

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Health Alliance Plan PAC

ADDRESS (number and street) 2850 West Grand Boulevard
 Check if different than previously reported. (ACC)
City: Detroit State: MI ZIPCODE: 48202

2. **FEC IDENTIFICATION NUMBER** C00410670
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2009 through 12 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ronald S. Siemiontkowski

Signature of Treasurer Electronically Filed by Ronald S. Siemiontkowski Date 01 14 2010

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 Use Only							
-----------------	--	--	--	--	--	--	--

FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Health Alliance Plan PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		48773.68
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	49367.00									
(c) Total Receipts (from Line 19)	18357.54	42668.64								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	67724.54	91442.32								
7. Total Disbursements (from Line 31)	15031.83	38749.61								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	52692.71	52692.71								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Health Alliance Plan PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	18003.54	37690.16
(ii) Unitemized	354.00	4978.48
(iii) TOTAL (add Lines 11(a)(i) and (ii)	18357.54	42668.64
(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)	18357.54	42668.64
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))	18357.54	42668.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	18357.54	42668.64

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	196.83	364.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	196.83	364.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	9000.00
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.....	8835.00	29385.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	15031.83	38749.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15031.83	38749.61

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	18357.54	42668.64
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18357.54	42668.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	196.83	364.61
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	196.83	364.61

**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 / 36
	<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) Scott Allen		Date of Receipt MM / DD / YYYY 07 / 13 / 2009
	Mailing Address 3066 Richmond Dr		Transaction ID: 00114.C6969
	City Clarkston	State MI	Zip Code 48348-5063
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 260.00
	Name of Employer Health Alliance Plan	Occupation Assoc Dir, Labor Affairs	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00	Payroll Deduction: (20.00- /Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Angela K. Branch		Date of Receipt MM / DD / YYYY 07 / 13 / 2009
	Mailing Address 81 Atkinson		Transaction ID: 00114.C6915
	City Detroit	State MI	Zip Code 48202
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 227.50
	Name of Employer Health Alliance Plan	Occupation Dir - Customer Retention & Edu	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 455.00	Payroll Deduction: (17.50- /Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Anthony Caporale		Date of Receipt MM / DD / YYYY 07 / 13 / 2009
	Mailing Address 1320 Shenandoah		Transaction ID: 00114.C6916
	City Rochester Hills	State MI	Zip Code 48306
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 104.00
	Name of Employer Health Alliance Plan	Occupation Mgr - General Acctg	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00	Payroll Deduction: (8.00/- Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	591.50
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 36

(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

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)
Richard Chaney

Mailing Address 16555 Shaftsbury Ave

City State Zip Code
Detroit MI 48219-4011

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

Name of Employer Health Alliance Plan
Occupation Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2009

Transaction ID: 00114.C6970

Amount of Each Receipt this Period

325.00

Receipt

Payroll Deduction: (25.00-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Elizabeth Chavez

Mailing Address 23706 Northstone Village Drive

City State Zip Code
Taylor MI 48180

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

Name of Employer Health Alliance Plan
Occupation Supv - Claims

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 312.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2009

Transaction ID: 00114.C6918

Amount of Each Receipt this Period

156.00

Receipt

Payroll Deduction: (12.00-
/Bi-Weekly)

C.

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 ▼ 1040.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2009

Transaction ID: 00114.C6964

Amount of Each Receipt this Period

520.00

Receipt

Payroll Deduction: (40.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶

1001.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

<p>A. Full Name (Last, First, Middle Initial) Roger Combs</p> <p>Mailing Address 17160 Merryweather St</p> <p>City State Zip Code Clinton Township MI 48038-2839</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Health Alliance Plan Occupation: Team Ldr/Supervisor Mct</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 400.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 9</p> <p>Transaction ID: 00114.C7141</p> <p>Amount of Each Receipt this Period 200.00</p> <p>Receipt</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) Gwendolyn Davenport</p> <p>Mailing Address 11372 Whitehill</p> <p>City State Zip Code Detroit MI 48224-1653</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Health Alliance Plan Occupation: Dir - Credentialing Services</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 351.50</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 9</p> <p>Transaction ID: 100006449</p> <p>Amount of Each Receipt this Period 148.00</p> <p>Receipt</p> <p>Payroll Deduction: (18.50- /Bi-Weekly)</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Donald Davis</p> <p>Mailing Address 11417 Fellows Creek Drive</p> <p>City State Zip Code Plymouth MI 48170</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Health Alliance Plan Occupation: VP - Human Res & Cust Rel</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1384.56</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 9</p> <p>Transaction ID: 100006450</p> <p>Amount of Each Receipt this Period 384.60</p> <p>Receipt</p> <p>Payroll Deduction: (76.92- /Bi-Weekly)</p>
---	--

SUBTOTAL of Receipts This Page (optional)	732.60
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 36
(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

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)
Kenny Dodson

Mailing Address 11236 Meadow Brook Dr.

City Warren State MI Zip Code 48093

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

Name of Employer Health Alliance Plan Occupation Mgr - Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 384.00

Date of Receipt 07 / 13 / 2009

Transaction ID: 00114.C6951

Amount of Each Receipt this Period 208.00

Receipt

Payroll Deduction: (16.00- /Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Jody L. Doherty

Mailing Address 21115 Violet

City Saint Clair Shores State MI Zip Code 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 ▼ 468.00

Date of Receipt 07 / 13 / 2009

Transaction ID: 00114.C6957

Amount of Each Receipt this Period 234.00

Receipt

Payroll Deduction: (18.00- /Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Jeanne Dunk

Mailing Address 1429 Iroquois

City Detroit State MI Zip Code 48214

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

Name of Employer Health Alliance Plan Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 11 / 03 / 2009

Transaction ID: 00114.C6972

Amount of Each Receipt this Period 500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 942.00

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 10 / 36
	<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)
Jeanne Dunk

Mailing Address 1429 Iroquois

City State Zip Code
Detroit MI 48214

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

Name of Employer Health Alliance Plan Occupation Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 9

Transaction ID: 00114.C6971

Amount of Each Receipt this Period
250.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Jeanne Dunk

Mailing Address 1429 Iroquois

City State Zip Code
Detroit MI 48214

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

Name of Employer Health Alliance Plan Occupation Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 9

Transaction ID: 00114.C7197

Amount of Each Receipt this Period
250.00

Receipt

C.

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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 720.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 00114.C6962

Amount of Each Receipt this Period
390.00

Receipt

Payroll Deduction: (30.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **890.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 36
	<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) Angela Endres		Date of Receipt
	Mailing Address 54501 Sassafra Dr		<input type="text" value="12"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Shelby Township	MI	48315-6901
	FEC ID number of contributing federal political committee. C		Transaction ID: 00114.C7140
Name of Employer Health Alliance Plan		Occupation Contractor	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="300.00"/>
		<input type="text" value="300.00"/>	Receipt

B.	Full Name (Last, First, Middle Initial) Vincenzo G. Ferri		Date of Receipt
	Mailing Address 726 S. Renaud		<input type="text" value="07"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Grosse Pointe Wood	MI	48236
	FEC ID number of contributing federal political committee. C		Transaction ID: 00114.C6954
Name of Employer Health Alliance Plan		Occupation AVP - Bus Affiliations & Suppo	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="507.00"/>
		<input type="text" value="936.00"/>	Receipt
			Payroll Deduction: (39.00- /Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Howard Flasch		Date of Receipt
	Mailing Address 1459 N Rochester Rd		<input type="text" value="07"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Oakland	MI	48363-1630
	FEC ID number of contributing federal political committee. C		Transaction ID: 00114.C6960
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" value="598.00"/>
		<input type="text" value="1012.00"/>	Receipt
			Payroll Deduction: (46.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1405.00"/>
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 12 / 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Full Name (Last, First, Middle Initial)
Michael M. Forhan
Mailing Address 1587 Anita
City Grosse Pointe Wood State MI Zip Code 48236
FEC ID number of contributing federal political committee. **C**
Name of Employer Health Alliance Plan Occupation Mgr - Comp & Benefits
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 299.00
Date of Receipt 07 / 13 / 2009
Transaction ID: 00114.C6934
Amount of Each Receipt this Period 169.00
Receipt
Payroll Deduction: (13.00- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Jeanette H. Girty
Mailing Address 18246 Stoepel
City Detroit State MI Zip Code 48221
FEC ID number of contributing federal political committee. **C**
Name of Employer Health Alliance Plan Occupation Dir - Client Svcs Operations
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 468.00
Date of Receipt 07 / 13 / 2009
Transaction ID: 00114.C6924
Amount of Each Receipt this Period 234.00
Receipt
Payroll Deduction: (18.00- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mark Hall
Mailing Address 25450 Constitution
City Novi State MI Zip Code 48375-1763
FEC ID number of contributing federal political committee. **C**
Name of Employer Health Alliance Plan Occupation AVP - NB Dist Channel Mgmt
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 966.00
Date of Receipt 07 / 13 / 2009
Transaction ID: 00114.C6950
Amount of Each Receipt this Period 546.00
Receipt
Payroll Deduction: (42.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 949.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

<p>A. Full Name (Last, First, Middle Initial) Robert Heitjan</p> <p>Mailing Address 7429 Esper Blvd.</p> <p>City State Zip Code Dearborn MI 48126</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Health Alliance Plan Occupation: Ldr/Supv Appl Dev & Supp</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p>	<p>Date of Receipt 07 / 13 / 2009</p> <p>Transaction ID: 00114.C6919</p> <p>Amount of Each Receipt this Period 130.00</p> <p>Receipt</p> <p>Payroll Deduction: (10.00- /Bi-Weekly)</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Cynthia Hoffman</p> <p>Mailing Address 5768 Whitehaven Dr</p> <p>City State Zip Code Troy MI 48085-3188</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Health Alliance Plan Occupation: Mgr - eCommerce & Tech Plannin</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 720.00</p>	<p>Date of Receipt 07 / 13 / 2009</p> <p>Transaction ID: 00114.C6938</p> <p>Amount of Each Receipt this Period 390.00</p> <p>Receipt</p> <p>Payroll Deduction: (30.00- /Bi-Weekly)</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Kevin Hurley</p> <p>Mailing Address 45504 Morningside Rd</p> <p>City State Zip Code Canton MI 48187-5610</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Health Alliance Plan Occupation: Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 288.00</p>	<p>Date of Receipt 07 / 13 / 2009</p> <p>Transaction ID: 00114.C6920</p> <p>Amount of Each Receipt this Period 156.00</p> <p>Receipt</p> <p>Payroll Deduction: (12.00- /Bi-Weekly)</p>
--	--

SUBTOTAL of Receipts This Page (optional)	676.00
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 14 / 36
	<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) Joyce M. James	Date of Receipt MM / DD / YYYY 07 / 13 / 2009
	Mailing Address 20810 Gardner St.	Transaction ID: 00114.C6922
	City State Zip Code Oak Park MI 48237	Amount of Each Receipt this Period 156.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (12.00- /Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation Mgr - Provider Fin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.00	

B.	Full Name (Last, First, Middle Initial) Mohammed Kanpurwala	Date of Receipt MM / DD / YYYY 07 / 13 / 2009
	Mailing Address 441 Sylvan Dr	Transaction ID: 00114.C6942
	City State Zip Code Canton MI 48188-1596	Amount of Each Receipt this Period 227.50
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (17.50- /Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation Dir - Underwriting/Ahl	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00	

C.	Full Name (Last, First, Middle Initial) Donald Kiefiuk	Date of Receipt MM / DD / YYYY 07 / 13 / 2009
	Mailing Address 39810 Karda	Transaction ID: 00114.C6963
	City State Zip Code Sterling Heights MI 48313	Amount of Each Receipt this Period 520.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (40.00- /Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation AVP Claim Operation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	

SUBTOTAL of Receipts This Page (optional)	903.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 36
(check only one)

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

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)
Glen Koslakiewicz

Mailing Address 30431 John Hauk

City State Zip Code
Garden City MI 48135

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

Name of Employer Health Alliance Plan Occupation Dir - Fin Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 432.00

Date of Receipt MM / DD / YYYY
07 / 13 / 2009

Transaction ID: 00114.C6927

Amount of Each Receipt this Period 234.00

Receipt

Payroll Deduction: (18.00- /Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Phillip Krause

Mailing Address 30526 N. Greenbriar

City State Zip Code
Franklin MI 48025

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

Name of Employer Health Alliance Plan Occupation Manager, MBI

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 313.20

Date of Receipt MM / DD / YYYY
07 / 13 / 2009

Transaction ID: 00114.C6925

Amount of Each Receipt this Period 169.65

Receipt

Payroll Deduction: (13.05- /Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Ken Kreis

Mailing Address 31800 Shawn Dr

City State Zip Code
Warren MI 48088-2936

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

Name of Employer Health Alliance Plan Occupation Mgr - Appl Dev/Bus Supp/Proj M

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt MM / DD / YYYY
07 / 13 / 2009

Transaction ID: 00114.C6923

Amount of Each Receipt this Period 156.00

Receipt

Payroll Deduction: (12.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **559.65**

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 / 36
	<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) Rory Lafferty	Date of Receipt MM / DD / YYYY 07 / 13 / 2009
	Mailing Address 4414 Hunt Club Drive #2D	Transaction ID: 00114.C6926
	City Ypsilanti State MI Zip Code 48197	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Health Alliance Plan Occupation Legislative Associate Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 260.00	Payroll Deduction: (10.00/-Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Virginia Lambert	Date of Receipt MM / DD / YYYY 07 / 13 / 2009
	Mailing Address 6014 Plainfield	Transaction ID: 00114.C6965
	City Dearborn Heights State MI Zip Code 48127-2834	Amount of Each Receipt this Period 123.50
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Health Alliance Plan Occupation Mgr - Disbursements Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 228.00	Payroll Deduction: (9.50/-Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Anita Landino	Date of Receipt MM / DD / YYYY 07 / 13 / 2009
	Mailing Address 43885 Boulder Dr	Transaction ID: 00114.C6921
	City Clinton Township State MI Zip Code 48038-1423	Amount of Each Receipt this Period 104.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Health Alliance Plan Occupation Assoc Dir - Advertising/Comm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 208.00	Payroll Deduction: (8.00/-Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	357.50
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 17 / 36
	<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) Michelle Lang		Date of Receipt MM / DD / YYYY 07 / 13 / 2009
	Mailing Address 48616 Dunn Court		Transaction ID: 00114.C6945
	City Macomb	State MI	Zip Code 48044
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 201.50
	Name of Employer Health Alliance Plan	Occupation Dir - Coordination of Benefits	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 403.00	Payroll Deduction: (15.50- /Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Robert Leger		Date of Receipt MM / DD / YYYY 07 / 13 / 2009
	Mailing Address 1554 Waters Edge Ct		Transaction ID: 00114.C6917
	City Wixom	State MI	Zip Code 48393-1667
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.03
	Name of Employer Health Alliance Plan	Occupation Assoc Dir, Building Services	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 415.44	Payroll Deduction: (17.31- /Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Rhonda Mabene		Date of Receipt MM / DD / YYYY 07 / 13 / 2009
	Mailing Address 14046 Northlawn St		Transaction ID: 00114.C6930
	City Detroit	State MI	Zip Code 48238-2489
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 117.00
	Name of Employer Health Alliance Plan	Occupation Supv - Claims	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 216.00	Payroll Deduction: (9.00/- Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	543.53
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 / 36

(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

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)

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 ▼ 336.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2009

Transaction ID: 00114.C6943

Amount of Each Receipt this Period

182.00

Receipt

Payroll Deduction: (14.00-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Anita Moliterno

Mailing Address 1344 Winding Ridge Dr

City State Zip Code
Grand Blanc MI 48439-7566

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

Name of Employer Occupation
Health Alliance Plan General Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 460.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2009

Transaction ID: 00114.C6947

Amount of Each Receipt this Period

260.00

Receipt

Payroll Deduction: (20.00-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Ryan C. Moore

Mailing Address 723 Barclay Drive

City State Zip Code
Troy MI 48085

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

Name of Employer Occupation
Health Alliance Plan Adm Manager, Office of COO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.04

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2009

Transaction ID: 00114.C6929

Amount of Each Receipt this Period

150.02

Receipt

Payroll Deduction: (11.54-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶

592.02

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 / 36
	<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) Vincent Pawloske	Date of Receipt MM / DD / YYYY 07 / 13 / 2009
	Mailing Address 5450 Sandlewood Court	Transaction ID: 00114.C6966
	City State Zip Code Waterford MI 48329	Amount of Each Receipt this Period 260.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Health Alliance Plan Occupation Associate Director Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 480.00	Payroll Deduction: (20.00- /Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Christopher Pike	Date of Receipt MM / DD / YYYY 07 / 13 / 2009
	Mailing Address 1657 Wilmington Ct	Transaction ID: 00114.C6933
	City State Zip Code Rochester MI 48309	Amount of Each Receipt this Period 650.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Health Alliance Plan Occupation AVP - Information Tech Supp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1200.00	Payroll Deduction: (50.00- /Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Rachel Powell	Date of Receipt MM / DD / YYYY 07 / 13 / 2009
	Mailing Address 543 Thurber	Transaction ID: 00114.C6948
	City State Zip Code Troy MI 48085-4827	Amount of Each Receipt this Period 260.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Health Alliance Plan Occupation Dir - Encounter/Claim Accuracy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 480.00	Payroll Deduction: (20.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	1170.00
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 20 / 36		
	<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

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) Richard Precord		Date of Receipt MM / DD / YYYY 07 / 13 / 2009
	Mailing Address 150 Shorewood Lane		Transaction ID: 00114.C6946
	City Howell	State MI	Zip Code 48843
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 201.50
	Name of Employer Health Alliance Plan	Occupation Director	Receipt

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.00	Payroll Deduction: (15.50- /Bi-Weekly)
---	------------------------------------	---

B.	Full Name (Last, First, Middle Initial) Patricia R. Richards		Date of Receipt MM / DD / YYYY 07 / 13 / 2009
	Mailing Address 23 Turnberry Ln.		Transaction ID: 100006499
	City Dearborn	State MI	Zip Code 48120
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
	Name of Employer Health Alliance Plan	Occupation Sr. Vice President & COO	Receipt

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1900.00	Payroll Deduction: (100.0- 0/Bi-Weekly)
---	-------------------------------------	--

C.	Full Name (Last, First, Middle Initial) Chrystal M. Roberts		Date of Receipt MM / DD / YYYY 07 / 13 / 2009
	Mailing Address 24601 Pinehurst Avenue		Transaction ID: 00114.C6967
	City Oak Park	State MI	Zip Code 48237
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 234.00
	Name of Employer Health Alliance Plan	Occupation Director	Receipt

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 432.00	Payroll Deduction: (18.00- /Bi-Weekly)
---	------------------------------------	---

SUBTOTAL of Receipts This Page (optional)	▶	1235.50
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 36
(check only one)

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

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)
Dianna Ronan

Mailing Address 2156 Cumberland

City Brighton State MI Zip Code 48114

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

Name of Employer Health Alliance Plan Occupation VP - Financial Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1920.00

Date of Receipt 07 / 13 / 2009

Transaction ID: 00114.C6936

Amount of Each Receipt this Period 1040.00

Receipt

Payroll Deduction: (80.00- /Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Yvonne Shannon

Mailing Address 1108 Brompton Rd

City Rochester State MI Zip Code 48309-4381

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 432.00

Date of Receipt 07 / 13 / 2009

Transaction ID: 00114.C6955

Amount of Each Receipt this Period 234.00

Receipt

Payroll Deduction: (18.00- /Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Donna Siegmund

Mailing Address 9 Sylvan Ave

City Pleasant Ridge State MI Zip Code 48069-1235

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

Name of Employer Health Alliance Plan Occupation Project Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 13 / 2009

Transaction ID: 00114.C6956

Amount of Each Receipt this Period 130.00

Receipt

Payroll Deduction: (10.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **1404.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Full Name (Last, First, Middle Initial)
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) ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 13 / 2009

Transaction ID: 00114.C6968

Amount of Each Receipt this Period
260.00

Receipt

Payroll Deduction: (20.00-
/Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Patricia Slone

Mailing Address 1760 Broadstone

City State Zip Code
Grosse Pointe MI 48236-1949

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 276.12

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 13 / 2009

Transaction ID: 00114.C6935

Amount of Each Receipt this Period
138.06

Receipt

Payroll Deduction: (10.62-
/Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mary Clare Solky

Mailing Address 30387 Windingbrook Lane

City State Zip Code
Farmington MI 48334

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

Name of Employer Health Alliance Plan Occupation Director, CBHM

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 13 / 2009

Transaction ID: 00114.C6937

Amount of Each Receipt this Period
260.00

Receipt

Payroll Deduction: (20.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **658.06**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 36

(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

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)
Ronald R. Stallworth

Mailing Address 8121 Agnes

City State Zip Code
Detroit MI 48214

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

Name of Employer Occupation
Health Alliance Plan VP - Government Affairs

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1040.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 13 / 2009

Transaction ID: 00114.C6944

Amount of Each Receipt this Period

520.00

Receipt

Payroll Deduction: (40.00-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
William Tierney

Mailing Address 12739 Herrod Drive

City State Zip Code
Sterling Heights MI 48313-4145

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

Name of Employer Occupation
Health Alliance Plan Sr. Project Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 312.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 13 / 2009

Transaction ID: 00114.C6939

Amount of Each Receipt this Period

169.00

Receipt

Payroll Deduction: (13.00-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Vernal Tiller

Mailing Address 42573 Saddle Lane

City State Zip Code
Sterling Heights MI 48314

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

Name of Employer Occupation
Health Alliance Plan Director, Quality Management

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 13 / 2009

Transaction ID: 00114.C6931

Amount of Each Receipt this Period

162.50

Receipt

Payroll Deduction: (12.50-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶

851.50

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 36
(check only one)

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

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)
Daniel Trim

Mailing Address 921 Juneau Rd.

City Ypsilanti State MI Zip Code 48198-6323

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

Name of Employer Health Alliance Plan Occupation Mgr - Tech Support/Comp Op

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt 07 / 13 / 2009

Transaction ID: 00114.C6961

Amount of Each Receipt this Period 520.00

Receipt

Payroll Deduction: (40.00- /Bi-Weekly)

B.

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

Mailing Address 24060 Devonshire Dr

City Novi State MI Zip Code 48374-3760

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

Name of Employer Health Alliance Plan Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 24 / 2009

Transaction ID: 100006504

Amount of Each Receipt this Period 450.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Marc Vanderburg

Mailing Address 25750 Ivanhoe Rd

City Huntington Woods State MI Zip Code 48070-1606

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 ▼ 249.78

Date of Receipt 07 / 13 / 2009

Transaction ID: 00114.C6952

Amount of Each Receipt this Period 141.18

Receipt

Payroll Deduction: (10.86- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 1111.18

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 25 / 36
(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

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)
Randy Walker

Mailing Address 25474 Edge Mont

City State Zip Code
Southfield MI 48034

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

Name of Employer Health Alliance Plan Occupation SVP - HCM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1920.00

Date of Receipt: 07 / 13 / 2009

Transaction ID: 00114.C6958

Amount of Each Receipt this Period: 1040.00

Receipt

Payroll Deduction: (80.00- /Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Jamie Walker-White

Mailing Address 17574 Greenfield Rd

City State Zip Code
Detroit MI 48235-3117

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

Name of Employer Health Alliance Plan Occupation Supervisor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 07 / 13 / 2009

Transaction ID: 00114.C6949

Amount of Each Receipt this Period: 130.00

Receipt

Payroll Deduction: (10.00- /Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Karen Wintringham

Mailing Address 2846 Pheasant Ring Dr

City State Zip Code
Rochester MI 48309-2857

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

Name of Employer Health Alliance Plan Occupation VP Medical Programs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 07 / 13 / 2009

Transaction ID: 00114.C6959

Amount of Each Receipt this Period: 260.00

Receipt

Payroll Deduction: (20.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	1430.00
TOTAL This Period (last page this line number only)	▶	18003.54

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

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

FOR LINE NUMBER: (check only one)

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

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) Comerica Bank	Transaction ID: 200000267 Date of Disbursement 07 / 01 / 2009
	Mailing Address P.O. Box 75000	Amount of Each Disbursement this Period 32.50
	City Detroit State MI Zip Code 48275-	
	Purpose of Disbursement June Operating Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		JUNE OPERATING EXPENSE

B.	Full Name (Last, First, Middle Initial) Comerica Bank	Transaction ID: 200000269 Date of Disbursement 08 / 04 / 2009
	Mailing Address P.O. Box 75000	Amount of Each Disbursement this Period 34.33
	City Detroit State MI Zip Code 48275-	
	Purpose of Disbursement July Operating Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		JULY OPERATING EXPENSE

C.	Full Name (Last, First, Middle Initial) Comerica Bank	Transaction ID: 200000277 Date of Disbursement 09 / 02 / 2009
	Mailing Address P.O. Box 75000	Amount of Each Disbursement this Period 32.50
	City Detroit State MI Zip Code 48275-	
	Purpose of Disbursement August Operating Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		AUGUST OPERATING EXPENSE

SUBTOTAL of Disbursements This Page (optional)	▶	99.33
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)

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

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) Comerica Bank	Transaction ID: 20000284 Date of Disbursement 10 / 02 / 2009
	Mailing Address P.O. Box 75000	Amount of Each Disbursement this Period 32.50
	City Detroit State MI Zip Code 48275-	
	Purpose of Disbursement September Operating Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		SEPTEMBER OPERATING EXPENSE

B.	Full Name (Last, First, Middle Initial) Comerica Bank	Transaction ID: 00114.E291 Date of Disbursement 11 / 03 / 2009
	Mailing Address P.O. Box 75000	Amount of Each Disbursement this Period 32.50
	City Detroit State MI Zip Code 48275-	
	Purpose of Disbursement October Operating Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		OCTOBER OPERATING EXPENSE

C.	Full Name (Last, First, Middle Initial) Comerica Bank	Transaction ID: 00114.E294 Date of Disbursement 12 / 02 / 2009
	Mailing Address P.O. Box 75000	Amount of Each Disbursement this Period 32.50
	City Detroit State MI Zip Code 48275-	
	Purpose of Disbursement November Operating Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		NOVEMBER OPERATING EXPENSE

SUBTOTAL of Disbursements This Page (optional)	97.50
TOTAL This Period (last page this line number only)	196.83

**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 28 / 36

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

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)
AMERICAS HEALTH INSURANCE PLANS PAC (AHIP PAC)

Transaction ID: 200000270
Date of Disbursement

Mailing Address 601 Pennsylvania Avenue NW
South Building Suite 500

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	9

City Washington State DC Zip Code 20004-

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
DIRECT CONTRIBUTION

Category/ Type

Candidate Name
AMERICAS HEALTH INSURANCE PLANS PAC (AHIP PAC)

Office Sought: House Senate President
Disbursement For: 2009
 Primary General
 Other (specify) ▼
ANNUAL/OTHER

DIRECT CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
Peters for Congress

Transaction ID: 00114.E292
Date of Disbursement

Mailing Address P.O. Box 226

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	0	9

City Bloomfield Hills State MI Zip Code 48303-

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
DIRECT CONTRIBUTION

Category/ Type

Candidate Name
GARY PETERS

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼

DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

6000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 36

<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

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)
Senate Republican Campaign Committee

Mailing Address P.O. Box 12023

City Lansing State MI Zip Code 48933-

Purpose of Disbursement
VOIDED CHECK

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: District:

ANNUAL/OTHER

Transaction ID: 200000274

Date of Disbursement

08 / 25 / 2009

Amount of Each Disbursement this Period

-1000.00

B. Full Name (Last, First, Middle Initial)
Michigan House Democratic Fund

Mailing Address PO Box 16193

City Lansing State MI Zip Code 48901-6193

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: District:

ANNUAL/OTHER

Transaction ID: 200000285

Date of Disbursement

10 / 09 / 2009

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
ROCC PAC III

Mailing Address 1849 Lakeview Lane

City Highland State MI Zip Code 48357-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: District:

ANNUAL/OTHER

Transaction ID: 200000266

Date of Disbursement

07 / 08 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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

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) Segal for Michigan	Transaction ID: 200000268 Date of Disbursement MM / DD / YYYY 07 / 10 / 2009
	Mailing Address 108 Pinehurst Ln	Amount of Each Disbursement this Period 250.00
	City Battle Creek State MI Zip Code 49015-9400	
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER

B.	Full Name (Last, First, Middle Initial) Michigan 2010	Transaction ID: 200000272 Date of Disbursement MM / DD / YYYY 08 / 21 / 2009
	Mailing Address 477 Highland St	Amount of Each Disbursement this Period 2500.00
	City Williamston State MI Zip Code 48895-1132	
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER

C.	Full Name (Last, First, Middle Initial) Oakland County Black Democratic Caucus	Transaction ID: 200000273 Date of Disbursement MM / DD / YYYY 08 / 24 / 2009
	Mailing Address PO Box 251115	Amount of Each Disbursement this Period 105.00
	City West Bloomfield State MI Zip Code 48325-1115	
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER

SUBTOTAL of Disbursements This Page (optional)	2855.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<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

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) Macomb Business United	Transaction ID: 200000282
	Mailing Address 2 Crocker Blvd	Date of Disbursement 09 / 29 / 2009
	City Mount Clemens State MI Zip Code 48043-2528	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER

B.	Full Name (Last, First, Middle Initial) Robert A Abraham for Council Committee	Transaction ID: 200000283
	Mailing Address 510 Crescent Drive	Date of Disbursement 09 / 29 / 2009
	City Dearborn State MI Zip Code 48124-1200	Amount of Each Disbursement this Period 50.00
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Robert A Abraham for Council Committee	Transaction ID: 200000271
	Mailing Address 510 Crescent Drive	Date of Disbursement 08 / 05 / 2009
	City Dearborn State MI Zip Code 48124-1200	Amount of Each Disbursement this Period 80.00
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	630.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 32 / 36

<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

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)
Re-Elect Bullard Committee

Transaction ID: 20000286
Date of Disbursement

Mailing Address 1849 Lakeview Lane

10 / 15 / 2009

City Highland State MI Zip Code 48357-

Amount of Each Disbursement this Period

200.00

Purpose of Disbursement
DIRECT CONTRIBUTION

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Hansen Clarke for Senate

Transaction ID: 00114.E293
Date of Disbursement

Mailing Address PO Box 1821

12 / 14 / 2009

City East Lansing State MI Zip Code 48826-1821

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement
DIRECT CONTRIBUTION

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Friends of Ken Cockrel, Jr.

Transaction ID: 00114.E288
Date of Disbursement

Mailing Address 4815 Avery

10 / 27 / 2009

City Detroit State MI Zip Code 48208-

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
DIRECT CONTRIBUTION

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2009 Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

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) CTE Mike Cox 2010 Committee Mailing Address PO Box 530970 City Livonia State MI Zip Code 48153-0970 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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00114.E290 Date of Disbursement 11 / 05 / 2009 Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) Friends for Jai-Lee Dearing Mailing Address PO Box 310673 City Detroit State MI Zip Code 48231-0673 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: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 200000265 Date of Disbursement 07 / 01 / 2009 Amount of Each Disbursement this Period 250.00
C.	Full Name (Last, First, Middle Initial) Friends for Jai-Lee Dearing Mailing Address PO Box 310673 City Detroit State MI Zip Code 48231-0673 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: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 200000278 Date of Disbursement 09 / 04 / 2009 Amount of Each Disbursement this Period 200.00

SUBTOTAL of Disbursements This Page (optional) ▶	950.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<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

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) Durhal 2008 Committee	Transaction ID: 00114.E287 Date of Disbursement 10 / 27 / 2009
	Mailing Address 5440 Cass Ave	Amount of Each Disbursement this Period 250.00
	City Detroit State MI Zip Code 48202-3693	
	Purpose of Disbursement DIRECT CONTRIBUTION	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Tom George for Governor	Transaction ID: 200000275 Date of Disbursement 08 / 26 / 2009
	Mailing Address PO Box 13036	Amount of Each Disbursement this Period -1000.00
	City Lansing State MI Zip Code 48901-3036	
	Purpose of Disbursement STOP PAYMENT	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Tom George for Governor	Transaction ID: 200000276 Date of Disbursement 08 / 27 / 2009
	Mailing Address PO Box 13036	Amount of Each Disbursement this Period 1000.00
	City Lansing State MI Zip Code 48901-3036	
	Purpose of Disbursement DIRECT CONTRIBUTION	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	250.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 36

<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

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) Tom George for Governor Mailing Address PO Box 13036 City Lansing State MI Zip Code 48901-3036 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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 200000281 Date of Disbursement 09 / 14 / 2009 Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Tom George for Governor Mailing Address PO Box 13036 City Lansing State MI Zip Code 48901-3036 Purpose of Disbursement STOP PAYMENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 200000280 Date of Disbursement 09 / 10 / 2009 Amount of Each Disbursement this Period -1000.00
C.	Full Name (Last, First, Middle Initial) Saunteel Jenkins for City Council Mailing Address 3430 E Jefferson Ave # 512 City Detroit State MI Zip Code 48207-4233 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: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00114.E289 Date of Disbursement 10 / 30 / 2009 Amount of Each Disbursement this Period 300.00

SUBTOTAL of Disbursements This Page (optional) ▶

300.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 36 / 36

<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

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)
Cmte to Elect Brenda Jones City Council

Mailing Address PO Box 21146

City Detroit State MI Zip Code 48221-0146

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 200000279

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)

50.00

TOTAL This Period (last page this line number only)

8835.00