FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Health Alliance Plan PAC 2850 West Grand Boulevard ADDRESS (number and street) Check if different than previously Detroit МІ 48202 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00410670 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Х Runoff (30R) Special (30S) Post -Election General (30G) Report for the: Termination Report (TER) in the 07 2006 MI 11 Election on State of 10 19 2006 27 2006 11 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. James W Hoeberling Type or Print Name of Treasurer Electronically Filed by James W Hoeberling 11 30 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

Image# 26980175228

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Health Alliance Plan PAC [®] D ^b D 1 9 27 1.0 2006 1,1 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 13294.66 2006 January 1 (b) Cash on Hand at 27470.44 Begining of Reporting Period 4088.85 47445.43 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 31559.29 60740.09 6(a) and 6(c) for Column B) 1005.00 30185.80 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 30554.29 30554.29 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) 0.00 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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

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

Write or Type Committee Name Health Alliance Plan PAC

Report Covering the Period:

м м 1 0

From:

19

^Y 2 0 0 6

To: 11

^D 2^D 7

^Y 2006

| | I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|------|--|-------------------------------|-----------------------------------|
| | Contributions (other than loans) From: a) Individuals/Persons Other | | |
| | Than Political Committees (i) Itemized (use Schedule A) | 3716.94 | 36268.86 |
| | (ii) Unitemized | 371.91 | 10576.57 |
| | (iii) TOTAL (add Lines 11(a)(i) and (ii) | 4088.85 | 46845.43 |
| (I | b) Political Party Committees | 0.00 | 0.00 |
| ` | c) Other Political Committees (such as PACs) | 0.00 | 600.00 |
| | 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 4088.85 | 47445.43 |
| | ransfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 3. A | All Loans Received | 0.00 | 0.00 |
| | oan Repayments Received | 0.00 | 0.00 |
| (1 | Refunds, Rebates, etc.) Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| to | o Federal candidates and Other Political Committees | 0.00 | 0.00 |
| | Other Federal Receipts Dividends, Interest, etc.) | 0.00 | 0.00 |
| - | Transfers from Non-Federal and Levin Funds | | |
| (| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (| c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| | Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 4088.85 | 47445.43 |
| | otal Federal Receipts | 4088.85 | 47445.43 |

DETAILED SUMMARY PAGE

of Disbursements

| | FEC Form 3X (Rev. 02/2003) | of Disbursements | Page 4 |
|------|--|-------------------------------|-----------------------------------|
| | II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
| Ope | erating Expenditures: Shared Federal/Non-Federal | | |
| (a) | Activity (from Schedule H4) | 0.00 | 0.00 |
| | (i) Federal Share | 0.00 | 0.00 |
| | (ii) Non Faderal Chara | 0.00 | 0.00 |
| (b) | (ii) Non-Federal Share Other Federal Operating | 0.00 | 0.00 |
| (2) | Expenditures | 5.00 | 235.80 |
| (c) | Total Operating Expenditures | | |
| | (add 21(a)(i), (a)(ii) and (b)) | 5.00 | 235.80 |
| | nsfers to Affiliated/Other Party | 0.00 | 0.00 |
| | nmittees htributions to | 0.00 | 0.00 |
| Fed | leral Candidates/Committees Other Political Committees | 0.00 | 6500.00 |
| | ependent Expenditure | | |
| (use | e Schedule E) | 0.00 | 0.00 |
| Con | ordinated Expenditures Made by Party | 0.00 | 0.00 |
| (use | nmittees (2 U.S.C. 441a(d)) e Schedule F) | 0.00 | 0.00 |
| Loa | n Repayments Made | 0.00 | 0.00 |
| _54 | | | |
| | ns Made | 0.00 | 0.00 |
| Ref | unds of Contributions To: Individuals/Persons Other | | |
| (ω) | 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 | 0.00 | 0.00 |
| | (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| Oth | er Disbursements | 1000.00 | 23450.00 |
| Fed | deral Election Activity (2 U.S.C 431(20)) | | |
| | Shared Federal Election Activity | | |
| ` ' | (from Schedule H6) | 0.00 | |
| | (i) Federal Share | 0.00 | 0.00 |
| | (") III : II OI | 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 |
| Tot | al Disbursements (add Lines 21(c), 22, | | |
| | 24, 25, 26, 27, 28(d), 29 and 30(c)) | 1005.00 | 30185.80 |
| - 1 | | | |
| To | tal Federal Disbursements | | |
| | btract Line 21(a)(ii) from Line 30(a)(ii) | | |
| | m Line 31) | 1005.00 | 30185.80 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contribution Expenditure | | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|---|----------------------------|-----------------------------------|
| 33. Total Contributions (other from Line 11(d), page 3) . | ′ | 4088.85 | 47445.43 |
| 34. Total Contribution Refund (from Line 28(d)) | | 0.00 | 0.00 |
| 35. Net Contributions (other the (subtract Line 34 from Line) | ′ | 4088.85 | 47445.43 |
| 36. Total Federal Operating E (add Line 21(a)(i) and Line | | 5.00 | 235.80 |
| 37. Offsets to Operating Expe (from Line 15, page 3) | | 0.00 | 0.00 |
| 38. Net Operating Expenditure (subtract Line 37 from Lin | | 5.00 | 235.80 |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 6 / 24 |
|--------------------------|---|--------------------------|--|--|
| ITEMIZED RECEIPTS | | | or each category of the | (check only one) |
| •• | | | Detailed Summary Page | X 11a 11b 11c 12 15 16 17 |
| Δn | y information copied from such Reports and Sta | atements may | not he sold or used by any nerso | |
| or | for commercial purposes, other than using the r | name and add | lress of any political committee to | o solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| | Health Alliance Plan PAC | | | |
| Α. | Full Name (Last, First, Middle Initial) Carol Allen | | | Date of Receipt |
| | Mailing Address 26160 Franklin Pointe D | r. | | 10 23 7 9 9 9 |
| | City | State | Zip Code | Transaction ID: 100002282 |
| | Southfield | MI | 48034 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 30.00 |
| | Name of Employer Health Alliance Plan | Occupation Ldr/Supv | - Desktop Integration | Receipt |
| | Receipt For: | <u> </u> | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 210.00 | Payroll Deduction: (10.00-/Pay Period) |
| — В. | Full Name (Last, First, Middle Initial) Patricia Marine Barrett | | | Date of Receipt |
| | Mailing Address 29719 Sierra Pointe Cir | cle | | 10 23 2006 |
| | City | | Zip Code | Transaction ID: 100002285 |
| | Farmington | MI | 48331 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 66.00 |
| | federal political committee. | | | |
| | Name of Employer Health Alliance Plan | Occupation | 1 | Receipt |
| | | | // Consulting | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| | Other (specify) | | 470.00 | Payroll Deduction: (22.00-/Pay Period) |
| <u> </u> | Full Name (Last, First, Middle Initial) Angela K. Branch | | | Date of Receipt |
| | Mailing Address 81 Atkinson | | | 10 23 2006 |
| | City | State | Zip Code | Transaction ID: 100002269 |
| | Detroit | MI | 48202 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 52.50 |
| | Name of Employer Health Alliance Plan | Occupation Dir - Cust | tomer Retention & Edu | Receipt |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 429.50 | Payroll Deduction: (17.50-/Pay Period) |
| s | LUBTOTAL of Receipts This Page (optional) | | | 148.50 |
| T | OTAL This Period (last page this line number o | nlv) | ······································ | |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 7/24 |
|--------------------------|---|----------------------|-------------------------------------|---|
| ITEMIZED RECEIPTS | | | or each category of the | (check only one) |
| •• | | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
| Δn | y information copied from such Reports and S | tatements may | y not he sold or used by any ners | |
| or | for commercial purposes, other than using the | name and add | dress of any political committee to | o solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| | Health Alliance Plan PAC | | | |
| Α. | Full Name (Last, First, Middle Initial) Kenneth A. Braun | | | Date of Receipt |
| Α. | Mailing Address 6429 Houghten | | | M M / D D / Y Y Y Y |
| | | | | 10 23 2006 |
| | City | State | Zip Code | Transaction ID: 100002270 |
| | Troy | MI | 48098 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 51.00 |
| | Name of Employer Health Alliance Plan | Occupation | | Receipt |
| | Receipt For: | Dir - Labo | or Affairs Year-to-Date ▼ | _ |
| | Primary General | Aggregate | Teal-to-Date ▼ | Payroll Deduction: (17.00- |
| | Other (specify) ▼ | 0 0 | 416.00 | /Pay Period) |
| | | | | |
| В. | Full Name (Last, First, Middle Initial) McKinley Broadus | | | Date of Receipt |
| | Mailing Address 3182 Woods Circle | | | M M / D D / Y Y Y Y |
| | City | Ctata | 7in Codo | 10 23 2006 |
| | City Detroit | State MI | Zip Code 48207 | Transaction ID: 100002231 |
| | | IVII | 46207 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 48.00 |
| | Name of Employer | l Ossumation | | Receipt |
| | Name of Employer Health Alliance Plan | Occupation Dir - Fin | | <u>'</u> |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General | 00 0 | | Payroll Deduction: (16.00- |
| | Other (specify) ▼ | | 393.00 | /Pay Period) |
| <u> </u> | Full Name (Last, First, Middle Initial) Kejuan Brown | 1 | | Date of Receipt |
| J . | Mailing Address 15666 Carlisle | | | M M / D D / Y Y Y Y |
| | | | | 10 23 2006 |
| | City | State | Zip Code | Transaction ID: 100002232 |
| | Detroit | MI | 48205 | Amount of Each Receipt this Period |
| | Receipt For: Agg | | | 34.62 |
| | | | 1 | Receipt |
| | | | ffice Svcs | |
| | | | Year-to-Date ▼ | |
| | Primary General | | 280.42 | Payroll Deduction: (11.54- |
| | Other (specify) ▼ | | 200.72 | /Pay Period) |
| | | I | | 100.00 |
| S | UBTOTAL of Receipts This Page (optional) | | | 133.62 |
| Т (| OTAL This Period (last page this line number | only) |] | |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 8 / 24 |
|--------------------------|---|--------------------------|------------------------------------|--|
| ITEMIZED RECEIPTS | | | or each category of the | (check only one) |
| •• | LIMIZED HEGEN 10 | | Detailed Summary Page | X 11a 11b 11c 12 |
| ۸۰ | y information copied from such Reports and St | otomonto mov | r not be cold or used by any pers | 13 14 15 16 17 |
| or | for commercial purposes, other than using the | name and add | lress of any political committee t | or for the purpose of soliciting contributions of solicit contributions from such committee. |
| abla | NAME OF COMMITTEE (In Full) | | | |
| | Health Alliance Plan PAC | | | |
| Α. | Full Name (Last, First, Middle Initial) John D. Calabria | | | Date of Receipt |
| | Mailing Address 2030 Brinston Drive | | | 10 23 2006 |
| | City | State | Zip Code | Transaction ID: 100002233 |
| | Troy | MI | 48083 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 93.00 |
| | Name of Employer Health Alliance Plan | Occupation Assoc Me | | Receipt |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General | 33 -3 | | Payroll Deduction: (31.00- |
| | Other (specify) ▼ | 0 0 | 743.00 | /Pay Period) |
| <u> </u> | Full Name (Last, First, Middle Initial) Jonathan W. Clement | | | Date of Receipt |
| | Mailing Address 923 Westchester | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 100002289 |
| | Grosse Pointe | MI | 48230-1829 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 120.00 |
| | Name of Employer Health Alliance Plan | Occupation | | Receipt |
| | | _ | erwriting & Rating | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 800.00 | Payroll Deduction: (40.00- /Pay Period) |
| <u> </u> | Full Name (Last, First, Middle Initial) Gwendolyn Davenport | | | Date of Receipt |
| | Mailing Address 11372 Whitehill | | | 10 23 YYYYY 2006 |
| | City | State | Zip Code | Transaction ID: 100002238 |
| | Detroit | MI | 48224-1653 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 49.05 |
| | Name of Employer Health Alliance Plan | Occupation Dir - Cred | n dentialing Services | Receipt |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 401.05 | Payroll Deduction: (16.35- /Pay Period) |
| s | UBTOTAL of Receipts This Page (optional) | | | 262.05 |
| H | OTAL This Period (last page this line number of | | | |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 9 / 24 |
|--------------------------|---|--------------|-------------------------------------|---|
| ITEMIZED RECEIPTS | | | or each category of the | (check only one) |
| •• | | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
| Δη | y information copied from such Reports and St | atements may | ynot he sold or used by any ners | |
| or | for commercial purposes, other than using the | name and add | dress of any political committee to | o solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| $ \rangle$ | Health Alliance Plan PAC | | | |
| <u>/</u> | Full Name (Last, First, Middle Initial) | | | |
| A. | Donald Davis | | | Date of Receipt |
| | Mailing Address 11417 Fellows Creek D | rive | | 10 23 2006 |
| | City | State | Zip Code | Transaction ID: 100002239 |
| | Plymouth | MI | 48170 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 231.00 |
| | Name of Employer Health Alliance Plan | Occupation | n | Receipt |
| | Health Alliance Plan | VP - Hum | nan Res & Cust Rel | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 1771.00 | Payroll Deduction: (77.00- /Pay Period) |
| | Other (specify) ▼ | 0 0 | | /ray renou) |
| _ | Full Name (Last, First, Middle Initial) | | | |
| В. | | | | Date of Receipt |
| | Mailing Address 2077 18th | | | 10 23 2006 |
| | City | State | Zip Code | Transaction ID: 100002290 |
| | Wyandotte | MI | 48192 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 60.00 |
| | federal political committee. | <u> </u> | | |
| | Name of Employer Health Alliance Plan | Occupation | n | Receipt |
| | | | stem Care Mgmt | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 400.00 | Payroll Deduction: (20.00- /Pay Period) |
| | cases (epocary), • | | | , |
| С. | Full Name (Last, First, Middle Initial) Kenny Dodson | | | Date of Receipt |
| J. | Mailing Address 11236 Meadow Brook [| Or. | | M M / D D / Y Y Y Y |
| | | | | 10 23 2006 |
| | City | State | Zip Code | Transaction ID: 100002272 |
| | Warren | MI | 48093 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 60.00 |
| | | | | Receipt |
| | Name of Employer Health Alliance Plan Receipt For: Primary General Occupa Mgr - Aggree | | | Γιεσειρι |
| | | | ums e Year-to-Date ▼ | \dashv |
| | | | | Payroll Deduction: (20.00- |
| | Other (specify) ▼ | | 300.00 | /Pay Period) |
| | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 351.00 |
| \vdash | | | | |
| T | OTAL This Period (last page this line number of | only) | | |

| SC | CHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 10 / 24 |
|---------------|---|---------------------------|---|--|
| | | | Use separate schedule(s) or each category of the | (check only one) |
| | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | · · | 13 14 15 16 17 |
| Any or f | information copied from such Reports and Stat or commercial purposes, other than using the na | ements may ame and add | not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{}$ | NAME OF COMMITTEE (In Full) | | | |
| | Health Alliance Plan PAC | | | |
| _ | Full Name (Last, First, Middle Initial) Michael A. Elinski | | | Date of Receipt |
| | Mailing Address 3434 Essex | | | 10 23 7 2006 |
| | City | State | Zip Code | Transaction ID: 100002286 |
| | Troy | MI | 48084 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 75.00 |
| | Name of Employer Health Alliance Plan | Occupation | n chnology & eBusiness D | Receipt |
| | Receipt For: | | Year-to-Date V | - |
| | Primary General | riggrogato | | Payroll Deduction: (25.00- |
| | Other (specify) ▼ | 0 0 | 525.00 | /Pay Period) |
| | Full Name (Last, First, Middle Initial) Vincenzo G. Ferri | | | Date of Receipt |
| | Mailing Address 726 S. Renaud | | | 10 DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 100002273 |
| | Grosse Pointe Wood | MI | 48236 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 63.00 |
| • | Name of Employer Health Alliance Plan | Occupation AVP - Bu | n s Affiliations & Suppo | Receipt |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 504.00 | Payroll Deduction: (21.00- /Pay Period) |
| _ | Full Name (Last, First, Middle Initial) Howard Flasch | | | Date of Receipt |
| | Mailing Address 1459 N Rochester Rd | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 100002287 |
| | Oakland | MI | 48363-1630 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 120.00 |
| • | Name of Employer Health Alliance Plan | Occupation VP - Prod | n duct Development | Receipt |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 800.00 | Payroll Deduction: (40.00-/Pay Period) |
| SI | JBTOTAL of Receipts This Page (optional) | | | 258.00 |
| | , | | | |
| TC | OTAL This Period (last page this line number on | ly) |) | |

| SCHEDULE A (FEC Form 3X) | Use separate schedule(s) | FOR LINE NUMBER: PAGE 11 / 24 (check only one) |
|--|---|---|
| ITEMIZED RECEIPTS | or each category of the Detailed Summary Page | X 11a 11b 11c 12 |
| | Detailed Summary Fage | 13 14 15 16 17 |
| Any information copied from such Reports and Stator for commercial purposes, other than using the na | ements may not be sold or used by any pers ame and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) | • | |
| Health Alliance Plan PAC | | |
| Full Name (Last, First, Middle Initial) A. Michael M. Forhan | | Date of Receipt |
| Mailing Address 1587 Anita | | 10 23 2006 |
| City Grosse Pointe Wood | State Zip Code MI 48236 | Transaction ID: 100002241 |
| | | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 36.00 |
| Name of Employer Health Alliance Plan | Occupation Mgr - Comp & Benefits | Receipt |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 293.00 | Payroll Deduction: (12.00-/Pay Period) |
| Full Name (Last, First, Middle Initial) 3. Maurice A. Foster | | Date of Receipt |
| Mailing Address 18202 Oak Drive | | 10 DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 100002237 |
| Detroit | MI 48221 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 39.72 |
| Name of Employer Health Alliance Plan | Occupation Supv - Security | Receipt |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 317.76 | Payroll Deduction: (13.24- /Pay Period) |
| Full Name (Last, First, Middle Initial) 2. Angela H. Gardner | | Date of Receipt |
| Mailing Address 4136 Bishop | | 10 23 YYYYY 2006 |
| City | State Zip Code | Transaction ID: 100002240 |
| Detroit | MI 48224-2318 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 48.00 |
| Name of Employer Health Alliance Plan | Occupation Dir - Marketing Comm Group | Receipt |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 368.00 | Payroll Deduction: (16.00- /Pay Period) |
| SUBTOTAL of Receipts This Page (optional) | | 123.72 |
| TOTAL This Period (last page this line number or | lv) | |

| S | CHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 12/24 |
|----------------|---|-------------------------------|--|--|
| | EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | (check only one) |
| 11 | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| An or | y information copied from such Reports and S for commercial purposes, other than using the | tatements may name and add | not be sold or used by any pers dress of any political committee to | on for the purpose of soliciting contributions of solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| | Health Alliance Plan PAC | | | |
| A. | Full Name (Last, First, Middle Initial) Jeanette H. Girty | | | Date of Receipt |
| | Mailing Address 18246 Stoepel | | | 10 23 7 2006 |
| | City | State | Zip Code | Transaction ID: 100002245 |
| | Detroit | MI | 48221 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 51.93 |
| | Name of Employer Health Alliance Plan | Occupation Dir - Clie | nt Svcs Operations | Receipt |
| | Receipt For: | | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 398.13 | Payroll Deduction: (17.31- /Pay Period |
| | | | | 1 |
| В. | Full Name (Last, First, Middle Initial) Mark Hall | | | Date of Receipt |
| | Mailing Address 25450 Constitution | | | 10 23 2006 |
| | City | State | Zip Code | Transaction ID: 100002250 |
| | Novi | MI | 48375-1763 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 92.31 |
| | Name of Employer | Occupation | า | Receipt |
| | Health Alliance Plan | | B Dist Channel Mgmt | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 707.71 | Payroll Deduction: (30.77-/Pay Period) |
| | Full Name (Last, First, Middle Initial) Cynthia Hart | | | Date of Receipt |
| | Mailing Address 232 Cedar Bend Rd | | | 10 23 2006 |
| | City | State | Zip Code | Transaction ID: 100002251 |
| | Lake Orion | MI | 48362-3284 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | С | | 54.00 |
| | Name of Employer Health Alliance Plan | Occupation Dir - Syst | n tem Care Mgmt | Receipt |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 414.00 | Payroll Deduction: (18.00-/Pay Period) |
| | | | | 198.24 |
| L _s | UBTOTAL of Receipts This Page (optional) | | | |
| T | OTAL This Period (last page this line number | only) | 1 | |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 13/24 |
|--------------------------|--|--------------|-------------------------------------|--|
| ITEMIZED RECEIPTS | | | or each category of the | (check only one) |
| •• | EMIZED RECEIL 10 | | Detailed Summary Page | X 11a 11b 11c 12 15 16 17 |
| Δr | ny information copied from such Reports and Si | atements may | y not he sold or used by any ners | |
| or | for commercial purposes, other than using the | name and add | dress of any political committee to | o solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| $ \rangle$ | Health Alliance Plan PAC | | | |
| <u>/</u> | Full Name (Last, First, Middle Initial) | | | |
| A. | | | | Date of Receipt |
| | Mailing Address 5768 Whitehaven Dr | | | 10 23 2006 |
| | City | State | Zip Code | Transaction ID: 100002235 |
| | Troy | MI | 48085-3188 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | 1 1 1 1 1 | 60.00 |
| | federal political committee. | C | | |
| | Name of Employer Health Alliance Plan | Occupation | ı | Receipt |
| | | | ommerce & Tech Plannin | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 440.00 | Payroll Deduction: (20.00- /Pay Period) |
| | cale. (epochly) 🗸 | | | , |
| В. | Full Name (Last, First, Middle Initial) Michael Jakubic | | | Date of Receipt |
| Ь. | Mailing Address 7308 Silver Cove | | | M M / D D / Y Y Y Y |
| | Walling Address 7500 Sliver Cove | | | 10 23 2006 |
| | City | State | Zip Code | Transaction ID: 100002259 |
| | Linden | MI | 48451-8798 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | C | | 30.00 |
| | federal political committee. | | | Descript |
| | Name of Employer Health Alliance Plan | Occupation | | Receipt |
| | | Project M | | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | Desiral Deductions (40.00 |
| | Other (specify) | | 220.00 | Payroll Deduction: (10.00- /Pay Period) |
| | | | | |
| C. | Full Name (Last, First, Middle Initial) Joyce M. James | | | Date of Receipt |
| | Mailing Address 20810 Gardner St. | | | M M / D D / Y Y Y Y |
| | Cit. | 04-4- | 7in Oada | 10 23 2006 |
| | City Oak Park | State MI | Zip Code 48237 | Transaction ID: 100002243 |
| | | | 40237 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 51.00 |
| | | | | Receipt |
| | | | ovider Fin | · · |
| | | | Year-to-Date ▼ | _ |
| | Primary General | | | Payroll Deduction: (17.00- |
| | Other (specify) ▼ | 0 0 | 408.00 | /Pay Period) |
| Г | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 141.00 |
| Ţ | OTAL This David (last page this line and the | anly) | | |
| 1 ' | OTAL This Period (last page this line number | J⊓IY) | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 14 / 24 |
|-------------|--|-------------|--|---|
| | ITEMIZED RECEIPTS | | or each category of the | (check only one) |
| •• | EMIZED RESENTS | | Detailed Summary Page | X 11a 11b 11c 12 15 16 17 |
| Δr | ry information copied from such Reports and Stat | omonte may | not be cold or used by any perce | |
| or | for commercial purposes, other than using the na | ame and add | lress of any political committee to | solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| $ \rangle$ | Health Alliance Plan PAC | | | |
| | Full Name (Last, First, Middle Initial) | | | |
| A. | Deborah Jenkins | | | Date of Receipt |
| | Mailing Address 6811 Ravines Circle | | | 10 23 2006 |
| | City | State | Zip Code | Transaction ID: 100002291 |
| | West Bloomfield | MI | 48322 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 45.00 |
| | federal political committee. | | | |
| | Name of Employer Health Alliance Plan | Occupation | | Receipt |
| | | , | stem Care Mgmt | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| | Other (specify) | ' ' | 290.00 | Payroll Deduction: (15.00- /Pay Period) |
| | | | | , |
| _ | Full Name (Last, First, Middle Initial) | | | |
| В. | | | | Date of Receipt |
| | Mailing Address 1510 Fairholme | | | 10 23 2006 |
| | City | State | Zip Code | Transaction ID: 100002246 |
| | Grosse Pointe Wood | MI | 48236 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | C | | 48.00 |
| | federal political committee. | | | |
| | Name of Employer Health Alliance Plan | Occupation | | Receipt |
| | | Dir - Sup | ' | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| | Other (specify) | ' ' | 393.00 | Payroll Deduction: (16.00- /Pay Period) |
| | | | | , |
| _ | Full Name (Last, First, Middle Initial) | | | Date of Reseint |
| C. | Mohammed Kanpurwala Mailing Address 441 Sylvan Dr | | | Date of Receipt |
| | | | | 10 23 2006 |
| | City | State | Zip Code | Transaction ID: 100002254 |
| | Canton | MI | 48188-1596 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 30.00 |
| | rederal political committee. | | | Receipt |
| | Name of Employer Health Alliance Plan | Occupation | | neceipi |
| | Receipt For: | | erwriting/Ahl Year-to-Date V | \dashv |
| | Primary General | Aggregate | Total to Date V | Payroll Deduction: (10.00- |
| | Other (specify) ▼ | | 230.00 | /Pay Period) |
| _ | | | | |
| | UDTOTAL ACRES TO BUILDING | | | 123.00 |
| | UBTOTAL of Receipts This Page (optional) | | | |
| _ | OTAL This Period (last page this line number on | lv) | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 15/24 |
|-------------|---|------------------------------|--|--|
| | EMIZED RECEIPTS | | or each category of the | (check only one) |
| ••• | LIMIZED RECEIP 13 | Detailed Summary Page | | X 11a 11b 11c 12 |
| _ | | | | 13 14 15 16 17 |
| or | y information copied from such Reports and St for commercial purposes, other than using the | atements may name and add | r not be sold or used by any pers Iress of any political committee to | on for the purpose of soliciting contributions of solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| | Health Alliance Plan PAC | | | |
| Α. | Full Name (Last, First, Middle Initial) Sooman Kansal | | | Date of Receipt |
| | Mailing Address 3340 Rocky Crest Dr | | | 10 23 2006 |
| | City | State | Zip Code | Transaction ID: 100002288 |
| | Rochester Hills | MI | 48306-3749 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 39.12 |
| | Name of Employer Health Alliance Plan | Occupation | ent Management | Receipt |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General | | | Payroll Deduction: (13.04- |
| | Other (specify) ▼ | 0 0 | 276.60 | /Páy Period) |
| В. | Full Name (Last, First, Middle Initial) Glen Koslakiewicz | | | Date of Receipt |
| | Mailing Address 30431 John Hauk | | | 10 DD / YYYYY 10 23 2006 |
| | City | State | Zip Code | Transaction ID: 100002248 |
| | Garden City | MI | 48135 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 46.50 |
| | Name of Employer Health Alliance Plan | Occupation Dir - Fin (| n Operations | Receipt |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 369.00 | Payroll Deduction: (15.50-/Pay Period) |
| <u> </u> | Full Name (Last, First, Middle Initial) Phillip Krause | | | Date of Receipt |
| | Mailing Address 30526 N. Greenbriar | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 61130.C2362 |
| | Franklin | MI | 48025 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 300.00 |
| | Name of Employer Health Alliance Plan | Occupation Manager, | | Receipt |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 600.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 385.62 |
| Т | OTAL This Period (last page this line number of | only) | | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Use separate schedule(s) or each category of the Detailed Summary Page Itemized Summary Pag |]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 Full Name (Last, First, Middle Initial) Mark Lafata Mailing Address 377 Arthur Date of Receipt Mil 48170-1120 FEC ID number of contributing federal political committee. Name of Employer Health Alliance Plan Occupation Plan Occupation Plan Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. Date of Receipt Transaction ID: 100002249 Amount of Each Receipt this Period Receipt Receipt | |
| 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) Mark Lafata Mailing Address 377 Arthur City State Zip Code Plymouth MI 48170-1120 Transaction ID: 100002249 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Lacth Alliance Plan Occupation Receipt | |
| 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. Mark Lafata Mailing Address 377 Arthur City State Zip Code Plymouth FEC ID number of contributing federal political committee. Name of Employer Health Alliance Plan Occupation Date of Receipt Transaction ID: 100002249 Amount of Each Receipt this Period Receipt Receipt | |
| NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name (Last, First, Middle Initial) A. Mark Lafata Mailing Address 377 Arthur City Plymouth MI 48170-1120 FEC ID number of contributing federal political committee. Name of Employer Health Alliance Plan Occupation Date of Receipt Transaction ID: 100002249 Amount of Each Receipt this Period Receipt Receipt | |
| Health Alliance Plan PAC Full Name (Last, First, Middle Initial) Mark Lafata Mailing Address 377 Arthur City Plymouth FEC ID number of contributing federal political committee. Name of Employer Health Alliance Plan PAC Date of Receipt Transaction ID: 100002249 Amount of Each Receipt this Period 46.50 Receipt | _ |
| Full Name (Last, First, Middle Initial) Mark Lafata Mailing Address 377 Arthur City Plymouth FEC ID number of contributing federal political committee. Name of Employer Health Alliance Plan Full Name (Last, First, Middle Initial) Date of Receipt Transaction ID: 100002249 Amount of Each Receipt this Period Receipt Receipt | _ |
| A. Mark Lafata Mailing Address 377 Arthur City State Zip Code Plymouth MI 48170-1120 FEC ID number of contributing federal political committee. Name of Employer Health Alliance Plan Occupation Date of Receipt Transaction ID: 100002249 Amount of Each Receipt this Period Receipt Receipt | |
| Mailing Address 377 Arthur City State Zip Code Plymouth MI 48170-1120 FEC ID number of contributing federal political committee. Name of Employer Neath Alliance Plan | |
| City State Zip Code Transaction ID: 100002249 Plymouth MI 48170-1120 FEC ID number of contributing federal political committee. Name of Employer Health Alliance Plan | _ |
| City State Zip Code Transaction ID: 100002249 Plymouth MI 48170-1120 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period 46.50 Receipt | 7 |
| Plymouth MI 48170-1120 FEC ID number of contributing federal political committee. Name of Employer Health Alliance Plan Occupation Amount of Each Receipt this Period 46.50 Receipt | $\overline{}$ |
| FEC ID number of contributing federal political committee. Name of Employer | |
| Federal political committee. Name of Employer Occupation Receipt | |
| Name of Employer Health Alliance Plan | |
| Name of Employer Hoolth Alliango Plan | |
| I Sr Finance Administrator/HMS | |
| | |
| Receipt For: Aggregate Year-to-Date ▼ Primary General Powell Doduction: (15.50) | |
| Other (specify) ▼ 378.50 Payroll Deduction: (15.50-/Pay Period) | |
| Outer (openin) V | |
| Full Name (Last, First, Middle Initial) | |
| B. Anita Landino Date of Receipt | |
| Mailing Address 43885 Boulder Dr | |
| 10 23 2006 | |
| City State Zip Code Transaction ID: 100002242 | |
| Clinton Township MI 48038-1423 Amount of Each Receipt this Period | _ |
| FEC ID number of contributing federal political committee. | |
| Todard political committee. | |
| Name of Employer Health Alliance Plan Access Direct Advertising (Common | |
| ASSOC DIF - Advertising/Comm | |
| Receipt For: Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ 355.00 Payroll Deduction: (15.00-/Pay Period) | |
| Other (specify) ▼ 355.00 /Pay Period) | |
| Full Name (Last, First, Middle Initial) | |
| C. Michelle Lang Date of Receipt | |
| Mailing Address 48616 Dunn Court | |
| 10 23 2006 | |
| City State Zip Code Transaction ID: 100002277 | |
| Macomb MI 48044 Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee 51.00 | |
| Todard political committee. | |
| Name of Employer Occupation Receipt | |
| Health Alliance Plan Dir - Coordination of Benefits | |
| Receipt For: Aggregate Year-to-Date ▼ | |
| Primary General Payroll Deduction: (17.00- | |
| Other (specify) ▼ 425.00 /Páy Period)` | |
| | _ |
| | |
| SURTOTAL of Possints This Page (entional) | |
| SUBTOTAL of Receipts This Page (optional) | \exists |

| S | CHEDULE A (FEC Form 3X) | FOR LINE NUMBER: PAGE 17 / 24 | | |
|-------------|--|-------------------------------|--|---|
| | EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | (check only one) |
| " | LIMIZED RECEIP 13 | | Detailed Summary Page | X 11a 11b 11c 12 |
| Δr | ny information copied from such Reports and St | atomonte may | unot be sold or used by any perso | 13 14 15 16 17 |
| or | for commercial purposes, other than using the | name and add | dress of any political committee to | solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| \rangle | Health Alliance Plan PAC | | | |
| _ | Full Name (Last, First, Middle Initial) | | | Data of Bassist |
| Α. | Sandra Ledesma Mailing Address 22429 Provincial St | | | Date of Receipt |
| | Mailing Address 22429 Provincial St | | | 11 22 2006 |
| | City | State | Zip Code | Transaction ID: 61130.C2363 |
| | Trenton | MI | 48183 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 300.00 |
| | Name of Employer | Occupatio | n | Receipt |
| | Health Alliance Plan | Manager | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 575.00 | 1 |
| | ☐ Other (specify) ▼ | 0 0 | 373.00 | |
| — В. | Full Name (Last, First, Middle Initial) Robert Leger | | | Date of Receipt |
| | Mailing Address 1554 Waters Edge Ct | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 100002255 |
| | Wixom | MI | 48393-1667 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 33.00 |
| | Name of Employer Health Alliance Plan | Occupatio | n | Receipt |
| | - | | r, Building Services | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 253.00 | Payroll Deduction: (11.00- /Pay Period) |
| | Curici (specify) | 0 0 | 0 0 0 0 0 0 0 | , ay i oned , |
| _ | Full Name (Last, First, Middle Initial) | | | |
| C. | Deborah Marine | | | Date of Receipt |
| | Mailing Address 40054 Crosswinds | | | 10 23 2006 |
| | City | State | Zip Code | Transaction ID: 100002274 |
| | Novi | MI | 48375 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 45.00 |
| | federal political committee. | C | | 45.00 |
| | Name of Employer Health Alliance Plan | Occupation | n | Receipt |
| | Health Alliance Plan | Compliar | nce/Privacy Officer | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | 1 1 | 350.00 | Payroll Deduction: (15.00- |
| | Other (specify) | | | /Pay Period) |
| | UBTOTAL of Receipts This Page (optional) | | | 378.00 |
| \vdash | ODITAL OF NECERPLS THIS Page (OPLIONAL) | | | |
| Т | OTAL This Period (last page this line number of | only) | | |

| sc | CHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 18 / 24 | | |
|-------------------|--|----------------------------|---|---|--|--|
| ITEMIZED RECEIPTS | | | Use separate schedule(s) or each category of the | (check only one) | | |
| 111 | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 | | |
| | | | | 13 14 15 16 17 | | |
| Any or f | y information copied from such Reports and Sta or commercial purposes, other than using the n | tements may ame and add | not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. | | |
| $\overline{}$ | NAME OF COMMITTEE (In Full) | | | | | |
| | Health Alliance Plan PAC | | | | | |
| _ | Full Name (Last, First, Middle Initial) Irita Matthews | | | Date of Receipt | | |
| | Mailing Address 1305 Balfour St | | | 10 23 7 2006 | | |
| | City | State | Zip Code | Transaction ID: 100002279 | | |
| | Grosse Pointe Park | MI | 48230-1021 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 39.15 | | |
| • | Name of Employer Health Alliance Plan | Occupation | | Receipt | | |
| | Receipt For: | Assoc Co | Year-to-Date V | _ | | |
| | Primary General | Aggregate | | Payroll Deduction: (13.05- | | |
| | Other (specify) ▼ | | 302.10 | /Pay Period) | | |
| _ | Full Name (Last, First, Middle Initial) Colleen McClorey | | | Date of Receipt | | |
| | Mailing Address 48188 Andover Dr. | | | 10 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| | City | State | Zip Code | Transaction ID: 100002280 | | |
| | Detroit | MI | 48374 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | С | | 120.00 | | |
| | Name of Employer Health Alliance Plan | Occupation VP - Asso | n oc General Counsel | Receipt | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | |
| | Primary General Other (specify) ▼ | | 935.55 | Payroll Deduction: (40.00-/Pay Period) | | |
| _ | Full Name (Last, First, Middle Initial) Bill Oliver | | | Date of Receipt | | |
| - | Mailing Address 5893 Christina | | | 1 0 2 3 2 0 0 6 | | |
| | City | State | Zip Code | Transaction ID: 100002283 | | |
| | West Bloomfield | MI | 48324-3102 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 75.00 | | |
| • | Name of Employer Health Alliance Plan | Occupation | ormation Tech Supp | Receipt | | |
| | Receipt For: | | Year-to-Date ▼ | | | |
| | Primary General Other (specify) ▼ | 1 1 | 525.00 | Payroll Deduction: (25.00-/Pay Period) | | |
| sı | JBTOTAL of Receipts This Page (optional) | | | 234.15 | | |
| | | | | | | |
| TC | OTAL This Period (last page this line number or | nly) |) | | | |

| SC | HEDULE A (FEC Form 3X) | | Her consults a dead de (c) | FOR LINE NUMBER: PAGE 19 / 24 |
|-----------|--|-----------------------------|---|---|
| | EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | (check only one) |
| | IMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| Any or fo | information copied from such Reports and Sta or commercial purposes, other than using the n | itements may ame and add | not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| <u></u> | NAME OF COMMITTEE (In Full) | | | |
| ı (| Health Alliance Plan PAC | | | |
| _ | Full Name (Last, First, Middle Initial) Karen Parenteau | | | Date of Receipt |
| N | Mailing Address 53978 Blakely Ct | | | 10 23 7 2006 |
| | City | State | Zip Code | Transaction ID: 100002263 |
| 1 | New Baltimore | MI | 48047-5532 | Amount of Each Receipt this Period |
| | FEC ID number of contributing ederal political committee. | C | | 60.00 |
| - 1 | Name of Employer Health Alliance Plan | Occupation | n Isiness Dev & Mkt Ops | Receipt |
| F | Receipt For: | | Year-to-Date ▼ | - |
| | Primary General | 33 13 | 460.00 | Payroll Deduction: (20.00- |
| | Other (specify) ▼ | 0 0 | | /Páy Period)` |
| | Full Name (Last, First, Middle Initial) Diane Pawlica | | | Date of Receipt |
| N | Mailing Address 45568 Morningside | | | 10 23 7 9 9 9 |
| (| City | State | Zip Code | Transaction ID: 100002253 |
| <u>(</u> | Canton | MI | 48187 | Amount of Each Receipt this Period |
| | FEC ID number of contributing ederal political committee. | С | | 48.00 |
| - 1 | Name of Employer Health Alliance Plan | Occupation | n tem Care Mgmt | Receipt |
| F | Receipt For: | | Year-to-Date ▼ | 7 |
| | Primary General | | 000.00 | Payroll Deduction: (16.00- |
| | Other (specify) ▼ | 0 0 | 393.00 | /Páy Period)` |
| _ | Full Name (Last, First, Middle Initial) Joyce Poole | | | Date of Receipt |
| N | Mailing Address 18830 Lincoln Drive | | | 10 23 7 2006 |
| | Dity | State | Zip Code | Transaction ID: 100002266 |
| <u>I</u> | _athrup Village | MI | 48076 | Amount of Each Receipt this Period |
| | FEC ID number of contributing ederal political committee. | C | | 34.59 |
| - 1 | Name of Employer Health Alliance Plan | Occupation Mgr - Cla | n Lims Quality/Complianc | Receipt |
| F | Receipt For: | | Year-to-Date ▼ | 7 |
| | Primary General Other (specify) ▼ | 0 0 | 282.83 | Payroll Deduction: (11.53- /Pay Period) |
| su | BTOTAL of Receipts This Page (optional) | | | 142.59 |
| | | | ······································ | |
| то | TAL This Period (last page this line number of | nly) | > | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 20 / 24 |
|----------------------|---|------------------------------|--|--|
| | EMIZED RECEIPTS | | or each category of the | (check only one) |
| II LIWIZLD RECEIF 13 | | | Detailed Summary Page | X 11a 11b 11c 12 |
| _ | ., ., ., | | | 13 14 15 16 17 |
| Ar | ny information copied from such Reports and Si for commercial purposes, other than using the | atements may name and ado | r not be sold or used by any pers Iress of any political committee to | on for the purpose of soliciting contributions of solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| \rangle | Health Alliance Plan PAC | | | |
| Α. | | | | Date of Receipt |
| | Mailing Address 543 Thurber | | | 10 23 2006 |
| | City | State | Zip Code | Transaction ID: 100002267 |
| | Troy | MI | 48085-4827 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 54.00 |
| | Name of Employer Health Alliance Plan | Occupation Dir - Enco | ounter/Claim Accuracy | Receipt |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 414.00 | Payroll Deduction: (18.00-/Pay Period) |
| — В. | Full Name (Last, First, Middle Initial) Dianna Ronan | | | Date of Receipt |
| | Mailing Address 2156 Cumberland | | | 10 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 100002256 |
| | Brighton | MI | 48114 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 231.00 |
| | Name of Employer Health Alliance Plan | Occupation VP - Fina | n Incial Services | Receipt |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 1846.00 | Payroll Deduction: (77.00-/Pay Period) |
| <u> </u> | Full Name (Last, First, Middle Initial) Mary Clare Solky | | | Date of Receipt |
| | Mailing Address 30387 Windingbrook L | ane | | 10 DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 100002257 |
| | <u>Farmington</u> | MI | 48334 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 60.00 |
| | Name of Employer Health Alliance Plan | Occupation Director, | СВНМ | Receipt |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | Payroll Deduction: (20.00- |
| | Other (specify) ▼ | | 485.00 | /Pay Period) |
| s | UBTOTAL of Receipts This Page (optional) | | | 345.00 |
| T | OTAL This Period (last page this line number | only) | | |

| SCHEDULE A (FEC F | orm 3X) | | FOR LINE NUMBER: PAGE 21 | / 24 | | | |
|--|---|--|--|-----------|--|--|--|
| | | Use separate schedule(s) or each category of the | (check only one) | | | | |
| ITEMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 1 | 2 _ | | | |
| | | | 13 14 15 1 | | | | |
| Any information copied from such or for commercial purposes, other | Reports and Statements may than using the name and add | rnot be sold or used by any perso Iress of any political committee to | n for the purpose of soliciting contribution solicit contributions from such committee | ons e. | | | |
| NAME OF COMMITTEE (In Fu | (الد | | | | | | |
| Health Alliance Plan PAC | | | | | | | |
| Full Name (Last, First, Middle II A. Ronald R. Stallworth | nitial) | | Date of Receipt | | | | |
| Mailing Address 8121 Agne | es | | 10 23 YYY | | | | |
| City | State | Zip Code | Transaction ID: 100002236 | | | | |
| Detroit | MI | 48214 | Amount of Each Receipt this Period | od | | | |
| FEC ID number of contributing federal political committee. | C | | 120 | 0.00 | | | |
| Name of Employer | Occupation | 1 | Receipt | | | | |
| Name of Employer Health Alliance Plan | · ' | ernment Affairs | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | |
| Primary Genera | | 1400.00 | Payroll Deduction: (40.00- | | | | |
| ☐ Other (specify) ▼ | | 1488.00 | /Páy Period)` | | | | |
| Full Name (Last, First, Middle II Angela M. Strickland | nitial) | | Date of Receipt | | | | |
| Mailing Address 34372 Ors | ini | | 10 23 Y Y Y Y | | | | |
| City | State | Zip Code | Transaction ID: 100002258 | | | | |
| Sterling Heights | MI | 48312 | Amount of Each Receipt this Period | od | | | |
| FEC ID number of contributing federal political committee. | C | | | 9.00 | | | |
| Name of Employer Health Alliance Plan | Occupation | 1 | Receipt | | | | |
| | | stem Care Mgmt | | | | | |
| Receipt For: | | Year-to-Date ▼ | | | | | |
| Primary Genera Other (specify) ▼ | | 316.65 | Payroll Deduction: (13.00- /Pay Period) | | | | |
| Full Name (Last, First, Middle II | nitial) | | Date of Receipt | | | | |
| Mailing Address 39218 Rive | ercrest | | 10 23 20 | | | | |
| City | State | Zip Code | Transaction ID: 100002294 | | | | |
| Harrison Township | MI | 48045 | Amount of Each Receipt this Perio | od | | | |
| FEC ID number of contributing | | | | | | | |
| federal political committee. | C | | | 0.95 | | | |
| Name of Employer Health Alliance Plan | Occupation Sr Assoc | n - Medicare | Receipt | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | |
| Primary Genera Other (specify) ▼ | | 278.10 | Payroll Deduction: (13.65- /Pay Period) | | | | |
| SUBTOTAL of Receipts This Pac | SUBTOTAL of Receipts This Page (optional) | | | | | | |
| , | - · · · / | | - | | | | |
| TOTAL This Period (last page thi | is line number only) | | | | | | |

Daniel Trim

Ypsilanti

Receipt For: Primary

B. Matthew Walsh

Rochester Hills

Name of Employer Health Alliance Plan

Primary

Receipt For:

City

City

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

NAME OF COMMITTEE (In Full) Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

Mailing Address 921 Juneau Rd.

General

General

FEC ID number of contributing

federal political committee.

Other (specify)

Full Name (Last, First, Middle Initial)

FEC ID number of contributing

federal political committee.

Other (specify)

Mailing Address 889 Langley Court

Name of Employer Health Alliance Plan

State

State

Occupation

Project Dir, Purchaser Initiat

Aggregate Year-to-Date ▼

MI

C

MI

C

PAGE 22/24 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 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. Date of Receipt 23 10 2006 Zip Code Transaction ID: 100002284 48198-6323 Amount of Each Receipt this Period 90.00 Receipt Occupation Mgr - Tech Support/Comp Op Aggregate Year-to-Date ▼ Payroll Deduction: (30.00-/Pay Period) 630.00 Date of Receipt 23 2006 Zip Code Transaction ID: 100002261 48309 Amount of Each Receipt this Period 60.00

Receipt

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 |

Image# 26980175249

| \sim | | | | |
|-----------------|---|---|-------------------|---|
| 5(| CHEDULE B (FEC Form 3X) | Use seperate schedule(s) | | NUMBER: PAGE 23/24 |
| IT | EMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | (check onl | y one) 22 23 24 25 26 28a 28b 28c 29 30b |
| | y Information copied from such Reports and State for commercial purposes, other than using the name | | | |
| $\overline{\ }$ | NAME OF COMMITTEE (In Full) | | | |
| / | Health Alliance Plan PAC | | | |
| | Full Name (Last, First, Middle Initial) | | | Transaction ID: 61130.E106 |
| ۹. | Comerica Bank | | | Date of Disbursement |
| | Mailing Address P.O. Box 75000 | | | 111 02 7 2006 |
| | City Detroit | State Zip Code MI 48275- | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement MERCHANT FEE NOV 2006 | | | 5.00 |
| | Candidate Name | | Category/ Type | |
| | Office Sought: House Disburs Senate President | ement For: Primary General Other (specify) | | MERCHANT FEE NOV 2006 |
| | State: District: | - | | |

| SUBTOTAL of Disbursements This Page (optional) | • | 5.00 |
|---|----------|------|
| TOTAL This Period (last page this line number only) | <u> </u> | 5.00 |

Image# 26980175250

| \sim | | | | |
|-----------------|---|--|-------------------|---|
| 5(| CHEDULE B (FEC Form 3) | Use seperate schedule(s) | | NUMBER: PAGE 24/24 |
| IT | EMIZED DISBURSEMENT | | (check only | y one) 22 |
| | y Information copied from such Reports ar for commercial purposes, other than using | | | |
| $\overline{\ }$ | NAME OF COMMITTEE (In Full) | | | |
| | Health Alliance Plan PAC | | | |
| | Full Name (Last, First, Middle Initial) | | | Transaction ID: 61130.E107 |
| ۹. | ROCC PAC | | | Date of Disbursement |
| | Mailing Address 1849 Lakeview La | ane | | 111 |
| | City Highland | State Zip Code MI 48357- | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement DIRECT CONTRIBUTION | | | 1000.00 |
| | Candidate Name | | Category/ Type | |
| | Office Sought: House Senate President | Disbursement For: 2006 Primary General X Other (specify) | | |
| | State: District: | Annual/other | | |

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