"/> 12.00
			Receipt
			Payroll Deduction: (12.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 57.00
TOTAL 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 8 / 22
(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)
Jonathan W. Clement
Mailing Address 923 Westchester

City State Zip Code
Grosse Pointe MI 48230-1829

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00

Date of Receipt: 10 / 06 / 2008
Transaction ID: 81017.C5433
Amount of Each Receipt this Period: 40.00
Receipt
Payroll Deduction: (40.00- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Gwendolyn Davenport
Mailing Address 11372 Whitehill

City State Zip Code
Detroit MI 48224-1653

FEC ID number of contributing federal political committee. C

Name of Employer: Health Alliance Plan Occupation: Dir - Credentialing Services

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 10 / 06 / 2008
Transaction ID: 81017.C5396
Amount of Each Receipt this Period: 18.00
Receipt
Payroll Deduction: (18.00- /Pay Period)

C. Full Name (Last, First, Middle Initial)
Donald Davis
Mailing Address 11417 Fellows Creek Drive

City State Zip Code
Plymouth MI 48170

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1540.00

Date of Receipt: 10 / 06 / 2008
Transaction ID: 81017.C5397
Amount of Each Receipt this Period: 77.00
Receipt
Payroll Deduction: (77.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional) 135.00

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 / 22
	<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)
Jody L. Doherty

Mailing Address 21115 Violet

City State Zip Code
Saint Clair Shores MI 48082

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 ▼ 346.20

Date of Receipt: 10 / 06 / 2008

Transaction ID: 81017.C5426

Amount of Each Receipt this Period: 17.31

Receipt

Payroll Deduction: (17.31- /Pay Period)

B.

Full Name (Last, First, Middle Initial)
Michael A. Elinski

Mailing Address 3434 Essex

City State Zip Code
Troy MI 48084

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 06 / 2008

Transaction ID: 81017.C5430

Amount of Each Receipt this Period: 25.00

Receipt

Payroll Deduction: (25.00- /Pay Period)

C.

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

Mailing Address 726 S. Renaud

City State Zip Code
Grosse Pointe Wood MI 48236

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 620.00

Date of Receipt: 10 / 06 / 2008

Transaction ID: 81017.C5425

Amount of Each Receipt this Period: 31.00

Receipt

Payroll Deduction: (31.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► **73.31**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 22
	<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) Howard Flasch		Date of Receipt
	Mailing Address 1459 N Rochester Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Oakland	MI	48363-1630
	FEC ID number of contributing federal political committee.		Transaction ID: 81017.C5431
Name of Employer Health Alliance Plan		Occupation VP - Product Development	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"/> 760.00	<input type="text"/> 38.00
			Receipt
			Payroll Deduction: (38.00- /Pay Period)

B.	Full Name (Last, First, Middle Initial) Michael M. Forhan		Date of Receipt
	Mailing Address 1587 Anita		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Grosse Pointe Wood	MI	48236
	FEC ID number of contributing federal political committee.		Transaction ID: 81017.C5399
Name of Employer Health Alliance Plan		Occupation Mgr - Comp & Benefits	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"/> 240.00	<input type="text"/> 12.00
			Receipt
			Payroll Deduction: (12.00- /Pay Period)

C.	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
	City	State	Zip Code
	Detroit	MI	48221
	FEC ID number of contributing federal political committee.		Transaction ID: 81017.C5403
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"/> 346.20	<input type="text"/> 17.31
			Receipt
			Payroll Deduction: (17.31- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 67.31
TOTAL 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 11 / 22
	<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) Mark Hall	Date of Receipt MM / DD / YYYY 10 / 06 / 2008
	Mailing Address 25450 Constitution	Transaction ID: 81017.C5409
	City State Zip Code Novi MI 48375-1763	Amount of Each Receipt this Period 38.47
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Health Alliance Plan Occupation AVP - NB Dist Channel Mgmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 769.40	Payroll Deduction: (38.47- /Pay Period)

B.	Full Name (Last, First, Middle Initial) Robert Heitjan	Date of Receipt MM / DD / YYYY 10 / 06 / 2008
	Mailing Address 7429 Esper Blvd.	Transaction ID: 81017.C5398
	City State Zip Code Dearborn MI 48126	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Health Alliance Plan Occupation Ldr/Supv Appl Dev & Supp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00	Payroll Deduction: (10.00- /Pay Period)

C.	Full Name (Last, First, Middle Initial) Cynthia Hoffman	Date of Receipt MM / DD / YYYY 10 / 06 / 2008
	Mailing Address 5768 Whitehaven Dr	Transaction ID: 81017.C5417
	City State Zip Code Troy MI 48085-3188	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Health Alliance Plan Occupation Mgr - eCommerce & Tech Plannin Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00	Payroll Deduction: (20.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	68.47
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 22
	<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) Joyce M. James		Date of Receipt
	Mailing Address 20810 Gardner St.		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Oak Park	MI	48237
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Health Alliance Plan		Occupation Mgr - Provider Fin	Transaction ID: 81017.C5401
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	Amount of Each Receipt this Period <input type="text" value="12.00"/>
			Receipt
			Payroll Deduction: (12.00- /Pay Period)

B.	Full Name (Last, First, Middle Initial) Brian Jones		Date of Receipt
	Mailing Address 22516 Milner		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	St Clr Shores	MI	48081-2079
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Health Alliance Plan		Occupation Assoc Dir, Oper Strat & Plan	Transaction ID: 81017.C5411
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="205.00"/>	Amount of Each Receipt this Period <input type="text" value="10.00"/>
			Receipt
			Payroll Deduction: (10.00- /Pay Period)

C.	Full Name (Last, First, Middle Initial) Donald Kiefiuk		Date of Receipt
	Mailing Address 39810 Karda		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Sterling Heights	MI	48313
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Health Alliance Plan		Occupation AVP Claim Operation	Transaction ID: 81017.C5432
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="800.00"/>	Amount of Each Receipt this Period <input type="text" value="40.00"/>
			Receipt
			Payroll Deduction: (40.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="62.00"/>
TOTAL 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 13 / 22
	<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) Barbara Kopasz		Date of Receipt
	Mailing Address 38412 Kingsway Ct		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Farmington Hills	MI	48331-1651
	FEC ID number of contributing federal political committee. C		Transaction ID: 81017.C5404
Name of Employer Health Alliance Plan		Occupation AVP Sales & Marketing	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" value="380.00"/>	<input type="text" value="19.00"/>
			Receipt
			Payroll Deduction: (19.00- /Pay Period)

B.	Full Name (Last, First, Middle Initial) Glen Koslakiewicz		Date of Receipt
	Mailing Address 30431 John Hauk		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Garden City	MI	48135
	FEC ID number of contributing federal political committee. C		Transaction ID: 81017.C5406
Name of Employer Health Alliance Plan		Occupation Dir - Fin 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" value="360.00"/>	<input type="text" value="18.00"/>
			Receipt
			Payroll Deduction: (18.00- /Pay Period)

C.	Full Name (Last, First, Middle Initial) Ken Kreis		Date of Receipt
	Mailing Address 31800 Shawn Dr		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Warren	MI	48088-2936
	FEC ID number of contributing federal political committee. C		Transaction ID: 81017.C5402
Name of Employer Health Alliance Plan		Occupation Mgr - Appl Dev/Bus Supp/Proj M	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" value="220.00"/>	<input type="text" value="11.00"/>
			Receipt
			Payroll Deduction: (11.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="48.00"/>
TOTAL 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 14 / 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A.	Full Name (Last, First, Middle Initial) Mark Lafata		Date of Receipt MM / DD / YYYY 10 / 06 / 2008
	Mailing Address 377 Arthur		Transaction ID: 81017.C5394
	City Plymouth	State MI	Zip Code 48170-1120
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.00
	Name of Employer Health Alliance Plan	Occupation Sr Finance Administrator/HMS	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 255.00	Payroll Deduction: (17.00- /Pay Period)

B.	Full Name (Last, First, Middle Initial) Rory Lafferty		Date of Receipt MM / DD / YYYY 10 / 06 / 2008
	Mailing Address 4414 Hunt Club Drive #2D		Transaction ID: 81017.C5405
	City Ypsilanti	State MI	Zip Code 48197
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
	Name of Employer Health Alliance Plan	Occupation Legislative Associate	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00	Payroll Deduction: (10.00- /Pay Period)

C.	Full Name (Last, First, Middle Initial) Anita Landino		Date of Receipt MM / DD / YYYY 10 / 06 / 2008
	Mailing Address 43885 Boulder Dr		Transaction ID: 81017.C5400
	City Clinton Township	State MI	Zip Code 48038-1423
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.75
	Name of Employer Health Alliance Plan	Occupation Assoc Dir - Advertising/Comm	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 335.00	Payroll Deduction: (16.75- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	43.75
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 22

(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)
Sandra Ledesma

Mailing Address 22429 Provincial St

City State Zip Code
Trenton MI 48183

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

Name of Employer Occupation
Health Alliance Plan Manager IT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt

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

Transaction ID: 81017.C5407

Amount of Each Receipt this Period

11.00

Receipt

Payroll Deduction: (11.00-
/Pay Period)

B.

Full Name (Last, First, Middle Initial)
Irita Matthews

Mailing Address 1305 Balfour St

City State Zip Code
Grosse Pointe Park MI 48230-1021

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

Name of Employer Occupation
Health Alliance Plan Assoc Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 266.00

Date of Receipt

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

Transaction ID: 81017.C5421

Amount of Each Receipt this Period

14.00

Receipt

Payroll Deduction: (14.00-
/Pay Period)

C.

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

Mailing Address 48188 Andover Dr.

City State Zip Code
Detroit MI 48374

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1160.00

Date of Receipt

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

Transaction ID: 81017.C5427

Amount of Each Receipt this Period

58.00

Receipt

Payroll Deduction: (58.00-
/Pay Period)

SUBTOTAL of Receipts This Page (optional) ▶

83.00

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 16 / 22
	<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) Denise McKay		Date of Receipt
	Mailing Address 12319 Fordline St		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Southgate	MI	48195-2303
	FEC ID number of contributing federal political committee. C		Transaction ID: 81017.C5442
Name of Employer Health Alliance Plan		Occupation Ldr/Supv Appl Dev & Supp	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" value="200.00"/>	<input type="text" value="10.00"/>
			Receipt Payroll Deduction: (10.00- /Pay Period)

B.	Full Name (Last, First, Middle Initial) Ryan C. Moore		Date of Receipt
	Mailing Address 723 Barclay Drive		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Troy	MI	48085
	FEC ID number of contributing federal political committee. C		Transaction ID: 81017.C5408
Name of Employer Health Alliance Plan		Occupation Adm Manager, Office of COO	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" value="211.60"/>	<input type="text" value="10.58"/>
			Receipt Payroll Deduction: (10.58- /Pay Period)

C.	Full Name (Last, First, Middle Initial) Vincent Pawloske		Date of Receipt
	Mailing Address 5450 Sandlewood Court		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Waterford	MI	48329
	FEC ID number of contributing federal political committee. C		Transaction ID: 81017.C5435
Name of Employer Health Alliance Plan		Occupation Associate Director Finance	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" value="400.00"/>	<input type="text" value="20.00"/>
			Receipt Payroll Deduction: (20.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="40.58"/>
TOTAL 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 17 / 22
	<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) Christopher Pike		Date of Receipt
	Mailing Address 1657 Wilmington Ct		<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 0 / 0 6 / 2 0 0 8
	City	State	Zip Code
	Rochester	MI	48309
	FEC ID number of contributing federal political committee. C		Transaction ID: 81017.C5412
Name of Employer Health Alliance Plan		Occupation AVP - Information Tech Supp	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 ▼ 500.00	<input type="text"/> 25.00
			Receipt
			Payroll Deduction: (25.00- /Pay Period)

B.	Full Name (Last, First, Middle Initial) Rachel Powell		Date of Receipt
	Mailing Address 543 Thurber		<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 0 / 0 6 / 2 0 0 8
	City	State	Zip Code
	Troy	MI	48085-4827
	FEC ID number of contributing federal political committee. C		Transaction ID: 81017.C5423
Name of Employer Health Alliance Plan		Occupation Dir - Encounter/Claim Accuracy	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 ▼ 400.00	<input type="text"/> 20.00
			Receipt
			Payroll Deduction: (20.00- /Pay Period)

C.	Full Name (Last, First, Middle Initial) Patricia R. Richards		Date of Receipt
	Mailing Address 23 Turnberry Ln.		<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 0 / 0 6 / 2 0 0 8
	City	State	Zip Code
	Dearborn	MI	48120
	FEC ID number of contributing federal political committee. C		Transaction ID: 81017.C5436
Name of Employer Health Alliance Plan		Occupation Sr. Vice President & COO	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 ▼ 1538.60	<input type="text"/> 76.93
			Receipt
			Payroll Deduction: (76.93- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	121.93
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 18 / 22
(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)
Chrystal M. Roberts

Mailing Address 24601 Pinehurst Avenue

City State Zip Code
Oak Park MI 48237

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

Name of Employer Health Alliance Plan Occupation Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 346.20

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 81017.C5437

Amount of Each Receipt this Period
17.31

Receipt

Payroll Deduction: (17.31- /Pay Period)

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

Mailing Address 2156 Cumberland

City State Zip Code
Brighton MI 48114

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

Name of Employer Health Alliance Plan Occupation VP - Financial Services

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1540.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 81017.C5415

Amount of Each Receipt this Period
77.00

Receipt

Payroll Deduction: (77.00- /Pay Period)

C. 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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 81017.C5438

Amount of Each Receipt this Period
20.00

Receipt

Payroll Deduction: (20.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► **114.31**

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 19 / 22
	<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) Mary Clare Solky	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 8
	Mailing Address 30387 Windingbrook Lane	Transaction ID: 81017.C5416
	City Farmington State MI Zip Code 48334	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Health Alliance Plan Occupation Director, CBHM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 400.00	Payroll Deduction: (20.00- /Pay Period)

B.	Full Name (Last, First, Middle Initial) Ronald R. Stallworth	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 8
	Mailing Address 8121 Agnes	Transaction ID: 81017.C5422
	City Detroit State MI Zip Code 48214	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	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) <input type="checkbox"/> Aggregate Year-to-Date 760.00	Payroll Deduction: (40.00- /Pay Period)

C.	Full Name (Last, First, Middle Initial) William Tierney	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 8
	Mailing Address 12739 Herrod Drive	Transaction ID: 81017.C5418
	City Sterling Heights State MI Zip Code 48313-4145	Amount of Each Receipt this Period 11.54
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Health Alliance Plan Occupation Sr. Project Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 230.80	Payroll Deduction: (11.54- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	71.54
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 20 / 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A.	Full Name (Last, First, Middle Initial) Daniel Trim		Date of Receipt
	Mailing Address 921 Juneau Rd.		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Ypsilanti	MI	48198-6323
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Health Alliance Plan		Occupation Mgr - Tech Support/Comp Op	Transaction ID: 81017.C5429
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="800.00"/>	Amount of Each Receipt this Period <input type="text" value="40.00"/>
			Receipt Payroll Deduction: (40.00- /Pay Period)

B.	Full Name (Last, First, Middle Initial) Matthew Walsh		Date of Receipt
	Mailing Address 889 Langley Court		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Rochester Hills	MI	48309
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Health Alliance Plan		Occupation Project Dir, Purchaser Initiat	Transaction ID: 81017.C5439
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	Amount of Each Receipt this Period <input type="text" value="20.00"/>
			Receipt Payroll Deduction: (20.00- /Pay Period)

C.	Full Name (Last, First, Middle Initial) Deborah Withrow		Date of Receipt
	Mailing Address 2646 Birch Harbor Ln		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	West Bloomfield	MI	48324-1904
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Health Alliance Plan		Occupation VP-Strategic Relationships	Transaction ID: 81017.C5413
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="735.00"/>	Amount of Each Receipt this Period <input type="text" value="70.00"/>
			Receipt Payroll Deduction: (35.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="130.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1158.70"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A.

Full Name (Last, First, Middle Initial)
Bacco Ristorante

Mailing Address 29410 Northwestern Hwy

City State Zip Code
Southfield MI 48034-5717

Purpose of Disbursement
IN-KIND PURCHASE OF FOOD & BEV

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81017.E220
Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

956.54

In-Kind: In-kind Purchase of Food & Bev

B.

Full Name (Last, First, Middle Initial)
Mike Cox for Attorney General

Mailing Address PO Box 532197

City State Zip Code
Livonia MI 48153-2197

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81017.E216
Date of Disbursement

10 / 07 / 2008

Amount of Each Disbursement this Period

250.00

C.

Full Name (Last, First, Middle Initial)
CTE Robert B. Jones for State Rep.

Mailing Address PO Box 2046

City State Zip Code
Kalamazoo MI 49003-2046

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81017.E218
Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional) ▶

1456.54

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 22

<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) Friends of Jon Switalski Mailing Address 31705 Forest Ln City Warren State MI Zip Code 48093-5586 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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81017.E214 Date of Disbursement 10 / 07 / 2008
	Amount of Each Disbursement this Period 500.00
B. Full Name (Last, First, Middle Initial) Friends of Mary Valentine Mailing Address P.O. Box 421 City Muskegon State MI Zip Code 49443- 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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81017.E215 Date of Disbursement 10 / 07 / 2008
	Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

2456.54