

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 X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special Election on 11 02 2010 in the State of MI

5. Covering Period 10 01 2010 through 10 13 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 10 18 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 table with 8 columns and 1 row. 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	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

D	D
1	3

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	59727.02									
(c) Total Receipts (from Line 19)	972.80	28528.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	60699.82	81221.21								
7. Total Disbursements (from Line 31)	5037.50	25558.89								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	55662.32	55662.32								
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: To:

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)	922.45	20546.55
(ii) Unitemized	50.35	7981.95
(iii) TOTAL (add Lines 11(a)(i) and (ii)	972.80	28528.50
(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)	972.80	28528.50
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))	972.80	28528.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	972.80	28528.50

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	408.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	37.50	408.89
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.....	5000.00	14900.00
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))..	5037.50	25558.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5037.50	25558.89

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	972.80	28528.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	972.80	28528.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	37.50	408.89
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	408.89

**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 10 / 04 / 2010
	Mailing Address 3066 Richmond Dr		Transaction ID: 01011.C8124
	City Clarkston	State MI	Zip Code 48348-5063
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer Health Alliance Plan	Occupation Assoc Dir, Labor Affairs	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	Payroll Deduction: (25.00- /Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Vernal Brand		Date of Receipt MM / DD / YYYY 10 / 04 / 2010
	Mailing Address 2850 W Grand Blvd		Transaction ID: 01011.C8101
	City Detroit	State MI	Zip Code 48202-2643
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.50
	Name of Employer Health Alliance Plan	Occupation Manager	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00	Payroll Deduction: (12.50- /Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Marcie Brunell		Date of Receipt MM / DD / YYYY 10 / 04 / 2010
	Mailing Address 2850 West Grand Boulevard		Transaction ID: 01011.C8114
	City Detroit	State MI	Zip Code 48202
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
	Name of Employer Health Alliance Plan	Occupation Manager	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00	Payroll Deduction: (10.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	47.50
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"/> 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) Elizabeth A. Caldwell		Date of Receipt MM / DD / YYYY 10 / 04 / 2010
	Mailing Address 24307 Cunningham		Transaction ID: 01011.C8115
	City Warren	State MI	Zip Code 48091
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.55
	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 ▼ 231.00	Payroll Deduction: (11.55- /Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Elizabeth Chavez		Date of Receipt MM / DD / YYYY 10 / 04 / 2010
	Mailing Address 23706 Northstone Village Drive		Transaction ID: 01011.C8081
	City Taylor	State MI	Zip Code 48180
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.50
	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 ▼ 237.50	Payroll Deduction: (12.50- /Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Jonathan W. Clement		Date of Receipt MM / DD / YYYY 10 / 04 / 2010
	Mailing Address 923 Westchester		Transaction ID: 01011.C8082
	City Grosse Pointe	State MI	Zip Code 48230-1829
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer Health Alliance Plan	Occupation VP - Underwriting & Rating	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 760.00	Payroll Deduction: (40.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	64.05
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 / 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) Kenny Dodson	Date of Receipt MM / DD / YYYY 10 / 04 / 2010
	Mailing Address 11236 Meadow Brook Dr.	Transaction ID: 01011.C8096
	City State Zip Code Warren MI 48093	Amount of Each Receipt this Period 17.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Health Alliance Plan Occupation Mgr - Claims Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 289.00	Payroll Deduction: (17.00- /Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Jody L. Doherty	Date of Receipt MM / DD / YYYY 10 / 04 / 2010
	Mailing Address 21115 Violet	Transaction ID: 01011.C8113
	City State Zip Code Saint Clair Shores MI 48082	Amount of Each Receipt this Period 17.30
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Health Alliance Plan Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 346.00	Payroll Deduction: (17.30- /Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Michael A. Elinski	Date of Receipt MM / DD / YYYY 10 / 04 / 2010
	Mailing Address 3434 Essex	Transaction ID: 01011.C8117
	City State Zip Code Troy MI 48084	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 AVP - Technology & eBusiness D Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	Payroll Deduction: (30.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	64.30
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 9 / 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) Laura Eory	Date of Receipt MM / DD / YYYY 10 / 04 / 2010
	Mailing Address 19090 Parkwood Ln	Transaction ID: 01011.C8083
	City State Zip Code Brownstown Twp MI 48183-6804	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Health Alliance Plan Occupation Sr Member Advocate Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 450.00	Payroll Deduction: (25.00- /Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Howard Flasch	Date of Receipt MM / DD / YYYY 10 / 04 / 2010
	Mailing Address 1459 N Rochester Rd	Transaction ID: 01011.C8085
	City State Zip Code Oakland MI 48363-1630	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 VP - Product Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 760.00	Payroll Deduction: (40.00- /Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Michael M. Forhan	Date of Receipt MM / DD / YYYY 10 / 04 / 2010
	Mailing Address 1587 Anita	Transaction ID: 01011.C8086
	City State Zip Code Grosse Pointe Wood MI 48236	Amount of Each Receipt this Period 12.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Health Alliance Plan Occupation Mgr - Comp & Benefits Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 228.00	Payroll Deduction: (12.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	77.00
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 10 / 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) Mark Hall	Date of Receipt MM / DD / YYYY 10 / 04 / 2010
	Mailing Address 25450 Constitution	Transaction ID: 01011.C8110
	City State Zip Code Novi MI 48375-1763	Amount of Each Receipt this Period 76.96
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (76.96- /Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation AVP - NB Dist Channel Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1539.20	

B.	Full Name (Last, First, Middle Initial) Michael Heffner	Date of Receipt MM / DD / YYYY 10 / 04 / 2010
	Mailing Address 2850 West Grand Boulevard	Transaction ID: 01011.C8116
	City State Zip Code Detroit MI 48202	Amount of Each Receipt this Period 13.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (13.00- /Bi-Weekly)
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	

C.	Full Name (Last, First, Middle Initial) Cynthia Hoffman	Date of Receipt MM / DD / YYYY 10 / 04 / 2010
	Mailing Address 5768 Whitehaven Dr	Transaction ID: 01011.C8104
	City State Zip Code Troy MI 48085-3188	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (30.00- /Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation Mgr - eCommerce & Tech Plannin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	119.96
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 / 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)
Kevin Hurley

Mailing Address 45504 Morningside Rd

City Canton State MI Zip Code 48187-5610

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 ▼ 240.00

Date of Receipt 10 / 04 / 2010

Transaction ID: 01011.C8079

Amount of Each Receipt this Period 12.00

Receipt

Payroll Deduction: (12.00- /Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Joyce M. James

Mailing Address 20810 Gardner St.

City Oak Park State MI Zip Code 48237

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

Name of Employer Health Alliance Plan Occupation Mgr - Provider Fin

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 04 / 2010

Transaction ID: 01011.C8088

Amount of Each Receipt this Period 12.00

Receipt

Payroll Deduction: (12.00- /Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mohammed Kanpurwala

Mailing Address 441 Sylvan Dr

City Canton State MI Zip Code 48188-1596

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

Name of Employer Health Alliance Plan Occupation Dir - Underwriting/Ahl

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 332.50

Date of Receipt 10 / 04 / 2010

Transaction ID: 01011.C8087

Amount of Each Receipt this Period 17.50

Receipt

Payroll Deduction: (17.50- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 41.50

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 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) Donald Kiefiuk		Date of Receipt MM / DD / YYYY 10 / 04 / 2010
	Mailing Address 39810 Karda		Transaction ID: 01011.C8084
	City State Zip Code Sterling Heights MI 48313	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00
	Name of Employer Health Alliance Plan	Occupation AVP Claim Operation	Receipt
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	Payroll Deduction: (40.00- /Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Glen Koslakiewicz		Date of Receipt MM / DD / YYYY 10 / 04 / 2010
	Mailing Address 30431 John Hauk		Transaction ID: 01011.C8093
	City State Zip Code Garden City MI 48135	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 18.00
	Name of Employer Health Alliance Plan	Occupation Dir - Fin Operations	Receipt
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	Payroll Deduction: (18.00- /Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Phillip Krause		Date of Receipt MM / DD / YYYY 10 / 04 / 2010
	Mailing Address 30526 N. Greenbriar		Transaction ID: 01011.C8090
	City State Zip Code Franklin MI 48025	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 12.00
	Name of Employer Health Alliance Plan	Occupation Manager, MBI	Receipt
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00	Payroll Deduction: (12.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	70.00
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 13 / 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)
Ken Kreis

Mailing Address 31800 Shawn Dr

City Warren State MI Zip Code 48088-2936

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

Name of Employer Health Alliance Plan Occupation Mgr - Appl Dev/Bus Supp/Proj M

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 04 / 2010
Transaction ID: 01011.C8089
Amount of Each Receipt this Period 11.00
Receipt
Payroll Deduction: (11.00- /Bi-Weekly)

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

Mailing Address 2850 West Grand Boulevard

City Detroit State MI Zip Code 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 ▼ 400.00

Date of Receipt 10 / 04 / 2010
Transaction ID: 01011.C8118
Amount of Each Receipt this Period 20.00
Receipt
Payroll Deduction: (20.00- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Rory Lafferty

Mailing Address 4414 Hunt Club Drive #2D

City Ypsilanti State MI Zip Code 48197

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

Name of Employer Health Alliance Plan Occupation Legislative Associate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 10 / 04 / 2010
Transaction ID: 01011.C8092
Amount of Each Receipt this Period 10.00
Receipt
Payroll Deduction: (10.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 41.00

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 14 / 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) Michelle Lang		Date of Receipt
	Mailing Address 48616 Dunn Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 4 / 2 0 1 0
	City	State	Zip Code
	Macomb	MI	48044
	FEC ID number of contributing federal political committee. C		Transaction ID: 01011.C8107
Name of Employer Health Alliance Plan		Occupation Dir - Coordination of Benefits	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00	<input type="text"/> 16.00
			Receipt
			Payroll Deduction: (16.00- /Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Sandra Ledesma		Date of Receipt
	Mailing Address 22429 Provincial St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 4 / 2 0 1 0
	City	State	Zip Code
	Trenton	MI	48183
	FEC ID number of contributing federal political committee. C		Transaction ID: 01011.C8119
Name of Employer Health Alliance Plan		Occupation Manager IT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 346.00	<input type="text"/> 17.30
			Receipt
			Payroll Deduction: (17.30- /Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Ryan C. Moore		Date of Receipt
	Mailing Address 723 Barclay Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 4 / 2 0 1 0
	City	State	Zip Code
	Troy	MI	48085
	FEC ID number of contributing federal political committee. C		Transaction ID: 01011.C8095
Name of Employer Health Alliance Plan		Occupation Adm Manager, Office of COO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.80	<input type="text"/> 11.54
			Receipt
			Payroll Deduction: (11.54- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	44.84
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 / 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)
Diane Pawlica
 Mailing Address 45568 Morningside
 City State Zip Code
Canton MI 48187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation Dir - System Care Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00
 Date of Receipt 10 / 04 / 2010
Transaction ID: 01011.C8097
 Amount of Each Receipt this Period 20.00
 Receipt
 Payroll Deduction: (20.00- /Bi-Weekly)

B. 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 ▼ 400.00
 Date of Receipt 10 / 04 / 2010
Transaction ID: 01011.C8122
 Amount of Each Receipt this Period 20.00
 Receipt
 Payroll Deduction: (20.00- /Bi-Weekly)

C. 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 ▼ 1520.00
 Date of Receipt 10 / 04 / 2010
Transaction ID: 01011.C8099
 Amount of Each Receipt this Period 80.00
 Receipt
 Payroll Deduction: (80.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 120.00
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 16 / 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)
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 ▼ 360.00

Date of Receipt 10 / 04 / 2010

Transaction ID: 01011.C8108

Amount of Each Receipt this Period 18.00

Receipt

Payroll Deduction: (18.00- /Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Donna Reid

Mailing Address 2850 W Grand Blvd

City State Zip Code
Detroit MI 48202-2643

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

Name of Employer Health Alliance Plan Occupation Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 594.00

Date of Receipt 10 / 04 / 2010

Transaction ID: 01011.C8103

Amount of Each Receipt this Period 33.00

Receipt

Payroll Deduction: (33.00- /Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Chrystal M. Roberts

Mailing Address 24601 Pinehurst Avenue

City State Zip Code
Oak Park MI 48237

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 ▼ 346.00

Date of Receipt 10 / 04 / 2010

Transaction ID: 01011.C8123

Amount of Each Receipt this Period 17.30

Receipt

Payroll Deduction: (17.30- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 68.30

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)
Dianna Ronan

Mailing Address 2156 Cumberland

City State Zip Code
Brighton MI 48114

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

Name of Employer Health Alliance Plan Occupation VP - Financial Services

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 10 / 04 / 2010
Transaction ID: 01011.C8102
Amount of Each Receipt this Period 80.00
Receipt
Payroll Deduction: (80.00- /Bi-Weekly)

B.

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 Health Alliance Plan Occupation Project Manager

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 04 / 2010
Transaction ID: 01011.C8112
Amount of Each Receipt this Period 12.00
Receipt
Payroll Deduction: (12.00- /Bi-Weekly)

C.

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 Health Alliance Plan Occupation VP - Government Affairs

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 04 / 2010
Transaction ID: 01011.C8106
Amount of Each Receipt this Period 40.00
Receipt
Payroll Deduction: (40.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 132.00

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 18 / 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)
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 Health Alliance Plan Occupation Manager Auditing Services

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 10 / 04 / 2010
Transaction ID: 01011.C8121
Amount of Each Receipt this Period: 12.00
Receipt
Payroll Deduction: (12.00- /Bi-Weekly)

B.

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

Mailing Address 25750 Ivanhoe Rd

City State Zip Code
Huntington Woods MI 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 ▼ 200.00

Date of Receipt: 10 / 04 / 2010
Transaction ID: 01011.C8111
Amount of Each Receipt this Period: 10.00
Receipt
Payroll Deduction: (10.00- /Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Jamie Walker-White

Mailing Address 17574 Greenfield Rd

City State Zip Code
Detroit MI 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 ▼ 200.00

Date of Receipt: 10 / 04 / 2010
Transaction ID: 01011.C8109
Amount of Each Receipt this Period: 10.00
Receipt
Payroll Deduction: (10.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 32.00

TOTAL This Period (last page this line number only) ► 922.45

**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 19 / 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
September Operating Expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 01011.E337

Date of Disbursement

^M / ^M / ^D / ^D / ^Y / ^Y / ^Y / ^Y

Amount of Each Disbursement this Period

37.50

SEPTEMBER OPERATING EXPEN-
SE

SUBTOTAL of Disbursements This Page (optional)

37.50

TOTAL This Period (last page this line number only)

37.50

**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 20 / 20

<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) Michigan House Democratic Fund	Transaction ID: 01011.E339
	Mailing Address PO Box 16193	Date of Disbursement 10 / 13 / 2010
	City Lansing State MI Zip Code 48901-6193	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER
B.	Full Name (Last, First, Middle Initial) Michigan Democratic Party	Transaction ID: 01011.E338
	Mailing Address PO Box 4945	Date of Disbursement 10 / 13 / 2010
	City East Lansing State MI Zip Code 48826-	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00