

**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

CITY

STATE

ZIP CODE

C00410670

3. IS THIS REPORT

NEW (N) OR

X

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Quarterly Report (YE)

X July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(d) 30-Day Post-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

01

01

2005

through

08

30

2005

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 Hoerbering

Signature of Treasurer

Electronically Filed by James W Hoerbering

Date

08

09

2005

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

FEC FORM 3X
(Rev. 02/2003)

**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: ^M01 ^D01 ^Y2005 To: ^M06 ^D30 ^Y2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2005		0.00
(b) Cash on Hand at Beginning of Reporting Period	0.00	
(c) Total Receipts (from Line 19)	30785.38	30785.38
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	30785.38	30785.38
7. Total Disbursements (from Line 31)	15762.95	15762.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	15022.43	15022.43
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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name
Health Alliance Plan PAC

Report Covering the Period: From: ^M01 ⁻01 ⁻2005^Y To: ^M06 ⁻30 ⁻2005^Y

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)	27077.75	27077.75
(ii) Unitemized	3707.63	3707.63
(iii) TOTAL (add Lines 11(a)(i) and (ii))	30785.38	30785.38
(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)	30785.38	30785.38
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))	30785.38	30785.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	30785.38	30785.38

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	262.95	262.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	262.95	262.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6500.00	6500.00
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.....	9000.00	9000.00
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 ActMty (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))..	15762.95	15762.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(i) from Line 31).....	15762.95	15762.95

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	30785.38	30785.38
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30785.38	30785.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	262.95	262.95
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	262.95	262.95

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

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

FOR LINE NUMBER: PAGE 6 / 21

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Ronald W. Berry		Date of Receipt M / D / Y 04 / 25 / 2005	
Mailing Address 1043 Woods Lane		Transaction ID: 100000020	
City Grosse Pointe	State MI	Zip Code 48236	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Alliance Plan	Occupation SVP, CFO	Aggregate Year-to-Date ▼ 2000.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Mary Beth Bolton		Date of Receipt M / D / Y 04 / 19 / 2005	
Mailing Address 21708 Chase		Transaction ID: 100000011	
City Novi	State MI	Zip Code 48235	Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Alliance Plan	Occupation SVP - CMO	Aggregate Year-to-Date ▼ 1500.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Therese Boyle		Date of Receipt M / D / Y 05 / 23 / 2005	
Mailing Address 1210 Otter		Transaction ID: 100000112	
City Waterford	State MI	Zip Code 48328	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Alliance Plan	Occupation Manager - Clinics	Aggregate Year-to-Date ▼ 300.00	
Receipt For: Primary General Other (specify) ▼		Payroll Deduction: (300.0- 0/Pay Period)	

SUBTOTAL of Receipts This Page (optional) ► **3900.00**

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

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

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

FOR LINE NUMBER: PAGE 7 / 21

(check only one)

11a 11b 11c 12
13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Ronald R. Cook		Date of Receipt M / D / Y 04 / 08 / 2005
Mailing Address 8121 Agnes		Transaction ID: 100000004
City Detroit	State MI	Zip Code 48214
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Health Alliance Plan	Occupation Vice President-Government Affa	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Ronald R. Cook		Date of Receipt M / D / Y 05 / 11 / 2005
Mailing Address 8121 Agnes		Transaction ID: 100000047
City Detroit	State MI	Zip Code 48214
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Health Alliance Plan	Occupation Vice President-Government Affa	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
		Payroll Deduction: (25.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. Kevin Coughlin		Date of Receipt M / D / Y 04 / 08 / 2005
Mailing Address 44315 S. Umberland Circle		Transaction ID: 100000005
City Canton	State MI	Zip Code 48187
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Health Alliance Plan	Occupation Manager, IS	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	900.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 8 / 21

(check only one)

11a 11b 11c 12
13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Donald Davis		Date of Receipt M / D / Y 04 / 25 / 2005
Mailing Address 11417 Fellows Creek Dr.		Transaction ID: 100000021
City Plymouth	State MI	Zip Code 48170
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Health Alliance Plan	Occupation V.P. Human Resources	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Michael A. Elinski		Date of Receipt M / D / Y 04 / 08 / 2005
Mailing Address 3434 Essex Drive		Transaction ID: 100000006
City Troy	State MI	Zip Code 48064
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Health Alliance Plan	Occupation AVP-Technology & E Business	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Angela H. Gardner		Date of Receipt M / D / Y 08 / 07 / 2005
Mailing Address P.O. Box 24283		Transaction ID: 100000181
City Detroit	State MI	Zip Code 48224
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Health Alliance Plan	Occupation Director	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
		Payroll Deduction: (400.0- 0/Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	2900.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 9 / 21

(check only one)

11a 11b 11c 12
13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Jeanette H. Gity		Date of Receipt M / D / Y 05 / 20 / 2005
Mailing Address 18246 Stoepel		Transaction ID: 100000098
City Detroit	State MI	Zip Code 48221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Health Alliance Plan	Occupation Director, Client Services	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Diane Gahl		Date of Receipt M / D / Y 05 / 11 / 2005
Mailing Address 241D 22nd Street		Transaction ID: 100000059
City Wyandotte	State MI	Zip Code 48192
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Health Alliance Plan	Occupation Manager Quality Review	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
		Payroll Deduction: (300.0-Of Pay Period)

Full Name (Last, First, Middle Initial) C. L. Elaine Helms		Date of Receipt M / D / Y 05 / 23 / 2005
Mailing Address 441B Robinwood		Transaction ID: 100000040
City Royal Oak	State MI	Zip Code 48073
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Health Alliance Plan	Occupation AVP	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1200.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 10 / 21

(check only one)

11a 11b 11c 12
13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Donald Hitt		Date of Receipt M / D / Y 04 / 27 / 2005
Mailing Address 736 Lakepointe		Transaction ID: 100000025
City	State	Zip Code
Grosse Pointe	MI	48230
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Health Alliance Plan	Occupation VP Org. Performance	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. Mumtaz A. Ibrahim		Date of Receipt M / D / Y 04 / 27 / 2005
Mailing Address 21833 Sheffield Drive		Transaction ID: 100000027
City	State	Zip Code
Farmington	MI	48335
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
Name of Employer Health Alliance Plan	Occupation Sr. Assoc. Med Director	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. Donald Kestek		Date of Receipt M / D / Y 05 / 20 / 2005
Mailing Address 39810 Karda		Transaction ID: 100000039
City	State	Zip Code
Sterling Heights	MI	48313
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
Name of Employer Health Alliance Plan	Occupation AVP Claim Operation	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional)	▶	2900.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 11 / 21

(check only one)

11a 11b 11c 12
13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Philip Krause		Date of Receipt M / D / Y 04 / 25 / 2005
Mailing Address 30528 N. Greenbriar		Transaction ID: 100000023
City	State	Zip Code
Franklin	MI	48025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Health Alliance Plan	Occupation Manager, MBI	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Julie LeJoice		Date of Receipt M / D / Y 05 / 23 / 2005
Mailing Address 15783 Jonas Avenue		Transaction ID: 100000038
City	State	Zip Code
Allen Park	MI	48101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Health Alliance Plan	Occupation Manager	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Aish Martins		Date of Receipt M / D / Y 04 / 27 / 2005
Mailing Address 19193 Pannington Drive		Transaction ID: 100000028
City	State	Zip Code
Detroit	MI	48221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 275.00
Name of Employer Health Alliance Plan	Occupation Manager	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	875.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 12 / 21
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Colleen McClurey		Date of Receipt M / D / Y 04 / 25 / 2005
Mailing Address 48188 Andover Drive		Transaction ID: 100000017
City Detroit	State MI	Zip Code 48374
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 277.75
Name of Employer Health Alliance Plan	Occupation Vice President, Associate Gen	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 277.75	
		Payroll Deduction: (55.55- /Pay Period)

Full Name (Last, First, Middle Initial) B. Maurice E. McMurray		Date of Receipt M / D / Y 04 / 15 / 2005
Mailing Address 17127 Fairfield		Transaction ID: 100000009
City Detroit	State MI	Zip Code 48221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Health Alliance Plan	Occupation SVP & General Counsel	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. G.S. Mwangulu		Date of Receipt M / D / Y 08 / 22 / 2005
Mailing Address 23816 Dear Run		Transaction ID: 100000035
City Farmington	State MI	Zip Code 48331
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Health Alliance Plan	Occupation Assoc. Medical Director	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	2777.75
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 13 / 21
(check only one)
 11a 11b 11c 12
13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Balakrishna Pai		Date of Receipt M / D / Y 04 / 25 / 2005
Mailing Address 1977 Long Point Drive		Transaction ID: 100000022
City Bloomfield Hills	State MI	Zip Code 48302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
Name of Employer Health Alliance Plan	Occupation Sr. Assoc. Med Director	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. Francine Parker		Date of Receipt M / D / Y 04 / 15 / 2005
Mailing Address 22700 Gordon Switch		Transaction ID: 100000010
City Saint Clair Shores	State MI	Zip Code 48081-0000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Health Alliance Plan	Occupation President & CEO	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Patricia R. Richards		Date of Receipt M / D / Y 04 / 27 / 2005
Mailing Address 5570 Nottingham #102		Transaction ID: 100000029
City Dearborn	State MI	Zip Code 48128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Health Alliance Plan	Occupation Sr. Vice President & COO	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)	4300.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 14 / 21

(check only one)

11a 11b 11c 12
13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Chrystal M. Roberts		Date of Receipt M / D / Y 05 / 09 / 2005
Mailing Address 248D1 Pinehurst Avenue		Transaction ID: 100000091
City Oak Park	State MI	Zip Code 48237
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 425.00
Name of Employer Health Alliance Plan	Occupation Director	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) B. Diana Rosen		Date of Receipt M / D / Y 05 / 11 / 2005
Mailing Address 2158 Cumberland Drive		Transaction ID: 100000068
City Brighton	State MI	Zip Code 48114
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Health Alliance Plan	Occupation Vice President Financial Svcs	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
		Payroll Deduction: (75.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. Nancy Ruhl		Date of Receipt M / D / Y 04 / 25 / 2005
Mailing Address 14985 Country Club		Transaction ID: 100000014
City Livonia	State MI	Zip Code 48154-5144
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Health Alliance Plan	Occupation AVP	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
		Payroll Deduction: (500.0- 0/Pay Period)

SUBTOTAL of Receipts This Page (optional)	1225.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 15 / 21

(check only one)

11a 11b 11c 12
13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Katherine Scher		Date of Receipt M / D / Y 05 / 11 / 2005
Mailing Address 3201 Witherbee		Transaction ID: 100000069
City	State	Zip Code
Troy	MI	48064
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Health Alliance Plan	Occupation Manager	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
		Payroll Deduction: (300.00/Pay Period)

Full Name (Last, First, Middle Initial) B. Susan Schwandt		Date of Receipt M / D / Y 06 / 27 / 2005
Mailing Address 2007 Rector Court		Transaction ID: 100000037
City	State	Zip Code
Canton	MI	48188
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Health Alliance Plan	Occupation Public Relations Director	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Danna Strosky		Date of Receipt M / D / Y 05 / 03 / 2005
Mailing Address 881D Charbana		Transaction ID: 100000030
City	State	Zip Code
White Lake	MI	48388-4014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Health Alliance Plan	Occupation SVP, CFO	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	2700.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 16 / 21

(check only one)

11a 11b 11c 12
13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Diane Sloan		Date of Receipt M / D / Y 04 / 08 / 2005	
Mailing Address 31646 Robinhood Drive		Transaction ID: 100000007	
City Franklin	State MI	Zip Code 48025	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Alliance Plan	Occupation Director, MBI	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Jamie Spriet		Date of Receipt M / D / Y 04 / 27 / 2005	
Mailing Address 895 Bishop Road		Transaction ID: 100000026	
City Grosse Pointe	State MI	Zip Code 48220	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Alliance Plan	Occupation VP Sales & Marketing	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Ronald C. Wecker		Date of Receipt M / D / Y 05 / 05 / 2005	
Mailing Address 51 Chelton Lane		Transaction ID: 100000032	
City Oakland	State CA	Zip Code 94611	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Alliance Plan	Occupation Special Advisor	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: PAGE 17 / 21

(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Randy Walker		Date of Receipt M / D / Y 04 / 08 / 2005	
Mailing Address 25474 Edge Mont		Transaction ID: 100000008	
City Southfield	State MI	Zip Code 48034	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Alliance Plan	Occupation VP Medical Management Admin	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	27077.75

**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 / 21

<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
	27		28a		28b		28c		29		30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

A. Comerica Bank

Mailing Address P.O. Box 75000

City Detroit State MI Zip Code 48275-

Purpose of Disbursement
MERCHANT FEE MAY

Candidate Name

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

State: District

Category/
Type

Transaction ID: 200000010

Date of Disbursement

05 / 03 / 2005

Amount of Each Disbursement this Period

185.50

MERCHANT FEE MAY

Full Name (Last, First, Middle Initial)

B. Comerica Bank

Mailing Address P.O. Box 75000

City Detroit State MI Zip Code 48275-

Purpose of Disbursement
MERCHANT FEE JUNE

Candidate Name

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

State: District

Category/
Type

Transaction ID: 200000013

Date of Disbursement

06 / 02 / 2005

Amount of Each Disbursement this Period

77.45

MERCHANT FEE JUNE

SUBTOTAL of Disbursements This Page (optional) ▶

262.95

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

262.95

**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 / 21

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)
A. Americas Health Insurance Plan

Mailing Address 601 Pennsylvania Avenue NW
South Building Suite 500

City Washington State DC Zip Code 20004-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Office Sought: House Disbursement For: 2005
Senate Primary General
President X Other (specify) ▼
State: District Annual/Other

Category/
Type

Transaction ID: 200000001
Date of Disbursement

05 / 11 / 2005

Amount of Each Disbursement this Period

5000.00

DIRECT CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. Stabenow For U. S. Senate

Mailing Address P.O. Box 4845

City East Lansing State MI Zip Code 48826-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name
DEBBIE STABENOW

Office Sought: House Disbursement For: 2006
X Senate Primary General
President Other (specify) ▼
State: MI District 00

Category/
Type

Transaction ID: 200000009
Date of Disbursement

06 / 08 / 2005

Amount of Each Disbursement this Period

1500.00

DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

6500.00

**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 / 21

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)
A. Detroit Regional Chamber PAC II

Mailing Address 101 S. Washington Square
Suite 82D

City Lansing State MI Zip Code 48933-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: 2005
Primary General
X Other (specify) ▼
Annual/Other

Category/
Type

Transaction ID: 200000005
Date of Disbursement

05 / 24 / 2005

Amount of Each Disbursement this Period

1050.00

Full Name (Last, First, Middle Initial)
B. Committee to Elect Jai-Lee Dearing

Mailing Address 2735 Russell

City Detroit State MI Zip Code 48214-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: 2005
X Primary General
Other (specify) ▼

Category/
Type

Transaction ID: 200000018
Date of Disbursement

06 / 28 / 2005

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)
C. Citizens to Elect Edward Gaffney

Mailing Address 283 Kentwood Court

City Grosse Pointe State MI Zip Code 48238-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: 2006
Primary X General
Other (specify) ▼

Category/
Type

Transaction ID: 200000004
Date of Disbursement

05 / 17 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2400.00

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

**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 21 / 21

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)
A. Granholm for Governor

Mailing Address P.O. Box 17127

City State Zip Code
Lansing MI 48901-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: 200000015
Date of Disbursement

05 / 19 / 2005

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)
B. Kilpatrick for Mayor

Mailing Address P.O. Box 44710

City State Zip Code
Detroit MI 48224-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: 200000018
Date of Disbursement

06 / 17 / 2005

Amount of Each Disbursement this Period

3400.00

SUBTOTAL of Disbursements This Page (optional) ▶

6400.00

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

8800.00