

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 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 11 07 2006 in the State of MI

5. Covering Period 10 19 2006 through 11 27 2006

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 30 2006

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

**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	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		13294.66
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	27470.44									
(c) Total Receipts (from Line 19)	4088.85	47445.43								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	31559.29	60740.09								
7. Total Disbursements (from Line 31)	1005.00	30185.80								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	30554.29	30554.29								
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	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

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	3716.94	36268.86
(i) Itemized (use Schedule A)	371.91	10576.57
(ii) Unitemized	4088.85	46845.43
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	600.00
(c) Other Political Committees (such as PACs)	0.00	47445.43
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	4088.85	47445.43
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))	4088.85	47445.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4088.85	47445.43

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	5.00	235.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	5.00	235.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	6500.00
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	23450.00
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))..	1005.00	30185.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	1005.00	30185.80

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)	4088.85	47445.43
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4088.85	47445.43
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5.00	235.80
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5.00	235.80

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 24
	<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) Carol Allen Mailing Address 26160 Franklin Pointe Dr. City State Zip Code Southfield MI 48034 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6 Transaction ID: 100002282 Amount of Each Receipt this Period 30.00 Receipt Payroll Deduction: (10.00- /Pay Period)
Name of Employer Health Alliance Plan Occupation Ldr/Supv - Desktop Integration Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		

B. Full Name (Last, First, Middle Initial) Patricia Marine Barrett Mailing Address 29719 Sierra Pointe Circle City State Zip Code Farmington MI 48331 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6 Transaction ID: 100002285 Amount of Each Receipt this Period 66.00 Receipt Payroll Deduction: (22.00- /Pay Period)
Name of Employer Health Alliance Plan Occupation AVP - GM Consulting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 470.00		

C. 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		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6 Transaction ID: 100002269 Amount of Each Receipt this Period 52.50 Receipt Payroll Deduction: (17.50- /Pay Period)
Name of Employer Health Alliance Plan Occupation Dir - Customer Retention & Edu Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 429.50		

SUBTOTAL of Receipts This Page (optional)	148.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Full Name (Last, First, Middle Initial) Kenneth A. Braun		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 6429 Houghten		Transaction ID: 100002270
City State Zip Code Troy MI 48098	Amount of Each Receipt this Period 51.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Health Alliance Plan	Occupation Dir - Labor Affairs	Payroll Deduction: (17.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.00	

B. Full Name (Last, First, Middle Initial) McKinley Broadus		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 3182 Woods Circle		Transaction ID: 100002231
City State Zip Code Detroit MI 48207	Amount of Each Receipt this Period 48.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Health Alliance Plan	Occupation Dir - Fin Svcs	Payroll Deduction: (16.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 393.00	

C. Full Name (Last, First, Middle Initial) Kejuan Brown		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 15666 Carlisle		Transaction ID: 100002232
City State Zip Code Detroit MI 48205	Amount of Each Receipt this Period 34.62	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Health Alliance Plan	Occupation Supv - Office Svcs	Payroll Deduction: (11.54- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.42	

SUBTOTAL of Receipts This Page (optional) ▶	133.62
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. John D. Calabria		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 2030 Brinston Drive		Transaction ID: 100002233	
City State Zip Code Troy MI 48083	Amount of Each Receipt this Period 93.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Health Alliance Plan	Occupation Assoc Med Dir	Payroll Deduction: (31.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 743.00		

Full Name (Last, First, Middle Initial) B. Jonathan W. Clement		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 923 Westchester		Transaction ID: 100002289	
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		
Name of Employer Health Alliance Plan	Occupation VP - Underwriting & Rating	Payroll Deduction: (40.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) C. Gwendolyn Davenport		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 11372 Whitehill		Transaction ID: 100002238	
City State Zip Code Detroit MI 48224-1653	Amount of Each Receipt this Period 49.05		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Health Alliance Plan	Occupation Dir - Credentialing Services	Payroll Deduction: (16.35- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 401.05		

SUBTOTAL of Receipts This Page (optional) ▶	262.05
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Donald Davis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 11417 Fellows Creek Drive		Transaction ID: 100002239	
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		
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		
		Payroll Deduction: (77.00- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Dana DeFlorio		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 2077 18th		Transaction ID: 100002290	
City State Zip Code Wyandotte MI 48192	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 - System Care Mgmt		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		
		Payroll Deduction: (20.00- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Kenny Dodson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 11236 Meadow Brook Dr.		Transaction ID: 100002272	
City State Zip Code Warren MI 48093	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 - Claims		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
		Payroll Deduction: (20.00- /Pay Period)	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Michael A. Elinski		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 3434 Essex		Transaction ID: 100002286	
City Troy	State MI	Zip Code 48084	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C		Receipt	
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 ▼ 525.00		
		Payroll Deduction: (25.00- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Vincenzo G. Ferri		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 726 S. Renaud		Transaction ID: 100002273	
City Grosse Pointe Wood	State MI	Zip Code 48236	Amount of Each Receipt this Period 63.00
FEC ID number of contributing federal political committee. C		Receipt	
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 ▼ 504.00		
		Payroll Deduction: (21.00- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Howard Flasch		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 1459 N Rochester Rd		Transaction ID: 100002287	
City Oakland	State MI	Zip Code 48363-1630	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 VP - Product Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		
		Payroll Deduction: (40.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	258.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Michael M. Forhan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 1587 Anita		Transaction ID: 100002241
City State Zip Code Grosse Pointe Wood MI 48236	Amount of Each Receipt this Period 36.00	
FEC ID number of contributing federal political committee. C		Receipt Payroll Deduction: (12.00- /Pay Period)
Name of Employer Health Alliance Plan	Occupation Mgr - Comp & Benefits	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 293.00	

Full Name (Last, First, Middle Initial) B. Maurice A. Foster		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 18202 Oak Drive		Transaction ID: 100002237
City State Zip Code Detroit MI 48221	Amount of Each Receipt this Period 39.72	
FEC ID number of contributing federal political committee. C		Receipt Payroll Deduction: (13.24- /Pay Period)
Name of Employer Health Alliance Plan	Occupation Supv - Security	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 317.76	

Full Name (Last, First, Middle Initial) C. Angela H. Gardner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 4136 Bishop		Transaction ID: 100002240
City State Zip Code Detroit MI 48224-2318	Amount of Each Receipt this Period 48.00	
FEC ID number of contributing federal political committee. C		Receipt Payroll Deduction: (16.00- /Pay Period)
Name of Employer Health Alliance Plan	Occupation Dir - Marketing Comm Group	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 368.00	

SUBTOTAL of Receipts This Page (optional) ▶	123.72
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Jeanette H. Girty		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 18246 Stoepel		Transaction ID: 100002245	
City State Zip Code Detroit MI 48221		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 Dir - Client Svcs Operations		Payroll Deduction: (17.31- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 398.13	

Full Name (Last, First, Middle Initial) B. Mark Hall		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 25450 Constitution		Transaction ID: 100002250	
City State Zip Code Novi MI 48375-1763		Amount of Each Receipt this Period 92.31	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Alliance Plan Occupation AVP - NB Dist Channel Mgmt		Payroll Deduction: (30.77- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 707.71	

Full Name (Last, First, Middle Initial) C. Cynthia Hart		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 232 Cedar Bend Rd		Transaction ID: 100002251	
City State Zip Code Lake Orion MI 48362-3284		Amount of Each Receipt this Period 54.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Alliance Plan Occupation Dir - System Care Mgmt		Payroll Deduction: (18.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 414.00	

SUBTOTAL of Receipts This Page (optional) ▶	198.24
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Cynthia Hoffman		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 5768 Whitehaven Dr		Transaction ID: 100002235	
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- /Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00		

Full Name (Last, First, Middle Initial) B. Michael Jakubic		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 7308 Silver Cove		Transaction ID: 100002259	
City State Zip Code Linden MI 48451-8798	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 Project Manager	Payroll Deduction: (10.00- /Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) C. Joyce M. James		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 20810 Gardner St.		Transaction ID: 100002243	
City State Zip Code Oak Park MI 48237	Amount of Each Receipt this Period 51.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Health Alliance Plan Occupation Mgr - Provider Fin	Payroll Deduction: (17.00- /Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 408.00		

SUBTOTAL of Receipts This Page (optional) ▶	141.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Deborah Jenkins		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 6811 Ravines Circle		Transaction ID: 100002291
City State Zip Code West Bloomfield MI 48322	Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Health Alliance Plan Occupation Mgr - System Care Mgmt	Payroll Deduction: (15.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) B. Thomas Jepsen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 1510 Fairholme		Transaction ID: 100002246
City State Zip Code Grosse Pointe Wood MI 48236	Amount of Each Receipt this Period 48.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Health Alliance Plan Occupation Dir - Support Svcs	Payroll Deduction: (16.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 393.00	

Full Name (Last, First, Middle Initial) C. Mohammed Kanpurwala		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 441 Sylvan Dr		Transaction ID: 100002254
City State Zip Code Canton MI 48188-1596	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 Dir - Underwriting/Ahl	Payroll Deduction: (10.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional) ▶	123.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 / 24
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Sooman Kansal		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 3340 Rocky Crest Dr		Transaction ID: 100002288	
City Rochester Hills	State MI	Amount of Each Receipt this Period 39.12	
Zip Code 48306-3749		Receipt	
FEC ID number of contributing federal political committee. C		Payroll Deduction: (13.04- /Pay Period)	
Name of Employer Health Alliance Plan	Occupation Mgr - Talent Management	Aggregate Year-to-Date ▼ 276.60	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Glen Koslakiewicz		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 30431 John Hawk		Transaction ID: 100002248	
City Garden City	State MI	Amount of Each Receipt this Period 46.50	
Zip Code 48135		Receipt	
FEC ID number of contributing federal political committee. C		Payroll Deduction: (15.50- /Pay Period)	
Name of Employer Health Alliance Plan	Occupation Dir - Fin Operations	Aggregate Year-to-Date ▼ 369.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Phillip Krause		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6	
Mailing Address 30526 N. Greenbriar		Transaction ID: 61130.C2362	
City Franklin	State MI	Amount of Each Receipt this Period 300.00	
Zip Code 48025		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer Health Alliance Plan	Occupation Manager, MBI	Aggregate Year-to-Date ▼ 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	385.62
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Mark Lafata		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 377 Arthur		Transaction ID: 100002249	
City State Zip Code Plymouth MI 48170-1120	Amount of Each Receipt this Period 46.50		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Alliance Plan	Occupation Sr Finance Administrator/HMS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.50		
		Payroll Deduction: (15.50- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Anita Landino		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 43885 Boulder Dr		Transaction ID: 100002242	
City State Zip Code Clinton Township MI 48038-1423	Amount of Each Receipt this Period 45.00		
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 ▼ 355.00		
		Payroll Deduction: (15.00- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Michelle Lang		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 48616 Dunn Court		Transaction ID: 100002277	
City State Zip Code Macomb MI 48044	Amount of Each Receipt this Period 51.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Alliance Plan	Occupation Dir - Coordination of Benefits		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		
		Payroll Deduction: (17.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	142.50
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Sandra Ledesma		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6	
Mailing Address 22429 Provincial St		Transaction ID: 61130.C2363	
City State Zip Code Trenton MI 48183	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Health Alliance Plan Occupation Manager IT	Aggregate Year-to-Date ▼ 575.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Robert Leger		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 1554 Waters Edge Ct		Transaction ID: 100002255	
City State Zip Code Wixom MI 48393-1667	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 Assoc Dir, Building Services	Aggregate Year-to-Date ▼ 253.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Payroll Deduction: (11.00- /Pay Period)		

Full Name (Last, First, Middle Initial) C. Deborah Marine		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 40054 Crosswinds		Transaction ID: 100002274	
City State Zip Code Novi MI 48375	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Health Alliance Plan Occupation Compliance/Privacy Officer	Aggregate Year-to-Date ▼ 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Payroll Deduction: (15.00- /Pay Period)		

SUBTOTAL of Receipts This Page (optional) ▶	378.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Irita Matthews		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 1305 Balfour St		Transaction ID: 100002279	
City State Zip Code Grosse Pointe Park MI 48230-1021	Amount of Each Receipt this Period 39.15		
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 ▼ 302.10		
		Payroll Deduction: (13.05- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Colleen McClorey		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 48188 Andover Dr.		Transaction ID: 100002280	
City State Zip Code Detroit MI 48374	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 VP - Assoc General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 935.55		
		Payroll Deduction: (40.00- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Bill Oliver		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 5893 Christina		Transaction ID: 100002283	
City State Zip Code West Bloomfield MI 48324-3102	Amount of Each Receipt this Period 75.00		
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 ▼ 525.00		
		Payroll Deduction: (25.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	234.15
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Karen Parenteau		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 53978 Blakely Ct		Transaction ID: 100002263	
City State Zip Code New Baltimore MI 48047-5532	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 AVP - Business Dev & Mkt Ops	Payroll Deduction: (20.00- /Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00		

Full Name (Last, First, Middle Initial) B. Diane Pawlica		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 45568 Morningside		Transaction ID: 100002253	
City State Zip Code Canton MI 48187	Amount of Each Receipt this Period 48.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Health Alliance Plan Occupation Dir - System Care Mgmt	Payroll Deduction: (16.00- /Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 393.00		

Full Name (Last, First, Middle Initial) C. Joyce Poole		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 18830 Lincoln Drive		Transaction ID: 100002266	
City State Zip Code Lathrup Village MI 48076	Amount of Each Receipt this Period 34.59		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Health Alliance Plan Occupation Mgr - Claims Quality/Complianc	Payroll Deduction: (11.53- /Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 282.83		

SUBTOTAL of Receipts This Page (optional) ▶	142.59
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Full Name (Last, First, Middle Initial) Rachel Powell Mailing Address 543 Thurber City Troy State MI Zip Code 48085-4827 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6 Transaction ID: 100002267 Amount of Each Receipt this Period 54.00 Receipt Payroll Deduction: (18.00- /Pay Period)
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 ▼ 414.00		

B. 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		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6 Transaction ID: 100002256 Amount of Each Receipt this Period 231.00 Receipt Payroll Deduction: (77.00- /Pay Period)
Name of Employer Health Alliance Plan Occupation VP - Financial Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1846.00		

C. Full Name (Last, First, Middle Initial) Mary Clare Solky Mailing Address 30387 Windingbrook Lane City Farmington State MI Zip Code 48334 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6 Transaction ID: 100002257 Amount of Each Receipt this Period 60.00 Receipt Payroll Deduction: (20.00- /Pay Period)
Name of Employer Health Alliance Plan Occupation Director, CBHM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 485.00		

SUBTOTAL of Receipts This Page (optional)	345.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Ronald R. Stallworth		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 8121 Agnes		Transaction ID: 100002236
City State Zip Code Detroit MI 48214	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 VP - Government Affairs	Payroll Deduction: (40.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1488.00	

Full Name (Last, First, Middle Initial) B. Angela M. Strickland		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 34372 Orsini		Transaction ID: 100002258
City State Zip Code Sterling Heights MI 48312	Amount of Each Receipt this Period 39.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Health Alliance Plan Occupation Mgr - System Care Mgmt	Payroll Deduction: (13.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 316.65	

Full Name (Last, First, Middle Initial) C. Carolyn R. Tokarz		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 39218 Rivercrest		Transaction ID: 100002294
City State Zip Code Harrison Township MI 48045	Amount of Each Receipt this Period 40.95	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Health Alliance Plan Occupation Sr Assoc - Medicare	Payroll Deduction: (13.65- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 278.10	

SUBTOTAL of Receipts This Page (optional) ▶	199.95
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 24
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Daniel Trim		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 921 Juneau Rd.		Transaction ID: 100002284	
City State Zip Code Ypsilanti MI 48198-6323	Amount of Each Receipt this Period 90.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Health Alliance Plan	Occupation Mgr - Tech Support/Comp Op		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00		
		Payroll Deduction: (30.00- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Matthew Walsh		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 889 Langley Court		Transaction ID: 100002261	
City State Zip Code Rochester Hills MI 48309	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 Project Dir, Purchaser Initiat		
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- /Pay Period)	

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	3716.94

**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 23 / 24

<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

Full Name (Last, First, Middle Initial)

A. Comerica Bank

Mailing Address P.O. Box 75000

City Detroit State MI Zip Code 48275-

Purpose of Disbursement
MERCHANT FEE NOV 2006

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 61130.E106

Date of Disbursement

/ /

Amount of Each Disbursement this Period

MERCHANT FEE NOV 2006

SUBTOTAL of Disbursements This Page (optional)

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)

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<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

Full Name (Last, First, Middle Initial)

A. ROCC PAC

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: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 61130.E107

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)