

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special Election on 11 04 2008 in the State of MI

5. Covering Period 10 16 2008 through 11 24 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer James W Hoerberling Signature of Treasurer Electronically Filed by James W Hoerberling Date 11 28 2008

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

Office Use Only FE6AN026 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 |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 1 | 6 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 4 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 8 | | 55581.58 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 8 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 46006.28 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 3273.70 | 32360.70 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 49279.98 | 87942.28 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 3507.50 | 42169.80 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 45772.48 | 45772.48 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Health Alliance Plan PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 1 | 6 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 4 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 3162.10 | 23016.34 |
| (i) Itemized (use Schedule A) | | |
| (ii) Unitemized | 111.60 | 9344.36 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 3273.70 | 32360.70 |
| (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) | 3273.70 | 32360.70 |
| 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)) | 3273.70 | 32360.70 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 3273.70 | 32360.70 |

DETAILED SUMMARY PAGE

of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 7.50 | 188.26 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 7.50 | 188.26 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 2500.00 | 18750.00 |
| 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..... | 1000.00 | 23231.54 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 3507.50 | 42169.80 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 3507.50 | 42169.80 |

DETAILED SUMMARY PAGE
of Disbursements

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 3273.70 | 32360.70 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 3273.70 | 32360.70 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 7.50 | 188.26 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 7.50 | 188.26 |

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

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

FOR LINE NUMBER: PAGE 6 / 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

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

Mailing Address 26160 Franklin Pointe Dr.

City State Zip Code
Southfield MI 48034

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 10 / 20 / 2008
Transaction ID: 100005478
Amount of Each Receipt this Period: 30.00
Receipt
Payroll Deduction: (10.00- /Bi-Weekly)

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

Mailing Address 3066 Richmond Dr

City State Zip Code
Clarkston MI 48348-5063

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt: 10 / 20 / 2008
Transaction ID: 100005490
Amount of Each Receipt this Period: 60.00
Receipt
Payroll Deduction: (20.00- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Vernal Teresa Blakley

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 Health Alliance Plan Occupation Director, Quality Management

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 287.50

Date of Receipt: 10 / 20 / 2008
Transaction ID: 100005462
Amount of Each Receipt this Period: 37.50
Receipt
Payroll Deduction: (12.50- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 127.50

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 22 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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 K. Branch

Mailing Address 81 Atkinson

City State Zip Code
Detroit MI 48202

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

Name of Employer Health Alliance Plan Occupation Dir - Customer Retention & Edu

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt 10 / 20 / 2008

Transaction ID: 100005444

Amount of Each Receipt this Period 60.00

Receipt

Payroll Deduction: (20.00- /Bi-Weekly)

B.

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 ▼ 575.00

Date of Receipt 10 / 20 / 2008

Transaction ID: 100005491

Amount of Each Receipt this Period 75.00

Receipt

Payroll Deduction: (25.00- /Bi-Weekly)

C.

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 ▼ 264.00

Date of Receipt 10 / 20 / 2008

Transaction ID: 100005447

Amount of Each Receipt this Period 36.00

Receipt

Payroll Deduction: (12.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **171.00**

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 8 / 22 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

| | | |
|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Jonathan W. Clement | Date of Receipt MM / DD / YYYY 10 / 20 / 2008 |
| | Mailing Address 923 Westchester | Transaction ID: 100005483 |
| | City State Zip Code Grosse Pointe MI 48230-1829 | Amount of Each Receipt this Period 120.00 |
| | FEC ID number of contributing federal political committee. C | Receipt Payroll Deduction: (40.00- /Bi-Weekly) |
| Name of Employer Health Alliance Plan | Occupation VP - Underwriting & Rating | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 920.00 | |

| | | |
|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Gwendolyn Davenport | Date of Receipt MM / DD / YYYY 10 / 20 / 2008 |
| | Mailing Address 11372 Whitehill | Transaction ID: 100005448 |
| | City State Zip Code Detroit MI 48224-1653 | Amount of Each Receipt this Period 54.00 |
| | FEC ID number of contributing federal political committee. C | Receipt Payroll Deduction: (18.00- /Bi-Weekly) |
| Name of Employer Health Alliance Plan | Occupation Dir - Credentialing Services | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 414.00 | |

| | | |
|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Donald Davis | Date of Receipt MM / DD / YYYY 10 / 20 / 2008 |
| | Mailing Address 11417 Fellows Creek Drive | Transaction ID: 100005449 |
| | City State Zip Code Plymouth MI 48170 | Amount of Each Receipt this Period 231.00 |
| | FEC ID number of contributing federal political committee. C | Receipt Payroll Deduction: (77.00- /Bi-Weekly) |
| Name of Employer Health Alliance Plan | Occupation VP - Human Res & Cust Rel | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1771.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 405.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|---|---|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 22 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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) Jody L. Doherty | Date of Receipt MM / DD / YYYY 10 / 20 / 2008 |
| | Mailing Address 21115 Violet | Transaction ID: 100005477 |
| | City State Zip Code Saint Clair Shores MI 48082 | Amount of Each Receipt this Period 51.93 |
| | FEC ID number of contributing federal political committee. C | Receipt Payroll Deduction: (17.31- /Bi-Weekly) |
| Name of Employer Health Alliance Plan | Occupation Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 398.13 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) Michael A. Elinski | Date of Receipt MM / DD / YYYY 10 / 20 / 2008 |
| | Mailing Address 3434 Essex | Transaction ID: 100005480 |
| | City State Zip Code Troy MI 48084 | Amount of Each Receipt this Period 75.00 |
| | FEC ID number of contributing federal political committee. C | Receipt Payroll Deduction: (25.00- /Bi-Weekly) |
| Name of Employer Health Alliance Plan | Occupation AVP - Technology & eBusiness D | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 575.00 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) Vincenzo G. Ferri | Date of Receipt MM / DD / YYYY 10 / 20 / 2008 |
| | Mailing Address 726 S. Renaud | Transaction ID: 100005476 |
| | City State Zip Code Grosse Pointe Wood MI 48236 | Amount of Each Receipt this Period 93.00 |
| | FEC ID number of contributing federal political committee. C | Receipt Payroll Deduction: (31.00- /Bi-Weekly) |
| Name of Employer Health Alliance Plan | Occupation AVP - Bus Affiliations & Suppo | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 713.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 219.93 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 22
(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)
Howard Flasch

Mailing Address 1459 N Rochester Rd

City State Zip Code
Oakland MI 48363-1630

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

Name of Employer Health Alliance Plan Occupation VP - Product Development

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 874.00

Date of Receipt: 10 / 20 / 2008
Transaction ID: 100005481
Amount of Each Receipt this Period: 114.00
Receipt
Payroll Deduction: (38.00- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Michael M. Forhan

Mailing Address 1587 Anita

City State Zip Code
Grosse Pointe Wood MI 48236

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

Name of Employer Health Alliance Plan Occupation Mgr - Comp & Benefits

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 276.00

Date of Receipt: 10 / 20 / 2008
Transaction ID: 100005451
Amount of Each Receipt this Period: 36.00
Receipt
Payroll Deduction: (12.00- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Jeanette H. Girty

Mailing Address 18246 Stoepel

City State Zip Code
Detroit MI 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 ▼ 398.13

Date of Receipt: 10 / 20 / 2008
Transaction ID: 100005455
Amount of Each Receipt this Period: 51.93
Receipt
Payroll Deduction: (17.31- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 201.93

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

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

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

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

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Mark Hall | Date of Receipt MM / DD / YYYY 10 / 20 / 2008 |
| | Mailing Address 25450 Constitution | Transaction ID: 100005461 |
| | City State Zip Code Novi MI 48375-1763 | Amount of Each Receipt this Period 115.41 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Health Alliance Plan | Occupation AVP - NB Dist Channel Mgmt | Payroll Deduction: (38.47- /Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 884.81 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Robert Heitjan | Date of Receipt MM / DD / YYYY 10 / 20 / 2008 |
| | Mailing Address 7429 Esper Blvd. | Transaction ID: 100005450 |
| | City State Zip Code Dearborn MI 48126 | Amount of Each Receipt this Period 30.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Health Alliance Plan | Occupation Ldr/Supv Appl Dev & Supp | Payroll Deduction: (10.00- /Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 230.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Cynthia Hoffman | Date of Receipt MM / DD / YYYY 10 / 20 / 2008 |
| | Mailing Address 5768 Whitehaven Dr | Transaction ID: 100005468 |
| | City State Zip Code Troy MI 48085-3188 | Amount of Each Receipt this Period 60.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Health Alliance Plan | Occupation Mgr - eCommerce & Tech Plannin | Payroll Deduction: (20.00- /Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 440.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 205.41 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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 10 / 20 / 2008 |
| | Mailing Address 20810 Gardner St. | Transaction ID: 100005453 |
| | City State Zip Code Oak Park MI 48237 | Amount of Each Receipt this Period 36.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Health Alliance Plan | Occupation Mgr - Provider Fin | Payroll Deduction: (12.00- /Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 276.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Brian Jones | Date of Receipt MM / DD / YYYY 10 / 20 / 2008 |
| | Mailing Address 22516 Milner | Transaction ID: 100005463 |
| | City State Zip Code St Clr Shores MI 48081-2079 | Amount of Each Receipt this Period 30.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Health Alliance Plan | Occupation Assoc Dir, Oper Strat & Plan | Payroll Deduction: (10.00- /Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 235.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Donald Kiefiuk | Date of Receipt MM / DD / YYYY 10 / 20 / 2008 |
| | Mailing Address 39810 Karda | Transaction ID: 100005482 |
| | City State Zip Code Sterling Heights MI 48313 | Amount of Each Receipt this Period 120.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| Name of Employer Health Alliance Plan | Occupation AVP Claim Operation | Payroll Deduction: (40.00- /Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 920.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 186.00 |
| 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 / 22
(check only one)

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

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)
Barbara Kopasz

Mailing Address 38412 Kingsway Ct

City Farmington Hills State MI Zip Code 48331-1651

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

Name of Employer Health Alliance Plan Occupation AVP Sales & Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 437.00

Date of Receipt 10 / 20 / 2008

Transaction ID: 100005456

Amount of Each Receipt this Period 57.00

Receipt

Payroll Deduction: (19.00- /Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Glen Koslaskiewicz

Mailing Address 30431 John Hauk

City Garden City State MI Zip Code 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 ▼ 414.00

Date of Receipt 10 / 20 / 2008

Transaction ID: 100005458

Amount of Each Receipt this Period 54.00

Receipt

Payroll Deduction: (18.00- /Bi-Weekly)

C.

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

Mailing Address 31800 Shawn Dr

City Warren State MI Zip Code 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 ▼ 253.00

Date of Receipt 10 / 20 / 2008

Transaction ID: 100005454

Amount of Each Receipt this Period 33.00

Receipt

Payroll Deduction: (11.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 144.00

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 / 22 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

| | | | |
|---|--|--|---|
| A. | Full Name (Last, First, Middle Initial) Mark Lafata | | Date of Receipt MM / DD / YYYY 10 / 20 / 2008 |
| | Mailing Address 377 Arthur | | Transaction ID: 100005446 |
| | City Plymouth | State MI | Zip Code 48170-1120 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 51.00 |
| | Name of Employer Health Alliance Plan | Occupation Sr Finance Administrator/HMS | Receipt |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 306.00 | Payroll Deduction: (17.00- /Bi-Weekly) |

| | | | |
|---|--|-------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Rory Lafferty | | Date of Receipt MM / DD / YYYY 10 / 20 / 2008 |
| | Mailing Address 4414 Hunt Club Drive #2D | | Transaction ID: 100005457 |
| | City Ypsilanti | State MI | Zip Code 48197 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 30.00 |
| | Name of Employer Health Alliance Plan | Occupation Legislative Associate | Receipt |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 230.00 | Payroll Deduction: (10.00- /Bi-Weekly) |

| | | | |
|---|--|--|---|
| C. | Full Name (Last, First, Middle Initial) Anita Landino | | Date of Receipt MM / DD / YYYY 10 / 20 / 2008 |
| | Mailing Address 43885 Boulder Dr | | Transaction ID: 100005452 |
| | City Clinton Township | State MI | Zip Code 48038-1423 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.25 |
| | Name of Employer Health Alliance Plan | Occupation Assoc Dir - Advertising/Comm | Receipt |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 385.25 | Payroll Deduction: (16.75- /Bi-Weekly) |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 131.25 |
| 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 15 / 22 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Sandra Ledesma | Date of Receipt MM / DD / YYYY 10 / 20 / 2008 |
| | Mailing Address 22429 Provincial St | Transaction ID: 100005459 |
| | City State Zip Code Trenton MI 48183 | Amount of Each Receipt this Period 33.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Health Alliance Plan Occupation Manager IT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 253.00 | Payroll Deduction: (11.00- /Bi-Weekly) |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) Irita Matthews | Date of Receipt MM / DD / YYYY 10 / 20 / 2008 |
| | Mailing Address 1305 Balfour St | Transaction ID: 100005472 |
| | City State Zip Code Grosse Pointe Park MI 48230-1021 | Amount of Each Receipt this Period 42.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Health Alliance Plan Occupation Assoc Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 308.00 | Payroll Deduction: (14.00- /Bi-Weekly) |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Denise McKay | Date of Receipt MM / DD / YYYY 10 / 20 / 2008 |
| | Mailing Address 12319 Fordline St | Transaction ID: 100005492 |
| | City State Zip Code Southgate MI 48195-2303 | Amount of Each Receipt this Period 30.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Health Alliance Plan Occupation Ldr/Supv Appl Dev & Supp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00 | Payroll Deduction: (10.00- /Bi-Weekly) |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 105.00 |
| 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 16 / 22
(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)
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 Health Alliance Plan Occupation Adm Manager, Office of COO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 243.34

Date of Receipt: 10 / 20 / 2008
Transaction ID: 100005460
Amount of Each Receipt this Period: 31.74
Receipt
Payroll Deduction: (10.58- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Vincent Pawloske

Mailing Address 5450 Sandlewood Court

City State Zip Code
Waterford MI 48329

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

Name of Employer Health Alliance Plan Occupation Associate Director Finance

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt: 10 / 20 / 2008
Transaction ID: 100005485
Amount of Each Receipt this Period: 60.00
Receipt
Payroll Deduction: (20.00- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Christopher Pike

Mailing Address 1657 Wilmington Ct

City State Zip Code
Rochester MI 48309

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

Name of Employer Health Alliance Plan Occupation AVP - Information Tech Supp

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt: 10 / 20 / 2008
Transaction ID: 100005464
Amount of Each Receipt this Period: 75.00
Receipt
Payroll Deduction: (25.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 166.74

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 / 22 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Rachel Powell | Date of Receipt MM / DD / YYYY 10 / 20 / 2008 |
| | Mailing Address 543 Thurber | Transaction ID: 100005474 |
| | City State Zip Code Troy MI 48085-4827 | Amount of Each Receipt this Period 60.00 |
| | 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 ▼ 460.00 | Payroll Deduction: (20.00- /Bi-Weekly) |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) Patricia R. Richards | Date of Receipt MM / DD / YYYY 10 / 20 / 2008 |
| | Mailing Address 23 Turnberry Ln. | Transaction ID: 100005486 |
| | City State Zip Code Dearborn MI 48120 | Amount of Each Receipt this Period 230.79 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Health Alliance Plan Occupation Sr. Vice President & COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1769.39 | Payroll Deduction: (76.93- /Bi-Weekly) |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Chrystal M. Roberts | Date of Receipt MM / DD / YYYY 10 / 20 / 2008 |
| | Mailing Address 24601 Pinehurst Avenue | Transaction ID: 100005487 |
| | City State Zip Code Oak Park MI 48237 | Amount of Each Receipt this Period 51.93 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Health Alliance Plan Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 398.13 | Payroll Deduction: (17.31- /Bi-Weekly) |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 342.72 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 18 / 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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 State Zip Code
Brighton MI 48114

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

Name of Employer Health Alliance Plan Occupation VP - Financial Services

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1771.00

Date of Receipt: 10 / 20 / 2008
Transaction ID: 100005466
Amount of Each Receipt this Period: 231.00
Receipt
Payroll Deduction: (77.00- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Diane Slon

Mailing Address 31646 Robinhood Drive

City State Zip Code
Franklin MI 48025

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

Name of Employer Health Alliance Plan Occupation Director, MBI

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt: 10 / 20 / 2008
Transaction ID: 100005488
Amount of Each Receipt this Period: 60.00
Receipt
Payroll Deduction: (20.00- /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: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt: 10 / 20 / 2008
Transaction ID: 100005467
Amount of Each Receipt this Period: 60.00
Receipt
Payroll Deduction: (20.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 351.00

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 19 / 22 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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 | | Date of Receipt |
| | Mailing Address 8121 Agnes | | <input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | Detroit | MI | 48214 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 100005473 |
| Name of Employer Health Alliance Plan | | Occupation VP - Government Affairs | 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="880.00"/> | <input type="text" value="120.00"/> |
| | | | Receipt |
| | | | Payroll Deduction: (40.00- /Bi-Weekly) |

| | | | |
|---|---|---|---|
| B. | Full Name (Last, First, Middle Initial) William Tierney | | Date of Receipt |
| | Mailing Address 12739 Herrod Drive | | <input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | Sterling Heights | MI | 48313-4145 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 100005469 |
| Name of Employer Health Alliance Plan | | Occupation Sr. Project Manager | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="265.42"/> | <input type="text" value="34.62"/> |
| | | | Receipt |
| | | | Payroll Deduction: (11.54- /Bi-Weekly) |

| | | | |
|---|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Daniel Trim | | Date of Receipt |
| | Mailing Address 921 Juneau Rd. | | <input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | Ypsilanti | MI | 48198-6323 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 100005479 |
| Name of Employer Health Alliance Plan | | Occupation Mgr - Tech Support/Comp Op | 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="920.00"/> | <input type="text" value="120.00"/> |
| | | | Receipt |
| | | | Payroll Deduction: (40.00- /Bi-Weekly) |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="274.62"/> |
| 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 20 / 22 |
| | (check only one) |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | |

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) Matthew Walsh | | Date of Receipt MM / DD / YYYY 10 / 20 / 2008 |
| Mailing Address 889 Langley Court | | Transaction ID: 100005489 |
| City Rochester Hills | State MI | Zip Code 48309 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 60.00 |
| Name of Employer Health Alliance Plan | Occupation Project Dir, Purchaser Initiat | Receipt |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 460.00 | Payroll Deduction: (20.00- /Bi-Weekly) |

B.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) Deborah Withrow | | Date of Receipt MM / DD / YYYY 10 / 31 / 2008 |
| Mailing Address 2646 Birch Harbor Ln | | Transaction ID: 81128.C5542 |
| City West Bloomfield | State MI | Zip Code 48324-1904 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 70.00 |
| Name of Employer Health Alliance Plan | Occupation VP-Strategic Relationships | Receipt |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 805.00 | Payroll Deduction: (35.00- /Bi-Weekly) |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 130.00 |
| TOTAL This Period (last page this line number only) | 3162.10 |

**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 21 / 22

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
Knollenberg for Congress

Transaction ID: 81128.E221

Date of Disbursement

Mailing Address 31000 Telegraph Rd Ste 110

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 3 | | 2 | 0 | 0 | 8 |

City Bingham Farms State DC Zip Code 48025-4321

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Purpose of Disbursement
DIRECT CONTRIBUTION

Category/
Type

Candidate Name
JOSEPH K. KNOLLENBERG

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MI District: 09

DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|---------|
| 2500.00 |
|---------|

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

| |
|---------|
| 2500.00 |
|---------|

**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 22 / 22

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

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) Jackson Emerging Leadership Fund | Transaction ID: 81128.E222 |
| | Mailing Address 19413 Burt Rd | Date of Disbursement 10 / 23 / 2008 |
| | City Detroit State MI Zip Code 48219-1951 | Amount of Each Disbursement this Period 250.00 |
| | 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER |
| B. | Full Name (Last, First, Middle Initial) Citizens for Alma Wheeler Smith | Transaction ID: 81128.E224 |
| | Mailing Address 5540 5 Mile Rd | Date of Disbursement 11 / 10 / 2008 |
| | City South Lyon State MI Zip Code 48178-9670 | Amount of Each Disbursement this Period 750.00 |
| | 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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00