



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Health Alliance Plan PAC

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

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 .....	60168.92									
(c) Total Receipts (from Line 19) .....	1945.60	27555.70								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	62114.52	80248.41								
7. Total Disbursements (from Line 31) .....	2387.50	20521.39								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	59727.02	59727.02								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Health Alliance Plan PAC

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

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) .....	1739.90	19624.10
(ii) Unitemized .....	205.70	7931.60
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	1945.60	27555.70
(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) .....	1945.60	27555.70
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)) .....	1945.60	27555.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1945.60	27555.70

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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	371.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	37.50	371.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1750.00	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.....	600.00	9900.00
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))..	2387.50	20521.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2387.50	20521.39

**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) .....	1945.60	27555.70
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1945.60	27555.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	37.50	371.39
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	371.39

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) Scott Allen	Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 3066 Richmond Dr	<b>Transaction ID:</b> 00914.C8032
	City State Zip Code Clarkston MI 48348-5063	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 Assoc Dir, Labor Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 475.00	Payroll Deduction: (25.00- /Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Elizabeth A. Caldwell	Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 24307 Cunningham	<b>Transaction ID:</b> 00914.C8023
	City State Zip Code Warren MI 48091	Amount of Each Receipt this Period 23.10
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Health Alliance Plan Occupation Supervisor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 219.45	Payroll Deduction: (11.55- /Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Elizabeth Chavez	Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 23706 Northstone Village Drive	<b>Transaction ID:</b> 00914.C7989
	City State Zip Code Taylor MI 48180	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 Supv - Claims Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 225.00	Payroll Deduction: (12.50- /Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	98.10
<b>TOTAL</b> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jonathan W. Clement	Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 923 Westchester	<b>Transaction ID:</b> 00914.C7990
	City State Zip Code Grosse Pointe MI 48230-1829	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Health Alliance Plan	Occupation VP - Underwriting & Rating	Payroll Deduction: (40.00- /Bi-Weekly )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kenny Dodson	Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 11236 Meadow Brook Dr.	<b>Transaction ID:</b> 00914.C8004
	City State Zip Code Warren MI 48093	Amount of Each Receipt this Period 34.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Health Alliance Plan	Occupation Mgr - Claims	Payroll Deduction: (17.00- /Bi-Weekly )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 272.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jody L. Doherty	Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 21115 Violet	<b>Transaction ID:</b> 00914.C8021
	City State Zip Code Saint Clair Shores MI 48082	Amount of Each Receipt this Period 34.60
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Health Alliance Plan	Occupation Director	Payroll Deduction: (17.30- /Bi-Weekly )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 328.70	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>148.60</b>
<b>TOTAL</b> 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)  
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 ▼ 570.00

Date of Receipt 09 / 07 / 2010  
**Transaction ID:** 00914.C8025

Amount of Each Receipt this Period 60.00

Receipt

Payroll Deduction: (30.00-  
/Bi-Weekly)

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

Mailing Address 19090 Parkwood Ln

City State Zip Code  
Brownstown Twp MI 48183-6804

FEC ID number of contributing federal political committee. C

Name of Employer Health Alliance Plan      Occupation Sr Member Advocate

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 09 / 07 / 2010  
**Transaction ID:** 00914.C7991

Amount of Each Receipt this Period 50.00

Receipt

Payroll Deduction: (25.00-  
/Bi-Weekly)

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

Mailing Address 1459 N Rochester Rd

City State Zip Code  
Oakland MI 48363-1630

FEC ID number of contributing federal political committee. C

Name of Employer Health Alliance Plan      Occupation VP - Product Development

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt 09 / 07 / 2010  
**Transaction ID:** 00914.C7993

Amount of Each Receipt this Period 80.00

Receipt

Payroll Deduction: (40.00-  
/Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... 190.00

**TOTAL** This Period (last page this line number only) .....



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 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)  
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 ▼ 216.00

Date of Receipt 09 / 07 / 2010  
**Transaction ID:** 00914.C7994

Amount of Each Receipt this Period 24.00

Receipt

Payroll Deduction: (12.00- /Bi-Weekly)

**B.** 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 ▼ 1462.24

Date of Receipt 09 / 07 / 2010  
**Transaction ID:** 00914.C8018

Amount of Each Receipt this Period 153.92

Receipt

Payroll Deduction: (76.96- /Bi-Weekly)

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

Mailing Address 2850 West Grand Boulevard

City State Zip Code  
Detroit MI 48202

FEC ID number of contributing federal political committee. C

Name of Employer Health Alliance Plan      Occupation Manager

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt 09 / 07 / 2010  
**Transaction ID:** 00914.C8024

Amount of Each Receipt this Period 26.00

Receipt

Payroll Deduction: (13.00- /Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... 203.92

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (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

<b>A.</b>	Full Name (Last, First, Middle Initial) Cynthia Hoffman	Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 5768 Whitehaven Dr	<b>Transaction ID:</b> 00914.C8012
	City State Zip Code Troy MI 48085-3188	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 570.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kevin Hurley	Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 45504 Morningside Rd	<b>Transaction ID:</b> 00914.C7987
	City State Zip Code Canton MI 48187-5610	Amount of Each Receipt this Period 24.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (12.00- /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 ▼ 228.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Joyce M. James	Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 20810 Gardner St.	<b>Transaction ID:</b> 00914.C7996
	City State Zip Code Oak Park MI 48237	Amount of Each Receipt this Period 24.00
	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 228.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>108.00</b>
<b>TOTAL</b> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mohammed Kanpurwala		Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 441 Sylvan Dr		Transaction ID: 00914.C7995
	City Canton	State MI	Zip Code 48188-1596
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
	Name of Employer Health Alliance Plan	Occupation Dir - Underwriting/Ahl	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 315.00	Payroll Deduction: (17.50- /Bi-Weekly )

<b>B.</b>	Full Name (Last, First, Middle Initial) Donald Kiefiuk		Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 39810 Karda		Transaction ID: 00914.C7992
	City Sterling Heights	State MI	Zip Code 48313
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
	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 ▼ 680.00	Payroll Deduction: (40.00- /Bi-Weekly )

<b>C.</b>	Full Name (Last, First, Middle Initial) Glen Koslakiewicz		Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 30431 John Hauk		Transaction ID: 00914.C8001
	City Garden City	State MI	Zip Code 48135
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 36.00
	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 ▼ 342.00	Payroll Deduction: (18.00- /Bi-Weekly )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	151.00
<b>TOTAL</b> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Phillip Krause		Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 30526 N. Greenbriar		Transaction ID: 00914.C7998
	City Franklin	State MI	Zip Code 48025
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24.00
	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 ▼ 216.00	Payroll Deduction: (12.00- /Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Ken Kreis		Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 31800 Shawn Dr		Transaction ID: 00914.C7997
	City Warren	State MI	Zip Code 48088-2936
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.00
	Name of Employer Health Alliance Plan	Occupation Mgr - Appl Dev/Bus Supp/Proj M	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 209.00	Payroll Deduction: (11.00- /Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Melissa Kurtz		Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 2850 West Grand Boulevard		Transaction ID: 00914.C8026
	City Detroit	State MI	Zip Code 48202
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	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 ▼ 380.00	Payroll Deduction: (20.00- /Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	86.00
<b>TOTAL</b> 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Michelle Lang</p> <p>Mailing Address 48616 Dunn Court</p> <p>City State Zip Code Macomb MI 48044</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Health Alliance Plan      Occupation: Dir - Coordination of Benefits</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">304.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p><b>Transaction ID:</b> 00914.C8015</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">32.00</span></p> <p>Receipt</p> <p>Payroll Deduction: (16.00- /Bi-Weekly )</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Sandra Ledesma</p> <p>Mailing Address 22429 Provincial St</p> <p>City State Zip Code Trenton MI 48183</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Health Alliance Plan      Occupation: Manager IT</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">328.70</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p><b>Transaction ID:</b> 00914.C8027</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">34.60</span></p> <p>Receipt</p> <p>Payroll Deduction: (17.30- /Bi-Weekly )</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Ryan C. Moore</p> <p>Mailing Address 723 Barclay Drive</p> <p>City State Zip Code Troy MI 48085</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Health Alliance Plan      Occupation: Adm Manager, Office of COO</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">219.26</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p><b>Transaction ID:</b> 00914.C8003</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">23.08</span></p> <p>Receipt</p> <p>Payroll Deduction: (11.54- /Bi-Weekly )</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">89.68</span>
<b>TOTAL</b> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Diane Pawlica		Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 45568 Morningside		Transaction ID: 00914.C8005
	City Canton	State MI	Zip Code 48187
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer Health Alliance Plan	Occupation Dir - System Care Mgmt	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	Payroll Deduction: (20.00- /Bi-Weekly )

<b>B.</b>	Full Name (Last, First, Middle Initial) Vincent Pawloske		Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 5450 Sandlewood Court		Transaction ID: 00914.C8030
	City Waterford	State MI	Zip Code 48329
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer Health Alliance Plan	Occupation Associate Director Finance	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 380.00	Payroll Deduction: (20.00- /Bi-Weekly )

<b>C.</b>	Full Name (Last, First, Middle Initial) Christopher Pike		Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 1657 Wilmington Ct		Transaction ID: 00914.C8007
	City Rochester	State MI	Zip Code 48309
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 160.00
	Name of Employer Health Alliance Plan	Occupation AVP - Information Tech Supp	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1440.00	Payroll Deduction: (80.00- /Bi-Weekly )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	240.00
<b>TOTAL</b> 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"/> 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 ▼ 342.00

Date of Receipt MM / DD / YYYY  
09 / 07 / 2010

**Transaction ID:** 00914.C8016

Amount of Each Receipt this Period 36.00

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 ▼ 561.00

Date of Receipt MM / DD / YYYY  
09 / 07 / 2010

**Transaction ID:** 00914.C8011

Amount of Each Receipt this Period 66.00

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 ▼ 328.70

Date of Receipt MM / DD / YYYY  
09 / 07 / 2010

**Transaction ID:** 00914.C8031

Amount of Each Receipt this Period 34.60

Receipt

Payroll Deduction: (17.30- /Bi-Weekly )

**SUBTOTAL** of Receipts This Page (optional) ..... ► 136.60

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 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 ▼ 1520.00

Date of Receipt: 09 / 07 / 2010

Transaction ID: 00914.C8010

Amount of Each Receipt this Period: 160.00

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 ▼ 228.00

Date of Receipt: 09 / 07 / 2010

Transaction ID: 00914.C8020

Amount of Each Receipt this Period: 24.00

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 ▼ 760.00

Date of Receipt: 09 / 07 / 2010

Transaction ID: 00914.C8014

Amount of Each Receipt this Period: 80.00

Receipt

Payroll Deduction: (40.00- /Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 264.00

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) Peter A. Stewart		Date of Receipt
	Mailing Address 7961 Little Farm Lane		<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	West Bloomfield	MI	48322
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer Health Alliance Plan	Occupation Manager Auditing Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="228.00"/>	Amount of Each Receipt this Period <input type="text" value="24.00"/>
			Receipt  Payroll Deduction: (12.00- /Bi-Weekly )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="24.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="1739.90"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 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

Transaction ID: 00914.E333

Date of Disbursement

Mailing Address P.O. Box 75000

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

City State Zip Code  
Detroit MI 48275-

Amount of Each Disbursement this Period

37.50
-------

Purpose of Disbursement  
August Operating Expense

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

AUGUST OPERATING EXPENSE

State: District:

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 19 / 20

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

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

A.

Full Name (Last, First, Middle Initial)  
Hansen Clarke for Congress

Transaction ID: 01011.E334

Date of Disbursement

Mailing Address 3143 Woodward Ave

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

City Detroit State MI Zip Code 48201-2723

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
DIRECT CONTRIBUTION

Category/  
Type

Candidate Name  
HANSEN CLARKE

Office Sought:  House  
 Senate  
 President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

DIRECT CONTRIBUTION

State: MI District: 13

B.

Full Name (Last, First, Middle Initial)  
Candice Miller for Congress Committee

Transaction ID: 01011.E335

Date of Disbursement

Mailing Address PO Box 182152

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

City Utica State MI Zip Code 48318-2152

Amount of Each Disbursement this Period

750.00
--------

Purpose of Disbursement  
DIRECT CONTRIBUTION

Category/  
Type

Candidate Name  
CANDICE S. MILLER

Office Sought:  House  
 Senate  
 President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

DIRECT CONTRIBUTION

State: MI District: 10

SUBTOTAL of Disbursements This Page (optional) .....

1750.00
---------

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

1750.00
---------

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 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)  
Jansen Legacy Fund

Mailing Address PO Box 13034

City State Zip Code  
Lansing MI 48901-3034

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 01011.E336

Date of Disbursement

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

Amount of Each Disbursement this Period

600.00
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**SUBTOTAL** of Disbursements This Page (optional) ..... ►

600.00
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**TOTAL** This Period (last page this line number only) ..... ►

600.00
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