10/17/2008 10:59

(Rev. 12/2004)

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Health Alliance Plan PAC 2850 West Grand Boulevard ADDRESS (number and street) Check if different than previously Detroit МІ 48202 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00410670 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Jul 20 (M7) Apr 20 (M4) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day Х (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the 11 04 2008 MI Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Special (30S) Post -Election General (30G) Runoff (30R) Report for the: **Termination Report** (TER) in the Election on State of 10 0 1 2008 10 2008 15 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. James W Hoeberling Type or Print Name of Treasurer Electronically Filed by James W Hoeberling 10 17 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use

FE6AN026

Only

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name Health Alliance Plan PAC

FEC Form 3X (Rev. 02/2003)

Report Covering the Period:

From:

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2008

м м 1 0

^D 15

2008

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
i.	(a) Cash on Hand January 1 Ž008 Y Y		55581.58
	(b) Cash on Hand at Begining 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
.	Total Disbursements (from Line 31)	2461.54	38662.30
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	46006.28	46006.28
	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

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

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name Health Alliance Plan PAC

Report Covering the Period:

м м 1 0

From:

01

^Y 2008

To: 10

^D 15

^Y 2008

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	1158.70	19854.24
	(ii) Unitemized	37.20	9232.76
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	1195.90	29087.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1195.90	29087.00
	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
-	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
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1195.90	29087.00
	Total Federal Receipts (subtract Line 18(c) from Line 19)	1195.90	29087.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(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
2.	Transfers to Affiliated/Other Party		
	CommitteesContributions to	0.00	0.00
٥.	Federal Candidates/Committeesand Other Political Committees	0.00	16250.00
	Independent Expenditure		
	(use Schedule E)	0.00	0.00
	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))	0.00	0.00
	(use Schedule F)		
6.	Loan Repayments Made	0.00	0.00
7.	Loans Made	0.00	0.00
	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	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	2456.54	22231.54
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds		0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2461.54	38662.30
2	Total Federal Disbursements		
2.	(subtract Line 21(a)(ii) and Line 30(a)(ii)		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	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

FE6AN026

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 22 (check only one) X 11a
A C	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may no e name and addres	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC			
	Full Name (Last, First, Middle Initial) Carol Allen			Date of Receipt
	Mailing Address 26160 Franklin Pointe	Dr.		10 06 2008
	City	State	Zip Code	Transaction ID: 81017.C5428
	Southfield FEC ID number of contributing	MI	48034	Amount of Each Receipt this Period
	federal political committee.	C		10.00
	Name of Employer Health Alliance Plan	Occupation Ldr/Supv - I	Desktop Integration	Receipt
	Receipt For:	, '	ear-to-Date ▼	
	Primary General Other (specify) ▼	0 0	200.00	Payroll Deduction: (10.00- /Pay Period)
_	Full Name (Last, First, Middle Initial) Scott Allen			Date of Receipt
	Mailing Address 3066 Richmond Dr	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 81017.C5440
	Clarkston	MI	48348-5063	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer Health Alliance Plan	Occupation Assoc Dir, I	_abor Affairs	Receipt
	Receipt For:	Aggregate Ye	ear-to-Date V	
	Primary General Other (specify) ▼	0 0 0	400.00	Payroll Deduction: (20.00- /Pay Period)
	Full Name (Last, First, Middle Initial) Vernal Teresa Blakley			Date of Receipt
	Mailing Address 42573 Saddle Lane			10 06 2008
	City	State	Zip Code	Transaction ID: 81017.C5410
	Sterling Heights	MI	48314	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		12.50
	Name of Employer Health Alliance Plan	Occupation Director, Qu	uality Management	Receipt
	Receipt For: Primary General	Aggregate Ye	ear-to-Date ▼	I D
	Other (specify)		250.00	Payroll Deduction: (12.50-/Pay Period)
Γ		1		42.50

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 22 (check only one) X 11a 11b 11c 12 13 14 15 16 11
,	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persename and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	Health Alliance Plan PAC		
۱.	Full Name (Last, First, Middle Initial) Angela K. Branch		Date of Receipt
	Mailing Address 81 Atkinson City	State Zip Code	1 0 0 6 2 0 0 8 Transaction ID: 81017.C5392
	Detroit	MI 48202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Health Alliance Plan	Occupation Dir - Customer Retention & Edu	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	Payroll Deduction: (20.00-/Pay Period)
 3.	Full Name (Last, First, Middle Initial) Richard Chaney	l	Date of Receipt
	Mailing Address 16555 Shaftsbury Av	e	10 06 7 2008
	City	State Zip Code	Transaction ID: 81017.C5441
	Detroit	MI 48219-4011	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00 Receipt
	Name of Employer Health Alliance Plan	Occupation Vice President	Πουσιρι
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	Payroll Deduction: (25.00-/Pay Period)
_	Full Name (Last, First, Middle Initial) Elizabeth Chavez		Date of Receipt
	Mailing Address 23706 Northstone Vil	lage Drive	10 06 2008
	City	State Zip Code	Transaction ID: 81017.C5395
	Taylor	MI 48180	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	12.00
	Name of Employer Health Alliance Plan	Occupation Supv - Claims	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00	Payroll Deduction: (12.00-/Pay Period)
	SUBTOTAL of Receipts This Page (optional)		57.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate scheduler for each category of the Detailed Summary Page	(Crieck Only Orle)
A	for commercial purposes, other than using the	Statements may not be sold or used by any ename and address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
•	Full Name (Last, First, Middle Initial) Jonathan W. Clement		Date of Receipt
	Mailing Address 923 Westchester		10 06 2008
	City	State Zip Code	Transaction ID: 81017.C5433
	Grosse Pointe	MI 48230-1829	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Health Alliance Plan	Occupation VP - Underwriting & Rating	Receipt
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	800.0	Payroll Deduction: (40.00-/Pay Period)
	Full Name (Last, First, Middle Initial) Gwendolyn Davenport	1	Date of Receipt
	Mailing Address 11372 Whitehill		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 81017.C5396
	Detroit	MI 48224-1653	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	18.00
	Name of Employer Health Alliance Plan	Occupation Dir - Credentialing Services	Receipt
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	360.0	Payroll Deduction: (18.00-/Pay Period)
	Full Name (Last, First, Middle Initial) Donald Davis		Date of Receipt
	Mailing Address 11417 Fellows Creek	10 06 2008	
	City	State Zip Code	Transaction ID: 81017.C5397
	Plymouth	MI 48170	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	77.00
	Name of Employer Health Alliance Plan	Occupation VP - Human Res & Cust Rel	Receipt
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1540.0	Payroll Deduction: (77.00-/Pay Period)
Г			135.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 22 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A C	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be sold or used by any perename and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
	Full Name (Last, First, Middle Initial) Jody L. Doherty		Date of Receipt
	Mailing Address 21115 Violet		10 06 2008
	City Saint Clair Shores	State Zip Code MI 48082	Transaction ID: 81017.C5426
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 17.31
	Name of Employer Health Alliance Plan	Occupation Director	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 346.20	Payroll Deduction: (17.31-/Pay Period)
_	Full Name (Last, First, Middle Initial) Michael A. Elinski		Date of Receipt
	Mailing Address 3434 Essex		10 06 YYYYY 10 06 2008
	City	State Zip Code	Transaction ID: 81017.C5430
	Troy	MI 48084	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Health Alliance Plan	Occupation AVP - Technology & eBusiness D	Receipt
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	500.00	Payroll Deduction: (25.00- /Pay Period)
	Full Name (Last, First, Middle Initial) Vincenzo G. Ferri		Date of Receipt
	Mailing Address 726 S. Renaud	10 06 2008	
	City	State Zip Code	Transaction ID: 81017.C5425
	Grosse Pointe Wood	MI 48236	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	31.00
	Name of Employer Health Alliance Plan	Occupation AVP - Bus Affiliations & Suppo	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00	Payroll Deduction: (31.00-/Pay Period)
	CURTOTAL of Descripto This Descriptoral		73.31

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 22 (check only one) X 11a 11b 11c 12 13 14 15 16
A OI	ny information copied from such Reports and S for commercial purposes, other than using the	statements may not be sold or used by any persename and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
	Full Name (Last, First, Middle Initial) Howard Flasch		Date of Receipt
	Mailing Address 1459 N Rochester Rd		10 06 2008
	City	State Zip Code	Transaction ID: 81017.C5431
	Oakland	MI 48363-1630	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	38.00
	Name of Employer Health Alliance Plan	Occupation VP - Product Development	Receipt
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	760.00	Payroll Deduction: (38.00-/Pay Period)
	Full Name (Last, First, Middle Initial) Michael M. Forhan	<u> </u>	Date of Receipt
	Mailing Address 1587 Anita		10 06 7 9 9 9
	City	State Zip Code	Transaction ID: 81017.C5399
	Grosse Pointe Wood	MI 48236	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	12.00
	Name of Employer Health Alliance Plan	Occupation Mgr - Comp & Benefits	Receipt
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	240.00	Payroll Deduction: (12.00- /Pay Period)
	Full Name (Last, First, Middle Initial) Jeanette H. Girty		Date of Receipt
	Mailing Address 18246 Stoepel		10 06 2008
	City	State Zip Code	Transaction ID: 81017.C5403
	Detroit	MI 48221	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	17.31
	Name of Employer Health Alliance Plan	Occupation Dir - Client Svcs Operations	Receipt
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	346.20	Payroll Deduction: (17.31- /Pay Period)
Г			67.31

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 22 (check only one) X
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC	name and add	dress of any political committee to	o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Mark Hall			Date of Receipt
	Mailing Address 25450 Constitution			10 06 2008
	City <u>Novi</u>	State MI	Zip Code 48375-1763	Transaction ID: 81017.C5409 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		38.47
	Name of Employer Health Alliance Plan	Occupatio AVP - NE	n 3 Dist Channel Mgmt	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 769.40	Payroll Deduction: (38.47-/Pay Period)
	Full Name (Last, First, Middle Initial) Robert Heitjan Mailing Address 7429 Esper Blvd.	<u> </u>		Date of Receipt
	City	State	Zip Code	1 0 0 6 2 0 0 8 Transaction ID: 81017.C5398
	<u>Dearborn</u>	MI	48126	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer Health Alliance Plan		Appl Dev & Supp	Receipt
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 200.00	Payroll Deduction: (10.00-/Pay Period)
_	Full Name (Last, First, Middle Initial) Cynthia Hoffman			Date of Receipt
	Mailing Address 5768 Whitehaven Dr			10 06 2008
	City Troy	State MI	Zip Code 48085-3188	Transaction ID: 81017.C5417
	FEC ID number of contributing federal political committee.	C	40005-5100	Amount of Each Receipt this Period 20.00
	Name of Employer Health Alliance Plan	Occupatio Mgr - eC	n ommerce & Tech Plannin	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 380.00	Payroll Deduction: (20.00-/Pay Period)
	SUBTOTAL of Receipts This Page (optional)	ı		68.47

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 22 (check only one) X
A	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may not be sold or used by any per name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
/	Full Name (Last, First, Middle Initial) Joyce M. James		Date of Receipt
	Mailing Address 20810 Gardner St.		10 06 7 2008
	Cole Ports	State Zip Code	Transaction ID: 81017.C5401
	Oak Park FEC ID number of contributing	MI 48237	Amount of Each Receipt this Period 12.00
	federal political committee.		Descint
	Name of Employer Health Alliance Plan	Occupation Mgr - Provider Fin	Receipt
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	240.00	Payroll Deduction: (12.00- /Pay Period)
	Full Name (Last, First, Middle Initial) Brian Jones		Date of Receipt
	Mailing Address 22516 Milner		1 0 0 6 2 0 0 8
	City	State Zip Code	Transaction ID: 81017.C5411
	St Clr Shores	MI 48081-2079	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10.00
	Name of Employer Health Alliance Plan	Occupation Assoc Dir, Oper Strat & Plan	Receipt
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	205.00	Payroll Deduction: (10.00-/Pay Period)
	Full Name (Last, First, Middle Initial) Donald Kiefiuk		Date of Receipt
	Mailing Address 39810 Karda		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 81017.C5432
	Sterling Heights	MI 48313	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Health Alliance Plan	Occupation AVP Claim Operation	Receipt
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	800.00	Payroll Deduction: (40.00-/Pay Period)
Г			62.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 22 (check only one) X 11a 11b 11c 12 13 14 15 16
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
· <u>/</u>	Full Name (Last, First, Middle Initial) Barbara Kopasz		Date of Receipt
	Mailing Address 38412 Kingsway Ct		10 06 7 9 9 9
	City	State Zip Code	Transaction ID: 81017.C5404
	Farmington Hills	MI 48331-1651	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	19.00
	Name of Employer Health Alliance Plan	Occupation AVP Sales & Marketing	Receipt
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	380.00	Payroll Deduction: (19.00-/Pay Period)
_	Full Name (Last, First, Middle Initial) Glen Koslakiewicz		Date of Receipt
	Mailing Address 30431 John Hauk		10 06 2008
	City	State Zip Code	Transaction ID: 81017.C5406
	Garden City	MI 48135	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	18.00
	Name of Employer Health Alliance Plan	Occupation Dir - Fin Operations	Receipt
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	360.00	Payroll Deduction: (18.00-/Pay Period)
	Full Name (Last, First, Middle Initial) Ken Kreis		Date of Receipt
	Mailing Address 31800 Shawn Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 81017.C5402
	Warren	MI 48088-2936	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	11.00
	Name of Employer Health Alliance Plan	Occupation Mgr - Appl Dev/Bus Supp/Proj M	Receipt
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	220.00	Payroll Deduction: (11.00-/Pay Period)
Г			. 48.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 22 (check only one) X 11a 11b 11c 12 13 14 15 16				
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC						
	Full Name (Last, First, Middle Initial) Mark Lafata		Date of Receipt				
	Mailing Address 377 Arthur		10 06 7 2008				
	City	State Zip Code	Transaction ID: 81017.C5394				
	Plymouth	MI 48170-1120	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	17.00				
	Name of Employer Health Alliance Plan	Occupation Sr Finance Administrator/HMS	Receipt				
	Receipt For:	Aggregate Year-to-Date ▼					
	Primary General Other (specify) ▼	255.00	Payroll Deduction: (17.00-/Pay Period)				
	Full Name (Last, First, Middle Initial) Rory Lafferty		Date of Receipt				
	Mailing Address 4414 Hunt Club Drive #2D		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State Zip Code	Transaction ID: 81017.C5405				
	<u>Ypsilanti</u>	MI 48197	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	10.00				
	Name of Employer Health Alliance Plan	Occupation Legislative Associate	Receipt				
	Receipt For:	Aggregate Year-to-Date ▼					
	Primary General Other (specify) ▼	200.00	Payroll Deduction: (10.00-/Pay Period)				
_	Full Name (Last, First, Middle Initial) Anita Landino		Date of Receipt				
	Mailing Address 43885 Boulder Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State Zip Code	Transaction ID: 81017.C5400				
	Clinton Township	MI 48038-1423	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	16.75				
	Name of Employer Health Alliance Plan	Occupation Assoc Dir - Advertising/Comm	Receipt				
	Receipt For:	Aggregate Year-to-Date ▼					
	Primary General Other (specify) ▼	335.00	Payroll Deduction: (16.75-/Pay Period)				
Г	SUBTOTAL of Receipts This Page (optional)		43.75				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for e	separate schedule(s) ach category of the iled Summary Page	FOR LINE NUMBER: PAGE 15 / 22 (check only one) X 11a 11b 11c 12 13 14 15 16				
A	ny information copied from such Reports and so for commercial purposes, other than using the	Statements may not be name and address of	sold or used by any perso any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC							
	Full Name (Last, First, Middle Initial) Sandra Ledesma			Date of Receipt				
	Mailing Address 22429 Provincial St			10 06 2008				
	City		Code	Transaction ID: 81017.C5407				
	Trenton FEC ID number of contributing federal political committee.	C	183	Amount of Each Receipt this Period 11.00				
	Name of Employer Health Alliance Plan	Occupation Manager IT		Receipt				
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	-Date ▼ 220.00	Payroll Deduction: (11.00-/Pay Period)				
	Full Name (Last, First, Middle Initial)	1		Date of Receipt				
	Mailing Address 1305 Balfour St			10 06 YYYYY 10 06 2008				
	City		Code	Transaction ID: 81017.C5421				
	Grosse Pointe Park	MI 48	230-1021	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		14.00				
	Name of Employer Health Alliance Plan	Occupation Assoc Counsel		- Receipt				
	Receipt For:	Aggregate Year-to	-Date V					
	Primary General Other (specify) ▼		266.00	Payroll Deduction: (14.00- /Pay Period)				
_	Full Name (Last, First, Middle Initial) Colleen McClorey			Date of Receipt				
	Mailing Address 48188 Andover Dr.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City		Code	Transaction ID: 81017.C5427				
	Detroit	MI 48	374	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		58.00				
	Name of Employer Health Alliance Plan	Occupation VP - Assoc Gen		Receipt				
	Receipt For: Primary General Other (specify)	Aggregate Year-to	-Date ▼ 1160.00	Payroll Deduction: (58.00-/Pay Period)				
	SUBTOTAL of Receipts This Page (optional) .	•		83.00				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 22 (check only one) X 11a
A oı	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any personness of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC			
	Full Name (Last, First, Middle Initial) Denise McKay			Date of Receipt
	Mailing Address 12319 Fordline St			10 06 7 2008
	City	State	Zip Code	Transaction ID: 81017.C5442
	Southgate	MI	48195-2303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer Health Alliance Plan	Occupation Ldr/Supv	n Appl Dev & Supp	Receipt
	Receipt For:	- '	Year-to-Date ▼	
	Primary General Other (specify) ▼		200.00	Payroll Deduction: (10.00-/Pay Period)
	Full Name (Last, First, Middle Initial) Ryan C. Moore			Date of Receipt
	Mailing Address 723 Barclay Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 81017.C5408
	Troy	MI	48085	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.58
	Name of Employer Health Alliance Plan	Occupation Adm Mar	nager, Office of COO	Receipt
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		211.60	Payroll Deduction: (10.58-/Pay Period)
_	Full Name (Last, First, Middle Initial) Vincent Pawloske			Date of Receipt
	Mailing Address 5450 Sandlewood Co	ourt		10 06 2008
	City	State	Zip Code	Transaction ID: 81017.C5435
	Waterford	MI	48329	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Health Alliance Plan	Occupation Associate	n e Director Finance	Receipt
	Receipt For:	_ '	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	400.00	Payroll Deduction: (20.00-/Pay Period)
				40.58

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 22 (check only one) X 11a
4	or for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
۸.	Full Name (Last, First, Middle Initial) Christopher Pike		Date of Receipt
	Mailing Address 1657 Wilmington Ct		10 06 7 2008
	City Rochester	State Zip Code MI 48309	Transaction ID: 81017.C5412 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Health Alliance Plan	Occupation AVP - Information Tech Supp	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Payroll Deduction: (25.00-/Pay Period)
	Full Name (Last, First, Middle Initial) Rachel Powell		Date of Receipt
	Mailing Address 543 Thurber		10 06 2008
	City	State Zip Code	Transaction ID: 81017.C5423
	Troy FEC ID number of contributing	MI 48085-4827	Amount of Each Receipt this Period 20.00
	federal political committee.	C	Receipt
	Name of Employer Health Alliance Plan	Occupation Dir - Encounter/Claim Accuracy	neceipt
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	400.00	Payroll Deduction: (20.00- /Pay Period)
_	Full Name (Last, First, Middle Initial) Patricia R. Richards	1	Date of Receipt
	Mailing Address 23 Turnberry Ln.		10 06 2008
	City	State Zip Code	Transaction ID: 81017.C5436
	Dearborn FEC ID number of contributing	MI 48120	Amount of Each Receipt this Period
	federal political committee.	C	76.93
	Name of Employer Health Alliance Plan	Occupation Sr. Vice President & COO	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1538.60	Payroll Deduction: (76.93-/Pay Period)
	CURTOTAL of Descints This Daws (entired)		121.93

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) X 11a 11b 11c 12 13 14 15 16			
Any information copied from such Reports an or for commercial purposes, other than using	d Statements ma the name and ad	 y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC						
Full Name (Last, First, Middle Initial) Chrystal M. Roberts			Date of Receipt			
Mailing Address 24601 Pinehurst Av	enue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State	Zip Code	Transaction ID: 81017.C5437			
Oak Park	MI	48237	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		17.31			
Name of Employer Health Alliance Plan	Occupatio Director	n	- Receipt			
Receipt For:	Aggregate	e Year-to-Date ▼				
Primary General Other (specify) ▼	0 0	346.20	Payroll Deduction: (17.31- /Pay Period)			
Full Name (Last, First, Middle Initial) Dianna Ronan	l		Date of Receipt			
Mailing Address 2156 Cumberland			10 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State	Zip Code	Transaction ID: 81017.C5415			
Brighton	<u>MI</u>	48114	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		77.00			
Name of Employer Health Alliance Plan	Occupatio VP - Fina	n ancial Services	Receipt			
Receipt For:	Aggregate	e Year-to-Date ▼				
Primary General Other (specify) ▼	0 0	1540.00	Payroll Deduction: (77.00- /Pay Period)			
Full Name (Last, First, Middle Initial) Diane Slon			Date of Receipt			
Mailing Address 31646 Robinhood D	Prive		10 06 2008			
City	State	Zip Code	Transaction ID: 81017.C5438			
<u>Franklin</u>	MI	48025	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		20.00			
Name of Employer Health Alliance Plan	Occupatio Director,	MBI	Receipt			
Receipt For:	Aggregate	e Year-to-Date ▼				
Primary General Other (specify) ▼		400.00	Payroll Deduction: (20.00- /Pay Period)			
)		114.31			

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 22 (check only one) X
0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC			
	Full Name (Last, First, Middle Initial) Mary Clare Solky			Date of Receipt
	Mailing Address 30387 Windingbrook	Lane		10 06 2008
	City	State	Zip Code	Transaction ID: 81017.C5416
	Farmington	MI	48334	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Health Alliance Plan	Occupation Director,		Receipt
	Receipt For:	- '	Year-to-Date ▼	
	Primary General Other (specify) ▼	33 13	400.00	Payroll Deduction: (20.00-/Pay Period)
_	Full Name (Last, First, Middle Initial) Ronald R. Stallworth			Date of Receipt
	Mailing Address 8121 Agnes			10 06 YYYYY 10008
	City	State	Zip Code	Transaction ID: 81017.C5422
	Detroit	MI	48214	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Health Alliance Plan	Occupation VP - Gov	n vernment Affairs	Receipt
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		760.00	Payroll Deduction: (40.00-/Pay Period)
_	Full Name (Last, First, Middle Initial) William Tierney			Date of Receipt
	Mailing Address 12739 Herrod Drive			M M / D D / Y Y Y Y Y 1 1 0 0 6 2 0 0 8
	City	State	Zip Code	Transaction ID: 81017.C5418
	Sterling Heights	MI	48313-4145	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		11.54
	Name of Employer Health Alliance Plan	Occupation Sr. Proje	n ct Manager	Receipt
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		230.80	Payroll Deduction: (11.54-/Pay Period)
	SUBTOTAL of Receipts This Page (optional) .			71.54

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 22 (check only one) X
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Health Alliance Plan PAC			
_	Full Name (Last, First, Middle Initial) Daniel Trim			Date of Receipt
	Mailing Address 921 Juneau Rd.			10 06 7 2008
	City	State	Zip Code	Transaction ID: 81017.C5429
	Ypsilanti EEC ID number of contributing	MI	48198-6323	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Health Alliance Plan	Occupation	n ch Support/Comp Op	Receipt
	Receipt For:	, ' <u> </u>	e Year-to-Date ▼	
	Primary General Other (specify) ▼		800.00	Payroll Deduction: (40.00-/Pay Period)
_	Full Name (Last, First, Middle Initial) Matthew Walsh			Date of Receipt
	Mailing Address 889 Langley Court			10 06 7 Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 81017.C5439
	Rochester Hills	MI	48309	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Health Alliance Plan	Occupation Project D	n Dir, Purchaser Initiat	Receipt
	Receipt For:	, ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	Payroll Deduction: (20.00-/Pay Period)
_	Full Name (Last, First, Middle Initial) Deborah Withrow			Date of Receipt
	Mailing Address 2646 Birch Harbor Ln			M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
	City	State	Zip Code	Transaction ID: 81017.C5413
	West Bloomfield	MI	48324-1904	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		70.00
	Name of Employer Health Alliance Plan	Occupation VP-Strate	n egic Relationships	Receipt
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		735.00	Payroll Deduction: (35.00-/Pay Period)
Γ				130.00
1	SUBTOTAL of Receipts This Page (optional)		1	

Any or for	Information copied from such Reports or commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statement	Detailed S	ategory of the Summary Page		eck onl 21b	22		23	7 24	П	25	_
or for	or commercial purposes, other than usin NAME OF COMMITTEE (In Full)					27	28a		28b	280	X	29	\exists
F E -	, ,	ng the name an											
E	Health Alliance Plan PAC												
_	Full Name (Last, First, Middle Initial) Bacco Ristorante						Date	of Dis	burse		7.E22	0	
IV.	Mailing Address 29410 Northwe	estern Hwy					1 0	M /	^D 1	0 /	ž) () 8 ()	1
	City Southfield	Stat MI		Zip Code 48034-5717			Amou	int of	Each	Disburs	-		rio
II	Purpose of Disbursement IN-KIND PURCHASE OF FOOD & BE	ΞV			•		L.	•			95	6.54	-
_	Candidate Name	I Bistonia			tego Type								
	Office Sought: House Senate President	1 -	nt For: imary her (spec	General			In-Kir of Foo			l Purch	ase		
	State: District: Full Name (Last, First, Middle Initial)						T		ID	0101	7 501		
	Mike Cox for Attorney General						Date		burse				Y
N	Mailing Address PO Box 532197	7					1 0		0	7 /	2 (o ŏ 8 `	_
	City Livonia	Stat MI		Zip Code 48153-2197			Amou	int of	Each	Disburs			rio
	Purpose of Disbursement DIRECT CONTRIBUTION							•	•		25	50.00	_
_	Candidate Name				tego Type								
	Office Sought: House Senate President		nt For: imary her (spec	2010 X General cify) ▼									
	State: District: Full Name (Last, First, Middle Initial)						Trans	actio	n ID·	8101	7 F21	8	
_	CTE Robert B. Jones for State R	ep.					Date of		burse	ment			Y
_	Mailing Address PO Box 2046						1 0				-) () () () () () () () () () () () () ()	
k	City Kalamazoo	Stat MI		Zip Code 49003-2046			Amou	int of	Each	Disburs	-	this Pe	rio
	Purpose of Disbursement DIRECT CONTRIBUTION						L.	_	-		25	0.00	_
	Candidate Name				tego Type								
C	Office Sought: House Senate President		nt For: imary :her (spec	2008 X General cify) ▼									
_ {	State: District:				 								_

В.

President District:

.90// 200020 10210			
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC			
Full Name (Last, First, Middle Initial) Friends of Jon Switalski			Transaction ID: 81017.E214 Date of Disbursement M O D D D D D D D D D D D D
Mailing Address 31705 Forest Ln			10 7 7 7 2008
City Warren	State Zip Code MI 48093-5586		Amount of Each Disbursement this Period
Purpose of Disbursement DIRECT CONTRIBUTION			500.00
Candidate Name		Category/ Type	
Senate President	ement For: 2008 Primary X General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Friends of Mary Valentine			Transaction ID: 81017.E215 Date of Disbursement
Mailing Address P.O. Box 421			$\begin{bmatrix} \begin{smallmatrix} M & O & M \\ 1 & O & M \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 7 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & O & S \\ Y & 2 & O & O & S \end{bmatrix} $
City Muskegon	State Zip Code MI 49443-		Amount of Each Disbursement this Period
Purpose of Disbursement DIRECT CONTRIBUTION			500.00
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate President	ement For: 2008 Primary X General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	•	2456.54

State: