FEC FORM 3X	AND	ORT OF DISBUF her Than An A	RSEM	ENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in fu		C MAILING LABE E OR PRINT 🕎	=/(ample:If typing er the lines	, type			
Health Alliance Pla	• PAC							
ADDRESS (number and	street) 2850	West Grand Boul	evard					
Check if differ than previousl reported. (ACC	/ Detro	t					48202	-
2. FEC IDENTIFICAT	ION NUMBER	▼	CITY 🛋		Ş	STATE	ZIPCOI	DE 🔺
C00410670		3.	IS THIS REPORT		NEW N) OR	AM (A)	ENDED	
July 15 Quarterly October Quarterly January 3	Report(Q1) ((Report(Q2) 5 Report(Q3) (1	c) 12-Day PRE-Election Report for the	:			Sep 2	2G) in the	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
July 31 M Report(N Year Only	on-election	d) 30-Day Post -Electio Report for the		General (300	à)	Runoff (30	OR) In the State of	Special (30S)
5. Covering Period	01	1 2010		through	01	31	2010	
I certify that I have exam Type or Print Name of T		d to the best of my ald S. Siemiontkov	-	and belief it is	true, correct a	and complete.		
Signature of Treasurer	Electronically File	ed by Ronald S.	Siemiontko	wski	D	ate 0 2	09	2010
NOTE : Submission of f	alse, erroneous, or	ncomplete inform	ation may si	ubject the pers	on signing this	s Report to the	penalties of 2 U.S	S.C 437g.
Office Use Only							FEC FOR (Rev. 12/20	

Image# 10930	328208
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SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISDURSEMENTS	2 / 11
١	Write or Type Committee Name Health Alliance Plan PAC		
F	Report Covering the Period: From:		. 0 1 0 1 2 0 1 0
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2010 ^{Y Y Y}		52692.71
	(b) Cash on Hand at Begining of Reporting Period	52692.71	
	(c) Total Receipts (from Line 19)	9312.10	9312.10
	 (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	62004.81	62004.81
7.	Total Disbursements (from Line 31)	1782.50	1782.50
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	60222.31	60222.31
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	

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

For further information contact:

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

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

Image# 10	0930328209
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DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)		OF RECEIPTS	3 / 11
W	rite or Type Committee Name Health Alliance Plan PAC		
R	eport Covering the Period: From:	0.1 0.0.1.0	$\begin{array}{c} \begin{array}{c} M & M \\ 0 & 1 \end{array} \begin{array}{c} D & D \\ 3 & 1 \end{array} \begin{array}{c} Y & Y & Y \\ 2 & 0 & 1 \end{array} \end{array}$
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	7606.00	7606.00
	(ii) Unitemized	1706.10	1706.10
	(iii) TOTAL (add Lines 11(a)(i) and (ii) Þ	9312.10	9312.10
	(b) Political Party Committees	0.00	0.00
	 (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines 	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	9312.10	9312.10
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(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
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))	9312.10	9312.10
	Total Federal Receipts (subtract Line 18(c) from Line 19)	9312.10	9312.10

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DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/	2003) of Disbursements	4 / 11
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Operating Expenditures: (a) Shared Federal/Non-Federal 		
(a) Shared Federa/Non-Fede Activity (from Schedule H (i) Federal Share	4) 0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures		32.50
(c) Total Operating Expenditu (add 21(a)(i), (a)(ii) and (b		32.50
. Transfers to Affiliated/Other Pa Committees	arty	0.00
 Contributions to Federal Candidates/Committee and Other Political Committees 		750.00
I. Independent Expenditure	0.00	0.00
(use Schedule E) 5. Coordinated Expenditures Mac Committees (2 LLS C 441a(d)	le by Party	
Committees (2 U.S.C. 441a(d) (use Schedule F)		0.00
6. Loan Repayments Made		0.00
7. Loans Made 8. Refunds of Contributions To:		0.00
(a) Individuals/Persons Other Than Political Committees		0.00
(b) Political Party Committees		0.00
(c) Other Political Committee (such as PACs)	0.00	0.00
(d) Total Contribution Refund (add Lines 28(a), (b), and		0.00
9. Other Disbursements		1000.00
 Federal Election Activity (2 U.S (a) Shared Federal Election A 		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity P	aid Entirely	0.00
With Federal Funds (c) Total Federal Election Act		
Lines 30(a)(i), 30(a)(ii) a	0.00	0.00
1. Total Disbursements (add Lin		
23, 24, 25, 26, 27, 28(d), 29 a	nd 30(c)) 1782.50	1782.50
2. Total Federal Disbursements (subtract Line 21(a)(ii) and Lir	ne 30(2)(ii)	
from Line 31)	1782.50	1782.50

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DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003) of Disbursements

5 / 11

	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)	9312.10	9312.10
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	9312.10	9312.10
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	32.50	32.50
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	32.50	32.50

FE6AN026

	SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE $6/11$ (check only one) X X 11a 13 14 15 16 17 n for the purpose of soliciting contributions
		the name and address of any political committee to	
	Health Alliance Plan PAC		
A.	Full Name (Last, First, Middle Initial) Wiliam Alvin		Date of Receipt
	Mailing Address 505 middlesex road		M M / D D / Y
	City	State Zip Code	Transaction ID: 00114.C7198
	Grosse Pointe	MI 48230	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		2000.00
	Name of Employer Health Alliance Plan	Occupation CEO	- Receipt
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	2000.00	
- B.	Full Name (Last, First, Middle Initial) Therese Boyle		Date of Receipt
	Mailing Address 1210 Otter		M M / D D / Y
	City	State Zip Code	Transaction ID: 00114.C7205
	Waterford	MI 48328	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		401.00
	Name of Employer Health Alliance Plan	Occupation Manager - Claims	- Receipt
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	401.00	Payroll Deduction: (401.0- 0/Bi-Weekly
- C.	Full Name (Last, First, Middle Initial) Kevin Coughlin	1	Date of Receipt
	Mailing Address 43119 Hanford Rd		M M / D D / Y Y Y Y Y 01 11 2010
	City	State Zip Code	Transaction ID: 00114.C7226
	Canton	MI 48187-3335	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		300.00
	Name of Employer Health Alliance Plan	Occupation Manager, IS	Receipt
	Receipt For: Primary General Other (angeitit)	Aggregate Year-to-Date ▼ 300.00	Payroll Deduction: (300.0- 0/Bi-Weekly
-	Other (specify)		
)	2701.00

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. NAME OF COMMITTEE (in Full) Health Alliance Plan PAC Full Name (Last, First, Middle Initial) Gregory English Mailing Address 17661 Bell Creek Ln City State Pinnamy General Occupation Mgr - Appl Dev/Bus Supp/Proj M Receipt For: Occupation Primary General Other (specify) ▼ State Anneut detach Receipt Initial) Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code Mailing Address 55261 Ester Dr Aggregate Year-to-Date ▼ Payroll Deduction: (300.0-0 Receipt For: Occupation Mailing Address 55261 Ester Dr Transaction ID: 00209.C7261 Mailing Address 55261 Ester Dr C Amount of Each Receipt this Period 400.00 Receipt For: Quercy at the Astath Project Manager Amount of Each Receipt this Period Mailing Address 55261 Ester Dr C Amount of	SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	3X) Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 7 / 11 (check only one)
main information capiel from such Reports and Statements may not be sold or used by any person for the purpose of solicing contributions from such committee. NAME OF COMMITTEE (in Full) Health Alliance Plan PAC Full Name (Last, First, Middle Initial) Group Vietnamittee Oily State Date of Receipt Mailing Address TFCD ID number of contributing federal political committee. Name of Employer Mailing Address Primary General Oiltre (specify) Gily State Zip Code Mailing Address Differ (specify) General Oiltre (specify) Gily State Zip Code Mailing Address Side of Receipt Oiltre (specify) General Oiltre (specify) Gily Side of Receipt Mailing Address Side of Receipt Mailing Address Side of Receipt Mailing Address Side of Receipt		Detailed Summary Page	
Health Alliance Plan PAC Full Name (Last, First, Middle Initial) Mailing Address 7661 Bell Creek Ln Oity State Zip Code LiVonia Mil 48152-4404 FEC ID number of contributing federal policieal committee. Occupation Name of Employer Health Alliance Plan Occupation Marce 1Engloyer Health Alliance Plan Occupation Marce 1Engloyer Health Alliance Plan Aggregate Year-to-Date ♥ Primary General Other (specify) ♥ State Zip Code Name of Employer Health Alliance Plan Maiing Address 55261 Ester Dr Oity State Zip Code Mil Maiing Address 55261 Ester Dr Oity State Zip Code Mil Maiing Address 55261 Ester Dr Occupation Project Manager Project Manager Project Manager Project Manager Aggregate Year-to-Date ♥ Primary General Occupation Maiing Address 22710 Glastonbury Gate Date of Receipt Oita (frager) Project Manager<	Any information copied from such Reports or for commercial purposes, other than us	and Statements may not be sold or used by any person ing the name and address of any political committee to	n for the purpose of soliciting contributions
L. Gregory English Date of Receipt Mailing Address 17661 Bell Creek Ln Image: Constraint of the constr			
City State Zip Code Livonia MI 43152:4404 Transaction ID: 00114.C7227 FEC ID number of contributing dedra political committee. C	· · · · · · · · · · · · · · · · · · ·		Date of Receipt
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Other (specify) ▼ 300.00 0/Bi-Weekly)		Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		300.00	Payroll Deduction: (300.0- 0/Bi-Weekly
	SURTOTAL of Receipts This Page (ontin	l	1000.00
TOTAL This Period (last page this line number only)		· •	

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	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Health Alliance Plan PAC	e name and address of any political commi	ittee to solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Balakrishna Pai Mailing Address 1977 Long Point Drive		Date of Receipt
	Mailing Address 1977 Long Point Drive	}	M M M / D D / Y Y Y Y 0 1 15 2 0 1 0
	City	State Zip Code	Transaction ID: 00209.C7244
	Bloomfield Hills FEC ID number of contributing federal political committee.	MI 48302	Amount of Each Receipt this Period 800.00
	Name of Employer Health Alliance Plan	Occupation Sr. Assoc. Med Director	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.0	0
В.	Full Name (Last, First, Middle Initial) Susan Schwandt Mailing Address 2007 Rector Court		Date of Receipt
	City	State Zip Code	
	Canton	MI 48188	Transaction ID: 00114.C7242 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	300.00
	Name of Employer Health Alliance Plan	Occupation Public Relatins Director	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 300.0	0
с.	Full Name (Last, First, Middle Initial) Diane Slon	1	Date of Receipt
	Mailing Address 31646 Robinhood Driv	/e	M M / D D / Y Y Y Y 0 1 1 3 2 0 1 0
	City Franklin	State Zip Code MI 48025	Transaction ID: 00114.C7241
	FEC ID number of contributing federal political committee.	MI 48025	Amount of Each Receipt this Period 450.00
	Name of Employer Health Alliance Plan	Occupation Director, MBI	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 450.0	0
	SUBTOTAL of Receipts This Page (optional)		1550.00
ľ	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and	Statements may not be sold or u	schedule(s) gory of the imary Page sed by any person f	FOR LINE NUMBER: PAGE 9 / 11 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 or the purpose of soliciting contributions 11 11 11
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Health Alliance Plan PAC	e name and address of any polit	ical committee to so	licit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Jamie Spriet			Date of Receipt
	Mailing Address 44676 Broadmore Ci	rcle North		M M / D D / Y Y Y Y 01 13 2010
	City	State Zip Code		Transaction ID: 00114.C7243
	Northville	MI 48168		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1500.00
	Name of Employer Health Alliance Plan	Occupation Vice President		Receipt
	Receipt For:	Aggregate Year-to-Date	,	
	Primary General Other (specify) ▼		1500.00	
В.	Full Name (Last, First, Middle Initial) Ronald M Torakis			Date of Receipt
	Mailing Address 19031 Wayne Rd.			M M / D D / Y Y Y Y 01 11 2010
	City	State Zip Code		Transaction ID: 00114.C7236
		MI 48152		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1	550.00 Receipt
	Name of Employer Health Alliance Plan	Occupation AVP-Labor Relations		песерг
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	550.00	Payroll Deduction: (550.0- 0/Bi-Weekly
с.	Full Name (Last, First, Middle Initial) Sammye VanDiver			Date of Receipt
0.	Mailing Address 19170 Lancashire St			M M / D D / Y Y Y Y 01 11 2010
	City	State Zip Code		Transaction ID: 00114.C7240
	Detroit	MI 48223-134	8	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		305.00 Receipt
	Name of Employer Health Alliance Plan	Occupation Manager, IT		Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	305.00	
	SUBTOTAL of Receipts This Page (optional)		·····	2355.00
ľ	TOTAL This Period (last page this line number	er only)	·	7606.00

	SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page) FOR LINE (check on	NUMBER: PAGE 10 / 11 y one) 22 23 24 25 26
	Any Information copied from such Reports and Sta or for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)	tements may not be sold or use	d by any person	28a 28b 28c 29 30b for the purpose of soliciting contributions
	Health Alliance Plan PAC			
Α.	Full Name (Last, First, Middle Initial) Peters for Congress			Transaction ID: 00114.E297 Date of Disbursement
	Mailing Address P.O. Box 226			$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 1 \end{array} \\ \end{array} \\ \left(\begin{array}{c} D \\ 1 \\ 4 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 1 \\ 0 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 1 \\ 0 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 1 \\ 0 \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 1 \\ 0 \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y $
	City Bloomfield Hills	State Zip Code MI 48303-		Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT CONTRIBUTION			500.00
	Candidate Name GARY PETERS		Category/ Type	
	Office Sought: X House Disbu Senate President State: MI District: 09	rsement For: 2010 X Primary General Other (specify) ▼		DIRECT CONTRIBUTION
в.	Full Name (Last, First, Middle Initial) Peters for Congress			Transaction ID: 00209.E299 Date of Disbursement
	Mailing Address P.O. Box 226			$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 1 \end{array} \right) \left(\begin{array}{c} D \\ 2 \\ 9 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 1 \\ 0 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 1 \\ 0 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 1 \\ 0 \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 1 \\ 0 \end{array} \right) \left(\begin{array}{c} Y \\ Y $
	City Bloomfield Hills	State Zip Code MI 48303-		Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT CONTRIBUTION			250.00
	Candidate Name GARY PETERS		Category/ Type	
	Office Sought: X House Disbu Senate President State: MI District: 09	x Primary General Other (specify) ▼		DIRECT CONTRIBUTION

4	SUBTOTAL of Disbursements This Page (optional)	•	750.00
1	TOTAL This Period (last page this line number only)	►	750.00
EE			EEC Schodulo B (Form 2V) (Beviewd 00/

FE6AN026

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

ľ	SCHEDULE B (FEC Form 3 TEMIZED DISBURSEMENT	for each category of the Detailed Summary Page	21b 27	one) 22 23 24 25 26 28a 28b 28c X 29 30b
	Any Information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Health Alliance Plan PAC			
4.	Full Name (Last, First, Middle Initial) Committee to Elect Janna Garriso Mailing Address 26910 Fairfield	n		Transaction ID:00114.E295Date of Disbursement
	City Southfield Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name Office Sought: House Senate President State: District:	State MI Zip Code 48076- Disbursement For: 2011 X Primary General Other (specify) Other (specify) ▼	Category/ Type	Amount of Each Disbursement this Period 500.00
В.	Full Name (Last, First, Middle Initial) Paul Gieleghem for State Senate Mailing Address 38134 Sarnette	State Zip Code		Transaction ID:00209.E298Date of Disbursement $M = M$ $0 = 0$ $1 = 0$ $2 = 0$ </td
	Clinton Township Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name Office Sought: House	MI 48036-	Category/ Type	500.00
	State: District:	X Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	. 🕨	1000.00
TOTAL This Period (last page this line number only)	. 🕨	1000.00
FE6AN026		FEC Schedule B (Form 3X) (Revised 02/2003)