

**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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Jan 31 (YE)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

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 11 23 2010 through 12 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 01 03 2011

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								
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Health Alliance Plan PAC

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

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	55961.22									
(c) Total Receipts (from Line 19)	3252.40	34917.30								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	59213.62	87610.01								
7. Total Disbursements (from Line 31)	37.50	28433.89								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	59176.12	59176.12								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Health Alliance Plan PAC

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

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)	3083.85	26674.25
(ii) Unitemized	168.55	8243.05
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3252.40	34917.30
(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)	3252.40	34917.30
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))	3252.40	34917.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3252.40	34917.30

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.....	37.50	483.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	37.50	483.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	10250.00
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.....	0.00	17700.00
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))..	37.50	28433.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37.50	28433.89

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 20

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)	3252.40	34917.30
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3252.40	34917.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	37.50	483.89
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	37.50	483.89

**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 6 / 20
	<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	Date of Receipt MM / DD / YYYY 11 / 26 / 2010
	Mailing Address 3066 Richmond Dr	Transaction ID: 01228.C8304
	City State Zip Code Clarkston MI 48348-5063	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Health Alliance Plan Occupation Assoc Dir, Labor Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 650.00	Payroll Deduction: (25.00- /Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Vernal Brand	Date of Receipt MM / DD / YYYY 11 / 26 / 2010
	Mailing Address 2850 W Grand Blvd	Transaction ID: 01228.C8283
	City State Zip Code Detroit MI 48202-2643	Amount of Each Receipt this Period 37.50
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Health Alliance Plan Occupation Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 275.00	Payroll Deduction: (12.50- /Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Marcie Brunell	Date of Receipt MM / DD / YYYY 11 / 26 / 2010
	Mailing Address 2850 West Grand Boulevard	Transaction ID: 01228.C8295
	City State Zip Code Detroit MI 48202	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Health Alliance Plan Occupation Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 260.00	Payroll Deduction: (10.00- /Bi-Weekly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 20
	<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) Elizabeth A. Caldwell		Date of Receipt MM / DD / YYYY 11 / 26 / 2010
	Mailing Address 24307 Cunningham		Transaction ID: 01228.C8296
	City Warren	State MI	Zip Code 48091
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 34.65
	Name of Employer Health Alliance Plan	Occupation Supervisor	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.30	Payroll Deduction: (11.55- /Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Anthony Caporale		Date of Receipt MM / DD / YYYY 11 / 26 / 2010
	Mailing Address 1320 Shenandoah		Transaction ID: 01228.C8263
	City Rochester Hills	State MI	Zip Code 48306
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24.00
	Name of Employer Health Alliance Plan	Occupation Mgr - General Acctg	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.00	Payroll Deduction: (8.00/- Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Elizabeth Chavez		Date of Receipt MM / DD / YYYY 11 / 26 / 2010
	Mailing Address 23706 Northstone Village Drive		Transaction ID: 01228.C8264
	City Taylor	State MI	Zip Code 48180
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 37.50
	Name of Employer Health Alliance Plan	Occupation Supv - Claims	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 312.50	Payroll Deduction: (12.50- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	96.15
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 8 / 20
(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)
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 Health Alliance Plan Occupation VP - Underwriting & Rating

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 11 / 26 / 2010
Transaction ID: 01228.C8265
Amount of Each Receipt this Period: 120.00
Receipt
Payroll Deduction: (40.00- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Kenny Dodson
Mailing Address 11236 Meadow Brook Dr.

City State Zip Code
Warren MI 48093

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

Name of Employer Health Alliance Plan Occupation Mgr - Claims

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 391.00

Date of Receipt: 11 / 26 / 2010
Transaction ID: 01228.C8278
Amount of Each Receipt this Period: 51.00
Receipt
Payroll Deduction: (17.00- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Jody L. Doherty
Mailing Address 21115 Violet

City State Zip Code
Saint Clair Shores MI 48082

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

Name of Employer Health Alliance Plan Occupation Director

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 449.80

Date of Receipt: 11 / 26 / 2010
Transaction ID: 01228.C8294
Amount of Each Receipt this Period: 51.90
Receipt
Payroll Deduction: (17.30- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 222.90

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 / 20
(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)
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 ▼ 780.00

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

Transaction ID: 01228.C8298

Amount of Each Receipt this Period
90.00

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 ▼ 600.00

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

Transaction ID: 01228.C8266

Amount of Each Receipt this Period
75.00

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 ▼ 1000.00

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

Transaction ID: 01228.C8268

Amount of Each Receipt this Period
120.00

Receipt

Payroll Deduction: (40.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **285.00**

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 10 / 20
(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)
Michael M. Forhan

Mailing Address 1587 Anita

City State Zip Code
Grosse Pointe Wood MI 48236

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 11 / 26 / 2010
Transaction ID: 01228.C8269
Amount of Each Receipt this Period: 36.00
Receipt
Payroll Deduction: (12.00- /Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Lance Graham

Mailing Address 10054 Elgin Ave

City State Zip Code
Huntington Woods MI 48070-1502

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 ▼ 900.00

Date of Receipt: 12 / 22 / 2010
Transaction ID: 01228.C8426
Amount of Each Receipt this Period: 450.00
Receipt

C.

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.96

Date of Receipt: 11 / 26 / 2010
Transaction ID: 01228.C8291
Amount of Each Receipt this Period: 230.88
Receipt
Payroll Deduction: (76.96- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **716.88**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 20
	<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 Heffner	Date of Receipt MM / DD / YYYY 11 / 26 / 2010
	Mailing Address 2850 West Grand Boulevard	Transaction ID: 01228.C8297
	City State Zip Code Detroit MI 48202	Amount of Each Receipt this Period 39.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Health Alliance Plan	Occupation Manager	Payroll Deduction: (13.00- /Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 338.00	

B.	Full Name (Last, First, Middle Initial) Cynthia Hoffman	Date of Receipt MM / DD / YYYY 11 / 26 / 2010
	Mailing Address 5768 Whitehaven Dr	Transaction ID: 01228.C8286
	City State Zip Code Troy MI 48085-3188	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Health Alliance Plan	Occupation Mgr - eCommerce & Tech Plannin	Payroll Deduction: (30.00- /Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

C.	Full Name (Last, First, Middle Initial) Kevin Hurley	Date of Receipt MM / DD / YYYY 11 / 26 / 2010
	Mailing Address 45504 Morningside Rd	Transaction ID: 01228.C8262
	City State Zip Code Canton MI 48187-5610	Amount of Each Receipt this Period 36.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Health Alliance Plan	Occupation Manager	Payroll Deduction: (12.00- /Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00	

SUBTOTAL of Receipts This Page (optional)	▶	165.00
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 / 20
	<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) Joyce M. James	Date of Receipt MM / DD / YYYY 11 / 26 / 2010
	Mailing Address 20810 Gardner St.	Transaction ID: 01228.C8271
	City State Zip Code Oak Park MI 48237	Amount of Each Receipt this Period 36.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (12.00- /Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation Mgr - Provider Fin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00	

B.	Full Name (Last, First, Middle Initial) Mohammed Kanpurwala	Date of Receipt MM / DD / YYYY 11 / 26 / 2010
	Mailing Address 441 Sylvan Dr	Transaction ID: 01228.C8270
	City State Zip Code Canton MI 48188-1596	Amount of Each Receipt this Period 52.50
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (17.50- /Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation Dir - Underwriting/Ahl	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.50	

C.	Full Name (Last, First, Middle Initial) Donald Kiefiuk	Date of Receipt MM / DD / YYYY 11 / 26 / 2010
	Mailing Address 39810 Karda	Transaction ID: 01228.C8267
	City State Zip Code Sterling Heights MI 48313	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (40.00- /Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation AVP Claim Operation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	

SUBTOTAL of Receipts This Page (optional)	208.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 20
	<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) Glen Koslakiewicz	Date of Receipt MM / DD / YYYY 11 / 26 / 2010
	Mailing Address 30431 John Hauk	Transaction ID: 01228.C8275
	City State Zip Code Garden City MI 48135	Amount of Each Receipt this Period 54.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (18.00- /Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation Dir - Fin Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.00	

B.	Full Name (Last, First, Middle Initial) Ken Kreis	Date of Receipt MM / DD / YYYY 11 / 26 / 2010
	Mailing Address 31800 Shawn Dr	Transaction ID: 01228.C8272
	City State Zip Code Warren MI 48088-2936	Amount of Each Receipt this Period 33.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (11.00- /Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation Mgr - Appl Dev/Bus Supp/Proj M	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 286.00	

C.	Full Name (Last, First, Middle Initial) Rory Lafferty	Date of Receipt MM / DD / YYYY 11 / 26 / 2010
	Mailing Address 4414 Hunt Club Drive #2D	Transaction ID: 01228.C8274
	City State Zip Code Ypsilanti MI 48197	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (10.00- /Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation Legislative Associate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	▶	117.00
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 / 20
(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)
Virginia Lambert

Mailing Address 6014 Plainfield

City State Zip Code
Dearborn Heights MI 48127-2834

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

Name of Employer Health Alliance Plan Occupation Mgr - Disbursements

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 237.50

Date of Receipt 11 / 26 / 2010

Transaction ID: 01228.C8273

Amount of Each Receipt this Period 28.50

Receipt

Payroll Deduction: (9.50/-/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Anita Landino

Mailing Address 43885 Boulder Dr

City State Zip Code
Clinton Township MI 48038-1423

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

Name of Employer Health Alliance Plan Occupation Assoc Dir - Advertising/Comm

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 26 / 2010

Transaction ID: 01228.C8276

Amount of Each Receipt this Period 30.00

Receipt

Payroll Deduction: (10.00-/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Michelle Lang

Mailing Address 48616 Dunn Court

City State Zip Code
Macomb MI 48044

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

Name of Employer Health Alliance Plan Occupation Dir - Coordination of Benefits

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.00

Date of Receipt 11 / 26 / 2010

Transaction ID: 01228.C8288

Amount of Each Receipt this Period 48.00

Receipt

Payroll Deduction: (16.00-/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 106.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 20
	<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) Sandra Ledesma	Date of Receipt MM / DD / YYYY 11 / 26 / 2010
	Mailing Address 22429 Provincial St	Transaction ID: 01228.C8299
	City State Zip Code Trenton MI 48183	Amount of Each Receipt this Period 51.90
	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 ▼ 449.80	Payroll Deduction: (17.30- /Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Ryan C. Moore	Date of Receipt MM / DD / YYYY 11 / 26 / 2010
	Mailing Address 723 Barclay Drive	Transaction ID: 01228.C8277
	City State Zip Code Troy MI 48085	Amount of Each Receipt this Period 34.62
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Health Alliance Plan Occupation Adm Manager, Office of COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.04	Payroll Deduction: (11.54- /Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Diane Pawlica	Date of Receipt MM / DD / YYYY 11 / 26 / 2010
	Mailing Address 45568 Morningside	Transaction ID: 01228.C8279
	City State Zip Code Canton MI 48187	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Health Alliance Plan Occupation Dir - System Care Mgmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	Payroll Deduction: (20.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	146.52
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 16 / 20
	<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) Vincent Pawloske	Date of Receipt MM / DD / YYYY 11 / 26 / 2010
	Mailing Address 5450 Sandlewood Court	Transaction ID: 01228.C8302
	City State Zip Code Waterford MI 48329	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (20.00- /Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation Associate Director Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

B.	Full Name (Last, First, Middle Initial) Christopher Pike	Date of Receipt MM / DD / YYYY 11 / 26 / 2010
	Mailing Address 1657 Wilmington Ct	Transaction ID: 01228.C8281
	City State Zip Code Rochester MI 48309	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (80.00- /Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation AVP - Information Tech Supp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

C.	Full Name (Last, First, Middle Initial) Rachel Powell	Date of Receipt MM / DD / YYYY 11 / 26 / 2010
	Mailing Address 543 Thurber	Transaction ID: 01228.C8289
	City State Zip Code Troy MI 48085-4827	Amount of Each Receipt this Period 54.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (18.00- /Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation Dir - Encounter/Claim Accuracy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.00	

SUBTOTAL of Receipts This Page (optional)	354.00
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 17 / 20
(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 11 / 26 / 2010
Mailing Address 2850 W Grand Blvd		Transaction ID: 01228.C8285
City Detroit	State MI	Zip Code 48202-2643
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 99.00
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 ▼ 792.00	Payroll Deduction: (33.00- /Bi-Weekly)

B.

Full Name (Last, First, Middle Initial) Chrystal M. Roberts		Date of Receipt MM / DD / YYYY 11 / 26 / 2010
Mailing Address 24601 Pinehurst Avenue		Transaction ID: 01228.C8303
City Oak Park	State MI	Zip Code 48237
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 51.90
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 ▼ 449.80	Payroll Deduction: (17.30- /Bi-Weekly)

C.

Full Name (Last, First, Middle Initial) Dianna Ronan		Date of Receipt MM / DD / YYYY 11 / 26 / 2010
Mailing Address 2156 Cumberland		Transaction ID: 01228.C8284
City Brighton	State MI	Zip Code 48114
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
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 ▼ 2080.00	Payroll Deduction: (80.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	390.90
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 18 / 20
	<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 Pleasant Ridge State MI Zip Code 48069-1235

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

Name of Employer Health Alliance Plan Occupation Project Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt 11 / 26 / 2010

Transaction ID: 01228.C8293

Amount of Each Receipt this Period 36.00

Receipt

Payroll Deduction: (12.00- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Peter A. Stewart

Mailing Address 7961 Little Farm Lane

City West Bloomfield State MI Zip Code 48322

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

Name of Employer Health Alliance Plan Occupation Manager Auditing Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt 11 / 26 / 2010

Transaction ID: 01228.C8301

Amount of Each Receipt this Period 36.00

Receipt

Payroll Deduction: (12.00- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Marc Vanderburg

Mailing Address 25750 Ivanhoe Rd

City Huntington Woods State MI Zip Code 48070-1606

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

Name of Employer Health Alliance Plan Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 11 / 26 / 2010

Transaction ID: 01228.C8292

Amount of Each Receipt this Period 30.00

Receipt

Payroll Deduction: (10.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 102.00

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 19 / 20	
	(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"/> 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)

Jamie Walker-White

Mailing Address 17574 Greenfield Rd

City

Detroit

State

MI

Zip Code

48235-3117

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 ▼

260.00

Date of Receipt

MM / DD / YYYY
11 / 26 / 2010

Transaction ID: 01228.C8290

Amount of Each Receipt this Period

30.00

Receipt

Payroll Deduction: (10.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

3083.85

**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 20 / 20

<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

Mailing Address P.O. Box 75000

City State Zip Code
Detroit MI 48275-

Purpose of Disbursement
November Operating Expense
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 01228.E343
Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
1	2		0	2		2	0	1	0

Amount of Each Disbursement this Period

37.50

NOVEMBER OPERATING EXPENSE

SUBTOTAL of Disbursements This Page (optional) ►

37.50

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

37.50
