

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, 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, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2008 through 07 31 2008

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 Hoeberling Signature of Treasurer Electronically Filed by James W Hoeberling Date 08 14 2008

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 FE6AN026 FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Health Alliance Plan PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		55581.58
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	48021.52									
(c) Total Receipts (from Line 19)	2321.80	23247.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	50343.32	78829.08								
7. Total Disbursements (from Line 31)	1105.00	29590.76								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	49238.32	49238.32								
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Health Alliance Plan PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	1900.16	14512.98
(i) Itemized (use Schedule A)	421.64	8734.52
(ii) Unitemized	2321.80	23247.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	2321.80	23247.50
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))	2321.80	23247.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2321.80	23247.50

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.....	5.00	165.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	5.00	165.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	16250.00
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.....	1100.00	13175.00
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))..	1105.00	29590.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1105.00	29590.76

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)	2321.80	23247.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2321.80	23247.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5.00	165.76
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5.00	165.76

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

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 07 / 14 / 2008
	Mailing Address 3066 Richmond Dr	Transaction ID: 100005133
	City State Zip Code Clarkston MI 48348-5063	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 Assoc Dir, Labor Affairs	Payroll Deduction: (20.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Angela K. Branch	Date of Receipt MM / DD / YYYY 07 / 14 / 2008
	Mailing Address 81 Atkinson	Transaction ID: 100005086
	City State Zip Code Detroit MI 48202	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Health Alliance Plan	Occupation Dir - Customer Retention & Edu	Payroll Deduction: (20.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Richard Chaney	Date of Receipt MM / DD / YYYY 07 / 14 / 2008
	Mailing Address 16555 Shaftsbury Ave	Transaction ID: 100005134
	City State Zip Code Detroit MI 48219-4011	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Health Alliance Plan	Occupation Vice President	Payroll Deduction: (25.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional)	130.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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)
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 ▼ 600.00

Date of Receipt MM / DD / YYYY
07 / 14 / 2008

Transaction ID: 100005126

Amount of Each Receipt this Period 80.00

Receipt

Payroll Deduction: (40.00- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Gwendolyn Davenport

Mailing Address 11372 Whitehill

City State Zip Code
Detroit MI 48224-1653

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

Name of Employer Health Alliance Plan Occupation Dir - Credentialing Services

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00

Date of Receipt MM / DD / YYYY
07 / 14 / 2008

Transaction ID: 100005090

Amount of Each Receipt this Period 36.00

Receipt

Payroll Deduction: (18.00- /Pay Period)

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

Mailing Address 11417 Fellows Creek Drive

City State Zip Code
Plymouth MI 48170

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

Name of Employer Health Alliance Plan Occupation VP - Human Res & Cust Rel

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1155.00

Date of Receipt MM / DD / YYYY
07 / 14 / 2008

Transaction ID: 100005091

Amount of Each Receipt this Period 154.00

Receipt

Payroll Deduction: (77.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► 270.00

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 8 / 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A.	Full Name (Last, First, Middle Initial) Jody L. Doherty	Date of Receipt MM / DD / YYYY 07 / 14 / 2008
	Mailing Address 21115 Violet	Transaction ID: 100005119
	City State Zip Code Saint Clair Shores MI 48082	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 Director	Payroll Deduction: (17.31- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 259.65	

B.	Full Name (Last, First, Middle Initial) Michael A. Elinski	Date of Receipt MM / DD / YYYY 07 / 14 / 2008
	Mailing Address 3434 Essex	Transaction ID: 100005123
	City State Zip Code Troy MI 48084	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Health Alliance Plan	Occupation AVP - Technology & eBusiness D	Payroll Deduction: (25.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Vincenzo G. Ferri	Date of Receipt MM / DD / YYYY 07 / 14 / 2008
	Mailing Address 726 S. Renaud	Transaction ID: 100005118
	City State Zip Code Grosse Pointe Wood MI 48236	Amount of Each Receipt this Period 62.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Health Alliance Plan	Occupation AVP - Bus Affiliations & Suppo	Payroll Deduction: (31.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 465.00	

SUBTOTAL of Receipts This Page (optional)	▶	146.62
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

<p>A. Full Name (Last, First, Middle Initial) Howard Flasch</p> <p>Mailing Address 1459 N Rochester Rd</p> <p>City State Zip Code Oakland MI 48363-1630</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Health Alliance Plan Occupation: VP - Product Development</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 570.00</p>	<p>Date of Receipt 07 / 14 / 2008</p> <p>Transaction ID: 100005124</p> <p>Amount of Each Receipt this Period 76.00</p> <p>Receipt</p> <p>Payroll Deduction: (38.00- /Pay Period)</p>
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<p>B. Full Name (Last, First, Middle Initial) Jeanette H. Girty</p> <p>Mailing Address 18246 Stoepel</p> <p>City State Zip Code Detroit MI 48221</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Health Alliance Plan Occupation: Dir - Client Svcs Operations</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 259.65</p>	<p>Date of Receipt 07 / 14 / 2008</p> <p>Transaction ID: 100005097</p> <p>Amount of Each Receipt this Period 34.62</p> <p>Receipt</p> <p>Payroll Deduction: (17.31- /Pay Period)</p>
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<p>C. Full Name (Last, First, Middle Initial) Mark Hall</p> <p>Mailing Address 25450 Constitution</p> <p>City State Zip Code Novi MI 48375-1763</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Health Alliance Plan Occupation: AVP - NB Dist Channel Mgmt</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 577.05</p>	<p>Date of Receipt 07 / 14 / 2008</p> <p>Transaction ID: 100005103</p> <p>Amount of Each Receipt this Period 76.94</p> <p>Receipt</p> <p>Payroll Deduction: (38.47- /Pay Period)</p>
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SUBTOTAL of Receipts This Page (optional)	187.56
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 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A.	Full Name (Last, First, Middle Initial) Cynthia Hoffman	Date of Receipt MM / DD / YYYY 07 / 14 / 2008
	Mailing Address 5768 Whitehaven Dr	Transaction ID: 100005110
	City State Zip Code Troy MI 48085-3188	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (20.00- /Pay Period)
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 ▼ 280.00	

B.	Full Name (Last, First, Middle Initial) Donald Kiefiuk	Date of Receipt MM / DD / YYYY 07 / 14 / 2008
	Mailing Address 39810 Karda	Transaction ID: 100005125
	City State Zip Code Sterling Heights MI 48313	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (40.00- /Pay Period)
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 ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Barbara Kopasz	Date of Receipt MM / DD / YYYY 07 / 14 / 2008
	Mailing Address 38412 Kingsway Ct	Transaction ID: 100005098
	City State Zip Code Farmington Hills MI 48331-1651	Amount of Each Receipt this Period 38.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (19.00- /Pay Period)
Name of Employer Health Alliance Plan	Occupation AVP Sales & Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

SUBTOTAL of Receipts This Page (optional)	158.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A.

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

Mailing Address 30431 John Hauk

City State Zip Code
Garden City MI 48135

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

Name of Employer Health Alliance Plan Occupation Dir - Fin Operations

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00

Date of Receipt 07 / 14 / 2008
Transaction ID: 100005100
Amount of Each Receipt this Period 36.00
Receipt
Payroll Deduction: (18.00- /Pay Period)

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 ▼ 251.25

Date of Receipt 07 / 14 / 2008
Transaction ID: 100005094
Amount of Each Receipt this Period 33.50
Receipt
Payroll Deduction: (16.75- /Pay Period)

C.

Full Name (Last, First, Middle Initial)
Colleen McClorey

Mailing Address 48188 Andover Dr.

City State Zip Code
Detroit MI 48374

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

Name of Employer Health Alliance Plan Occupation VP - Assoc General Counsel

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 870.00

Date of Receipt 07 / 14 / 2008
Transaction ID: 100005120
Amount of Each Receipt this Period 116.00
Receipt
Payroll Deduction: (58.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► 185.50

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A.	Full Name (Last, First, Middle Initial) Vincent Pawloske	Date of Receipt MM / DD / YYYY 07 / 14 / 2008
	Mailing Address 5450 Sandlewood Court	Transaction ID: 100005128
	City State Zip Code Waterford MI 48329	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 Associate Director Finance	Payroll Deduction: (20.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Christopher Pike	Date of Receipt MM / DD / YYYY 07 / 14 / 2008
	Mailing Address 1657 Wilmington Ct	Transaction ID: 100005106
	City State Zip Code Rochester MI 48309	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Health Alliance Plan	Occupation AVP - Information Tech Supp	Payroll Deduction: (25.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Rachel Powell	Date of Receipt MM / DD / YYYY 07 / 14 / 2008
	Mailing Address 543 Thurber	Transaction ID: 100005116
	City State Zip Code Troy MI 48085-4827	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Health Alliance Plan	Occupation Dir - Encounter/Claim Accuracy	Payroll Deduction: (20.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	130.00
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 / 17
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A.

Full Name (Last, First, Middle Initial)
Patricia R. Richards

Mailing Address 23 Turnberry Ln.

City State Zip Code
Dearborn MI 48120

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

Name of Employer Health Alliance Plan Occupation Sr. Vice President & COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1153.95

Date of Receipt: 07 / 14 / 2008

Transaction ID: 100005129

Amount of Each Receipt this Period: 153.86

Receipt

Payroll Deduction: (76.93- /Pay Period)

B.

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 ▼ 259.65

Date of Receipt: 07 / 14 / 2008

Transaction ID: 100005130

Amount of Each Receipt this Period: 34.62

Receipt

Payroll Deduction: (17.31- /Pay Period)

C.

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 ▼ 1155.00

Date of Receipt: 07 / 14 / 2008

Transaction ID: 100005108

Amount of Each Receipt this Period: 154.00

Receipt

Payroll Deduction: (77.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► **342.48**

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A.	Full Name (Last, First, Middle Initial) Diane Slon	Date of Receipt MM / DD / YYYY 07 / 14 / 2008
	Mailing Address 31646 Robinhood Drive	Transaction ID: 100005131
	City State Zip Code Franklin MI 48025	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 Director, MBI Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	Payroll Deduction: (20.00- /Pay Period)

B.	Full Name (Last, First, Middle Initial) Mary Clare Solky	Date of Receipt MM / DD / YYYY 07 / 14 / 2008
	Mailing Address 30387 Windingbrook Lane	Transaction ID: 100005109
	City State Zip Code Farmington MI 48334	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 Director, CBHM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	Payroll Deduction: (20.00- /Pay Period)

C.	Full Name (Last, First, Middle Initial) Ronald R. Stallworth	Date of Receipt MM / DD / YYYY 07 / 14 / 2008
	Mailing Address 8121 Agnes	Transaction ID: 100005115
	City State Zip Code Detroit MI 48214	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Health Alliance Plan Occupation VP - Government Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 560.00	Payroll Deduction: (40.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	160.00
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 15 / 17
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A.

Full Name (Last, First, Middle Initial)
Daniel Trim

Mailing Address 921 Juneau Rd.

City Ypsilanti State MI Zip Code 48198-6323

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

Name of Employer Health Alliance Plan Occupation Mgr - Tech Support/Comp Op

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 14 / 2008

Transaction ID: 100005122

Amount of Each Receipt this Period 80.00

Receipt

Payroll Deduction: (40.00- /Pay Period)

B.

Full Name (Last, First, Middle Initial)
Matthew Walsh

Mailing Address 889 Langley Court

City Rochester Hills State MI Zip Code 48309

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

Name of Employer Health Alliance Plan Occupation Project Dir, Purchaser Initiat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 14 / 2008

Transaction ID: 100005132

Amount of Each Receipt this Period 40.00

Receipt

Payroll Deduction: (20.00- /Pay Period)

C.

Full Name (Last, First, Middle Initial)
Deborah Withrow

Mailing Address 2646 Birch Harbor Ln

City West Bloomfield State MI Zip Code 48324-1904

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

Name of Employer Health Alliance Plan Occupation VP-Strategic Relationships

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 07 / 14 / 2008

Transaction ID: 100005136

Amount of Each Receipt this Period 70.00

Receipt

Payroll Deduction: (35.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	190.00
TOTAL This Period (last page this line number only)	▶	1900.16

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 17

<input 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) CTE Bill Crouchman Mailing Address 20506 Edmunton City Saint Clair Shores State MI Zip Code 48080- Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 200000202 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 8 Amount of Each Disbursement this Period 200.00
B.	Full Name (Last, First, Middle Initial) Friends of Robert Dean Mailing Address PO Box 6861 City Grand Rapids State MI Zip Code 49516-6861 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 200000206 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 8 Amount of Each Disbursement this Period 250.00
C.	Full Name (Last, First, Middle Initial) Comanders Majority Fund Mailing Address 42479 Redfern St City Canton State MI Zip Code 48187-3451 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	Transaction ID: 200000204 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 8 Amount of Each Disbursement this Period 400.00

SUBTOTAL of Disbursements This Page (optional) ▶	850.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 17 / 17

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A.

Full Name (Last, First, Middle Initial)
Coleman A. Young for Detroit

Transaction ID: 200000205

Date of Disbursement

Mailing Address 3430 E Jefferson Ave Ste 438

^M 0	^M 7	/	^D 2	^D 1	/	^Y 2	^Y 0	^Y 0	^Y 8
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City Detroit State MI Zip Code 48207-4233

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
DIRECT CONTRIBUTION

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

250.00

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

1100.00
