

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 01 01 2006 through 03 31 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 03 31 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
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

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 .....	13294.66									
(c) Total Receipts (from Line 19) .....	19809.28	19809.28								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	33103.94	33103.94								
7. Total Disbursements (from Line 31) .....	6011.53	6011.53								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	27092.41	27092.41								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

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	12645.55	12645.55
(i) Itemized (use Schedule A) .....	6563.73	6563.73
(ii) Unitemized .....	19209.28	19209.28
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	600.00	600.00
(c) Other Political Committees (such as PACs) .....	19809.28	19809.28
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	0.00	0.00
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)) .....	19809.28	19809.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	19809.28	19809.28

**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.....	61.53	61.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	61.53	61.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
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.....	950.00	950.00
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))..	6011.53	6011.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	6011.53	6011.53

**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) .....	19809.28	19809.28
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19809.28	19809.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	61.53	61.53
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	61.53	61.53

**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 / 18
	<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

Full Name (Last, First, Middle Initial) <b>A. Vernal Teresa Blakley</b>		Date of Receipt MM / DD / YYYY 03 / 03 / 2006
Mailing Address 42573 Saddle Lane		<b>Transaction ID:</b> 60331.C1146
City Sterling Heights	State MI	Zip Code 48314
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Health Alliance Plan	Occupation Director, Quality Management	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. John D. Calabria</b>		Date of Receipt MM / DD / YYYY 01 / 04 / 2006
Mailing Address 2030 Brinston Drive		<b>Transaction ID:</b> 60120.C857
City Troy	State MI	Zip Code 48083
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Health Alliance Plan	Occupation Associate Medical Director	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 30.00	Payroll Deduction: (30.00- /Pay Period )

Full Name (Last, First, Middle Initial) <b>C. John D. Calabria</b>		Date of Receipt MM / DD / YYYY 01 / 18 / 2006
Mailing Address 2030 Brinston Drive		<b>Transaction ID:</b> 60120.C906
City Troy	State MI	Zip Code 48083
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 186.00
Name of Employer Health Alliance Plan	Occupation Associate Medical Director	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	Payroll Deduction: (31.00- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>516.00</b>
<b>TOTAL</b> 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 / 18
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Ronald R. Cook Mailing Address 8121 Agnes City Detroit State MI Zip Code 48214 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 60120.C860 Amount of Each Receipt this Period 25.00 Receipt Payroll Deduction: (25.00- /Pay Period )
Name of Employer Health Alliance Plan Occupation Vice President-Government Affa Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 25.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ronald R. Cook Mailing Address 8121 Agnes City Detroit State MI Zip Code 48214 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 60120.C909 Amount of Each Receipt this Period 240.00 Receipt Payroll Deduction: (40.00- /Pay Period )
Name of Employer Health Alliance Plan Occupation Vice President-Government Affa Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 265.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Kevin Coughlin Mailing Address 43119 Hanford Rd City Canton State MI Zip Code 48187-3335 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 60331.C1078 Amount of Each Receipt this Period 300.00 Receipt
Name of Employer Health Alliance Plan Occupation Manager, IS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>565.00</b>
<b>TOTAL</b> 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 8 / 18
	<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)  
Donald Davis

Mailing Address 11417 Fellows Creek Dr.

City State Zip Code  
Plymouth MI 48170

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

Name of Employer Health Alliance Plan Occupation V.P. Human Resources

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 462.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 1 8 / 2 0 0 6

Transaction ID: 60120.C912

Amount of Each Receipt this Period  
462.00

Receipt

Payroll Deduction: (77.00- /Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
Lance Graham

Mailing Address 1524 N Alexander Ave

City State Zip Code  
Royal Oak MI 48067-3633

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

Name of Employer Health Alliance Plan Occupation Director, BCT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 1 8 / 2 0 0 6

Transaction ID: 60120.C959

Amount of Each Receipt this Period  
450.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Donald Hirt

Mailing Address 736 Lakepointe

City State Zip Code  
Grosse Pointe MI 48230

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

Name of Employer Health Alliance Plan Occupation VP Org. Performance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 6

Transaction ID: 60331.C1216

Amount of Each Receipt this Period  
1500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2412.00

**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 9 / 18
	<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)  
Phillip Krause

Mailing Address 30526 N. Greenbriar

City State Zip Code  
Franklin MI 48025

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

Name of Employer Health Alliance Plan Occupation Manager, MBI

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 0 6

Transaction ID: 60120.C854

Amount of Each Receipt this Period  
300.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Sandra Ledesma

Mailing Address 22429 Provincial St

City State Zip Code  
Trenton MI 48183-3782

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 ▼  
275.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 0 6

Transaction ID: 60120.C957

Amount of Each Receipt this Period  
275.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Olivia Massey

Mailing Address 22710 Glastonbury Gate

City State Zip Code  
Southfield MI 48034

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

Name of Employer Health Alliance Plan Occupation Supervisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 0 6

Transaction ID: 60120.C961

Amount of Each Receipt this Period  
225.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	800.00
<b>TOTAL</b> 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 / 18
	<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)  
Colleen McClorey

Mailing Address 48188 Andover Drive

City State Zip Code  
Detroit MI 48374

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

Name of Employer: Health Alliance Plan  
Occupation: Vice President, Associate Gen

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
55.55

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 4 / 2 0 0 6

Transaction ID: 60120.C877

Amount of Each Receipt this Period  
55.55

Receipt

Payroll Deduction: (55.55- /Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
Colleen McClorey

Mailing Address 48188 Andover Drive

City State Zip Code  
Detroit MI 48374

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

Name of Employer: Health Alliance Plan  
Occupation: Vice President, Associate Gen

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.55

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 6

Transaction ID: 60331.C1015

Amount of Each Receipt this Period  
200.00

Receipt

Payroll Deduction: (40.00- /Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
Bruce Niebyski

Mailing Address 3450 Greentree

City State Zip Code  
Bloomfield Hills MI 48304

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

Name of Employer: Health Alliance Plan  
Occupation: Sr. Associate Medical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 1 8 / 2 0 0 6

Transaction ID: 60120.C934

Amount of Each Receipt this Period  
1000.00

Receipt

Payroll Deduction: (1000.- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1255.55
<b>TOTAL</b> 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 11 / 18
	<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) <b>A.</b> Patricia R. Richards		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 3 / 2 0 0 6	
Mailing Address 23 Turnberry Ln.		Transaction ID: 60120.C807	
City State Zip Code Dearborn MI 48120		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Health Alliance Plan Occupation Sr. Vice President & COO		Aggregate Year-to-Date ▼ 2000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Chrystal M. Roberts		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 6 / 2 0 0 6	
Mailing Address 24601 Pinehurst Avenue		Transaction ID: 60120.C903	
City State Zip Code Oak Park MI 48237		Amount of Each Receipt this Period 450.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Health Alliance Plan Occupation Director		Aggregate Year-to-Date ▼ 450.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Dianna Ronan		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 4 / 2 0 0 6	
Mailing Address 2156 Cumberland Drive		Transaction ID: 60120.C881	
City State Zip Code Brighton MI 48114		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Health Alliance Plan Occupation Vice President Financial Svcs		Aggregate Year-to-Date ▼ 75.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Payroll Deduction: (75.00- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2525.00
<b>TOTAL</b> 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 12 / 18
	<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)  
Dianna Ronan

Mailing Address 2156 Cumberland Drive

City State Zip Code  
Brighton MI 48114

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

Name of Employer Health Alliance Plan Occupation Vice President Financial Svcs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 537.00

Date of Receipt  
MM / DD / YYYY  
01 / 18 / 2006

Transaction ID: 60120.C930

Amount of Each Receipt this Period  
462.00

Receipt

Payroll Deduction: (77.00- /Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
Nancy Ruhl

Mailing Address 14965 Country Club

City State Zip Code  
Livonia MI 48154-5144

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

Name of Employer Health Alliance Plan Occupation AVP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 14 / 2006

Transaction ID: 60331.C1076

Amount of Each Receipt this Period  
500.00

Receipt

Payroll Deduction: (500.0- 0/Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
Susan Schwandt

Mailing Address 2007 Rector Court

City State Zip Code  
Canton MI 48188

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

Name of Employer Health Alliance Plan Occupation Public Relations Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
01 / 19 / 2006

Transaction ID: 60120.C962

Amount of Each Receipt this Period  
400.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1362.00
<b>TOTAL</b> 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 13 / 18
	<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)  
Yvonne Shannon

Mailing Address 1108 Brompton Rd

City State Zip Code  
Rochester MI 48309-4381

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2006

Transaction ID: 60331.C1145

Amount of Each Receipt this Period  
300.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Jamie Spriet

Mailing Address 885 Bishop Road

City State Zip Code  
Grosse Pointe MI 48230

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

Name of Employer Health Alliance Plan Occupation VP Sales & Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 06 / 2006

Transaction ID: 60331.C1017

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Charles Timms

Mailing Address 16458 W 11 Mile Rd

City State Zip Code  
Southfield MI 48076-4705

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

Name of Employer Health Alliance Plan Occupation Dir - Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
01 / 18 / 2006

Transaction ID: 60120.C950

Amount of Each Receipt this Period  
450.00

Receipt

Payroll Deduction: (450.0-0)/Pay Period

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

**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 / 18
	<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)  
Ronald Tomas

Mailing Address 6581 Merrick

City State Zip Code  
Troy MI 48098

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

Name of Employer Health Alliance Plan Occupation Assoc. Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
01 / 04 / 2006

Transaction ID: 60120.C886

Amount of Each Receipt this Period  
210.00

Receipt

Payroll Deduction: (30.00- /Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
Ronald M Torakis

Mailing Address 19031 Wayne Rd.

City State Zip Code  
Livonia MI 48152

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

Name of Employer Health Alliance Plan Occupation AVP-Labor Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
MM / DD / YYYY  
01 / 03 / 2006

Transaction ID: 60120.C806

Amount of Each Receipt this Period  
550.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Sammye VanDiven

Mailing Address 19170 Lancashire St

City State Zip Code  
Detroit MI 48223-1348

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

Name of Employer Health Alliance Plan Occupation Manager, IS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
01 / 19 / 2006

Transaction ID: 60120.C960

Amount of Each Receipt this Period  
300.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1060.00**

**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:	PAGE 15 / 18
	(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)  
Randy Walker

Mailing Address 25474 Edge Mont

City State Zip Code  
Southfield MI 48034

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

Name of Employer Health Alliance Plan Occupation VP - Medical Management Admin

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	4	/	2	0	0	6

Transaction ID: 60331.C1214

Amount of Each Receipt this Period  
400.00

Receipt

Payroll Deduction: (200.0-0/Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	12645.55

**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 / 18
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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) <b>A.</b> Charles Carpenter		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 22409 N Nottingham Dr		Transaction ID: 60331.C1143	
City State Zip Code Beverly Hills MI 48025-3520	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Health Alliance Plan	Occupation Director, Provider Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Kimberly Korth		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 1 / 2 0 0 6	
Mailing Address 14211 Joyce Dr		Transaction ID: 60331.C1142	
City State Zip Code Warren MI 48088-4871	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Health Alliance Plan	Occupation Manager - U&R		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Sacin Varma		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 1 / 2 0 0 6	
Mailing Address 24540 Ridgeview Dr		Transaction ID: 60331.C1144	
City State Zip Code Farmington Hills MI 48336-1903	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Health Alliance Plan	Occupation Supervisor - U&R		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	600.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 18

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

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) <b>A. AHIP PAC</b>		Transaction ID: 60331.E60 Date of Disbursement
Mailing Address 601 Pennsylvania Avenue NW South Building Suite 500		<input type="text" value="02"/> / <input type="text" value="06"/> / <input type="text" value="2006"/>
City Washington	State DC	Zip Code 20004-
Purpose of Disbursement DIRECT CONTRIBUTION		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
Candidate Name		<input type="text" value=""/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type  DIRECT CONTRIBUTION
Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State:	District:	Annual/other

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="5000.00"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 18

<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

Full Name (Last, First, Middle Initial) <b>A. Citizens to Elect Leslie Mortimer</b>		<b>Transaction ID: 60331.E58</b>	
Mailing Address P.O. Box 1222		Date of Disbursement MM / DD / YYYY 01 / 31 / 2006	
City Jackson	State MI	Zip Code 49204-1222	Amount of Each Disbursement this Period 300.00
Purpose of Disbursement DIRECT CONTRIBUTION		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Friends of Keith Williams</b>		<b>Transaction ID: 60331.E61</b>	
Mailing Address 19161 Schaefer Hwy Ste 210 Suite 210		Date of Disbursement MM / DD / YYYY 03 / 01 / 2006	
City Detroit	State MI	Zip Code 48235-1208	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement DIRECT CONTRIBUTION		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>800.00</b>