

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 (12S)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 08 01 2010 through 08 31 2010

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 Nancy Cushman

Signature of Treasurer Electronically Filed by Nancy Cushman Date 09 14 2010

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Health Alliance Plan PAC

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		52692.71
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	59005.82									
(c) Total Receipts (from Line 19)	2195.60	25610.10								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	61201.42	78302.81								
7. Total Disbursements (from Line 31)	1032.50	18133.89								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	60168.92	60168.92								
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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Health Alliance Plan PAC

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	1873.72	17884.20
(ii) Unitemized	321.88	7725.90
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2195.60	25610.10
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	2195.60	25610.10
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))	2195.60	25610.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2195.60	25610.10

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	32.50	333.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	32.50	333.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	8500.00
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	9300.00
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))..	1032.50	18133.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1032.50	18133.89

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	2195.60	25610.10
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2195.60	25610.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	32.50	333.89
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	32.50	333.89

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 17

(check only one)

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

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

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A.

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

Mailing Address 3066 Richmond Dr

City State Zip Code
Clarkston MI 48348-5063

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 1 0

Transaction ID: 00914.C7939

Amount of Each Receipt this Period

50.00

Receipt

Payroll Deduction: (25.00-
/Bi-Weekly)

B.

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

Mailing Address 23706 Northstone Village Drive

City State Zip Code
Taylor MI 48180

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

Name of Employer Occupation
Health Alliance Plan Supv - Claims

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 200.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 1 0

Transaction ID: 00914.C7896

Amount of Each Receipt this Period

25.00

Receipt

Payroll Deduction: (12.50-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Jonathan W. Clement

Mailing Address 923 Westchester

City State Zip Code
Grosse Pointe MI 48230-1829

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

Name of Employer Occupation
Health Alliance Plan VP - Underwriting & Rating

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 640.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 1 0

Transaction ID: 00914.C7897

Amount of Each Receipt this Period

80.00

Receipt

Payroll Deduction: (40.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶

155.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 17
	<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) Kenny Dodson		Date of Receipt MM / DD / YYYY 08 / 09 / 2010
	Mailing Address 11236 Meadow Brook Dr.		Transaction ID: 00914.C7911
	City Warren	State MI	Zip Code 48093
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 34.00
	Name of Employer Health Alliance Plan	Occupation Mgr - Claims	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 238.00	Payroll Deduction: (17.00- /Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Jody L. Doherty		Date of Receipt MM / DD / YYYY 08 / 09 / 2010
	Mailing Address 21115 Violet		Transaction ID: 00914.C7928
	City Saint Clair Shores	State MI	Zip Code 48082
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 34.60
	Name of Employer Health Alliance Plan	Occupation Director	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 294.10	Payroll Deduction: (17.30- /Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Jeanne Dunk		Date of Receipt MM / DD / YYYY 08 / 23 / 2010
	Mailing Address 1429 Iroquois		Transaction ID: 00914.C7986
	City Detroit	State MI	Zip Code 48214
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Health Alliance Plan	Occupation VP - Assoc General Counsel	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	318.60
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 17
	<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

A. Full Name (Last, First, Middle Initial)
Michael A. Elinski

Mailing Address 3434 Essex

City State Zip Code
Troy MI 48084

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

Name of Employer Health Alliance Plan Occupation AVP - Technology & eBusiness D

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 510.00

Date of Receipt 08 / 09 / 2010
Transaction ID: 00914.C7932
Amount of Each Receipt this Period 60.00
Receipt
Payroll Deduction: (30.00- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Laura Eory

Mailing Address 19090 Parkwood Ln

City State Zip Code
Brownstown Twp MI 48183-6804

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

Name of Employer Health Alliance Plan Occupation Sr Member Advocate

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00

Date of Receipt 08 / 09 / 2010
Transaction ID: 00914.C7898
Amount of Each Receipt this Period 50.00
Receipt
Payroll Deduction: (25.00- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Howard Flasch

Mailing Address 1459 N Rochester Rd

City State Zip Code
Oakland MI 48363-1630

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

Name of Employer Health Alliance Plan Occupation VP - Product Development

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 640.00

Date of Receipt 08 / 09 / 2010
Transaction ID: 00914.C7900
Amount of Each Receipt this Period 80.00
Receipt
Payroll Deduction: (40.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 190.00

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

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

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

FOR LINE NUMBER: PAGE 9 / 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Full Name (Last, First, Middle Initial)
Mark Hall

Mailing Address 25450 Constitution

City State Zip Code
Novi MI 48375-1763

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

Name of Employer Health Alliance Plan Occupation AVP - NB Dist Channel Mgmt

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1308.32

Date of Receipt

M	M	D	D	Y	Y	Y	Y
0	8	0	9	2	0	1	0

Transaction ID: 00914.C7925

Amount of Each Receipt this Period
153.92

Receipt
Payroll Deduction: (76.96-
/Bi-Weekly)

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

Mailing Address 2850 West Grand Boulevard

City State Zip Code
Detroit MI 48202

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

Name of Employer Health Alliance Plan Occupation Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 221.00

Date of Receipt

M	M	D	D	Y	Y	Y	Y
0	8	0	9	2	0	1	0

Transaction ID: 00914.C7931

Amount of Each Receipt this Period
26.00

Receipt
Payroll Deduction: (13.00-
/Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Cynthia Hoffman

Mailing Address 5768 Whitehaven Dr

City State Zip Code
Troy MI 48085-3188

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

Name of Employer Health Alliance Plan Occupation Mgr - eCommerce & Tech Plannin

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 510.00

Date of Receipt

M	M	D	D	Y	Y	Y	Y
0	8	0	9	2	0	1	0

Transaction ID: 00914.C7919

Amount of Each Receipt this Period
60.00

Receipt
Payroll Deduction: (30.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **239.92**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

<p>A. Full Name (Last, First, Middle Initial) Kevin Hurley</p> <p>Mailing Address 45504 Morningside Rd</p> <p>City State Zip Code Canton MI 48187-5610</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Health Alliance Plan Occupation: Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 204.00</p>	<p>Date of Receipt 08 / 09 / 2010</p> <p>Transaction ID: 00914.C7894</p> <p>Amount of Each Receipt this Period 24.00</p> <p>Receipt</p> <p>Payroll Deduction: (12.00- /Bi-Weekly)</p>
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<p>B. Full Name (Last, First, Middle Initial) Joyce M. James</p> <p>Mailing Address 20810 Gardner St.</p> <p>City State Zip Code Oak Park MI 48237</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Health Alliance Plan Occupation: Mgr - Provider Fin</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 204.00</p>	<p>Date of Receipt 08 / 09 / 2010</p> <p>Transaction ID: 00914.C7903</p> <p>Amount of Each Receipt this Period 24.00</p> <p>Receipt</p> <p>Payroll Deduction: (12.00- /Bi-Weekly)</p>
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<p>C. Full Name (Last, First, Middle Initial) Mohammed Kanpurwala</p> <p>Mailing Address 441 Sylvan Dr</p> <p>City State Zip Code Canton MI 48188-1596</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Health Alliance Plan Occupation: Dir - Underwriting/Ahl</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 280.00</p>	<p>Date of Receipt 08 / 09 / 2010</p> <p>Transaction ID: 00914.C7902</p> <p>Amount of Each Receipt this Period 35.00</p> <p>Receipt</p> <p>Payroll Deduction: (17.50- /Bi-Weekly)</p>
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SUBTOTAL of Receipts This Page (optional)	83.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 17
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A.

Full Name (Last, First, Middle Initial)
Donald Kiefiuk

Mailing Address 39810 Karda

City State Zip Code
Sterling Heights MI 48313

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

Name of Employer Health Alliance Plan Occupation AVP Claim Operation

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 08 / 09 / 2010
Transaction ID: 00914.C7899
Amount of Each Receipt this Period: 80.00
Receipt
Payroll Deduction: (40.00- /Bi-Weekly)

B.

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

Mailing Address 30431 John Hauk

City State Zip Code
Garden City MI 48135

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

Name of Employer Health Alliance Plan Occupation Dir - Fin Operations

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 306.00

Date of Receipt: 08 / 09 / 2010
Transaction ID: 00914.C7908
Amount of Each Receipt this Period: 36.00
Receipt
Payroll Deduction: (18.00- /Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Melissa Kurtz

Mailing Address 2850 West Grand Boulevard

City State Zip Code
Detroit MI 48202

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

Name of Employer Health Alliance Plan Occupation Manager

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00

Date of Receipt: 08 / 09 / 2010
Transaction ID: 00914.C7933
Amount of Each Receipt this Period: 40.00
Receipt
Payroll Deduction: (20.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 156.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 17
	<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

A.	Full Name (Last, First, Middle Initial) Michelle Lang	Date of Receipt MM / DD / YYYY 08 / 09 / 2010
	Mailing Address 48616 Dunn Court	Transaction ID: 00914.C7922
	City State Zip Code Macomb MI 48044	Amount of Each Receipt this Period 32.00
	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 272.00	Payroll Deduction: (16.00- /Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Sandra Ledesma	Date of Receipt MM / DD / YYYY 08 / 09 / 2010
	Mailing Address 22429 Provincial St	Transaction ID: 00914.C7934
	City State Zip Code Trenton MI 48183	Amount of Each Receipt this Period 34.60
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Health Alliance Plan Occupation Manager IT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 294.10	Payroll Deduction: (17.30- /Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Diane Pawlica	Date of Receipt MM / DD / YYYY 08 / 09 / 2010
	Mailing Address 45568 Morningside	Transaction ID: 00914.C7912
	City State Zip Code Canton MI 48187	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Health Alliance Plan Occupation Dir - System Care Mgmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 320.00	Payroll Deduction: (20.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	106.60
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

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

Mailing Address 5450 Sandlewood Court

City State Zip Code
Waterford MI 48329

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

Name of Employer Health Alliance Plan Occupation Associate Director Finance

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt: 08 / 09 / 2010
Transaction ID: 00914.C7937
Amount of Each Receipt this Period: 40.00
Receipt
Payroll Deduction: (20.00- /Bi-Weekly)

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

Mailing Address 1657 Wilmington Ct

City State Zip Code
Rochester MI 48309

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1280.00

Date of Receipt: 08 / 09 / 2010
Transaction ID: 00914.C7914
Amount of Each Receipt this Period: 160.00
Receipt
Payroll Deduction: (80.00- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Rachel Powell

Mailing Address 543 Thurber

City State Zip Code
Troy MI 48085-4827

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

Name of Employer Health Alliance Plan Occupation Dir - Encounter/Claim Accuracy

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 306.00

Date of Receipt: 08 / 09 / 2010
Transaction ID: 00914.C7923
Amount of Each Receipt this Period: 36.00
Receipt
Payroll Deduction: (18.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **236.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 17
(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

A.

Full Name (Last, First, Middle Initial) Donna Reid		Date of Receipt MM / DD / YYYY 08 / 09 / 2010
Mailing Address 2850 W Grand Blvd		Transaction ID: 00914.C7918
City Detroit	State MI	Zip Code 48202-2643
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 66.00
Name of Employer Health Alliance Plan	Occupation Management	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00	Payroll Deduction: (33.00- /Bi-Weekly)

B.

Full Name (Last, First, Middle Initial) Chrystal M. Roberts		Date of Receipt MM / DD / YYYY 08 / 09 / 2010
Mailing Address 24601 Pinehurst Avenue		Transaction ID: 00914.C7938
City Oak Park	State MI	Zip Code 48237
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 34.60
Name of Employer Health Alliance Plan	Occupation Director	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.10	Payroll Deduction: (17.30- /Bi-Weekly)

C.

Full Name (Last, First, Middle Initial) Dianna Ronan		Date of Receipt MM / DD / YYYY 08 / 09 / 2010
Mailing Address 2156 Cumberland		Transaction ID: 00914.C7917
City Brighton	State MI	Zip Code 48114
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 160.00
Name of Employer Health Alliance Plan	Occupation VP - Financial Services	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1360.00	Payroll Deduction: (80.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	260.60
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 17

(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

A.

Full Name (Last, First, Middle Initial)

Donna Siegmund

Mailing Address 9 Sylvan Ave

City State Zip Code
Pleasant Ridge MI 48069-1235

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

Name of Employer Occupation
Health Alliance Plan Project Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 204.00

Date of Receipt

MM / DD / YYYY
08 / 09 / 2010

Transaction ID: 00914.C7927

Amount of Each Receipt this Period

24.00

Receipt

Payroll Deduction: (12.00-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Ronald R. Stallworth

Mailing Address 8121 Agnes

City State Zip Code
Detroit MI 48214

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

Name of Employer Occupation
Health Alliance Plan VP - Government Affairs

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 680.00

Date of Receipt

MM / DD / YYYY
08 / 09 / 2010

Transaction ID: 00914.C7921

Amount of Each Receipt this Period

80.00

Receipt

Payroll Deduction: (40.00-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Peter A. Stewart

Mailing Address 7961 Little Farm Lane

City State Zip Code
West Bloomfield MI 48322

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

Name of Employer Occupation
Health Alliance Plan Manager Auditing Services

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 204.00

Date of Receipt

MM / DD / YYYY
08 / 09 / 2010

Transaction ID: 00914.C7936

Amount of Each Receipt this Period

24.00

Receipt

Payroll Deduction: (12.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

128.00

TOTAL This Period (last page this line number only)

1873.72

**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 16 / 17

<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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A.	Full Name (Last, First, Middle Initial) Comerica Bank		Transaction ID: 00805.E331	
	Mailing Address P.O. Box 75000		Date of Disbursement 08 / 03 / 2010	
	City Detroit	State MI	Zip Code 48275-	Amount of Each Disbursement this Period 32.50
	Purpose of Disbursement July Operating Expense		Category/ Type	JULY OPERATING EXPENSE
	Candidate Name			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	▶	32.50
TOTAL This Period (last page this line number only)	▶	32.50

**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 17 / 17

<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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A.

Full Name (Last, First, Middle Initial)
ROCC PAC

Transaction ID: 00914.E332

Date of Disbursement

Mailing Address 1849 Lakeview Ln

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	1	0

City Highland State MI Zip Code 48357-4817

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
DIRECT CONTRIBUTION

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 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
