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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Health Alliance Plan PAC 2850 West Grand Boulevard ADDRESS (number and street) Check if different than previously Detroit МІ 48202 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00410670 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 Χ PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 04 0 1 2006 06 30 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. James W Hoeberling Type or Print Name of Treasurer Electronically Filed by James W Hoeberling 07 07 2006 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 02/2003) Only

Image# 26950211618

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Health Alliance Plan PAC [®] D " D 0.4 0 1 2006 0.6 3 0 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 13294.66 2006 January 1 (b) Cash on Hand at 27092.41 Begining of Reporting Period 14456.65 34265.93 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 41549.06 47560.59 6(a) and 6(c) for Column B) 10399.27 16410.80 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 31149.79 31149.79 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) 0.00 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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:

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From:

01

2006

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^D 3^D 0

2006

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	ributions (other than loans) From: Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	12048.51	24694.06
	(ii) Unitemized	2408.14	8971.87
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	14456.65	33665.93
	Political Party Committees	0.00	0.00
. ,	Other Political Committees (such as PACs) Total Contributions (add Lines	0.00	600.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	14456.65	34265.93
	sfers From Affiliated/Other Committees	0.00	0.00
3. All Lo	pans Received	0.00	0.00
	Repayments Receivedets To Operating Expenditures	0.00	0.00
(Refu (Carr	unds, Rebates, etc.) y Totals to Line 37, page 5)	0.00	0.00
to Fe	deral candidates and Other cal Committees	0.00	0.00
	r Federal Receipts dends, Interest, etc.)	0.00	0.00
-	sfers from Non-Federal and Levin Funds		
٠,	Ion-Federal Account (from Schedule H3)	0.00	0.00
(b) L	evin Funds (from Schedule H5)	0.00	0.00
(c) T	otal Transfer (add 18(a) and 18(b)).	0.00	0.00
	Receipts (add Lines 11(d), 3, 14, 15, 16, 17, and 18(c))	14456.65	34265.93
	Federal Receipts ract Line 18(c) from Line 19)	14456.65	34265.93

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

II. DISBURSEME	NTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Operating Expenditures: (a) Shared Federal/Non 	-Foderal	-	
Activity (from Sched		0.00	0.00
(i) Federal Share.		0.00	0.00
(ii) Non-Federal SI		0.00	0.00
(b) Other Federal Opera Expenditures		149.27	210.80
(c) Total Operating Exp (add 21(a)(i), (a)(ii) a	enditures	149.27	210.80
Transfers to Affiliated/Ot		110.27	210.00
Committees	· ·	0.00	0.00
 Contributions to Federal Candidates/Com and Other Political Comn 	mittees	1000.00	6000.00
Independent Expenditure		0.00	200
(use Schedule E)	s Made by Party	0.00	0.00
Committees (2 U.S.C. 44 (use Schedule F)	1a(d))	0.00	0.00
. Loan Repayments Made.		0.00	0.00
. Loans Made		0.00	0.00
 Refunds of Contributions (a) Individuals/Persons Than Political Comm 	Other	0.00	0.00
(b) Political Party Comn	nittees	0.00	0.00
(c) Other Political Commosuch as PACs)	mittees	0.00	0.00
(d) Total Contribution R			
(add Lines 28(a), (b)	, and (c))	0.00	0.00
Other Disbursements		9250.00	10200.00
). Federal Election Activity	. , ,,		
(a) Shared Federal Elec (from Schedule H6)	LION ACTIVITY		
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Act With Federal Funds		0.00	0.00
(c) Total Federal Election Lines 30(a)(i), 30(a	* '	0.00	0.00
. Total Disbursements (ad	d Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d)	, 29 and 30(c))	10399.27	16410.80
. Total Federal Disbursen			
(subtract Line 21(a)(ii) fr from Line 31)	` ' ' '	10399.27	16410.80
		10000.27	10-10.00

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)	14456.65	34265.93
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14456.65	34265.93
66. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	149.27	210.80
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	149.27	210.80

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 24
	ITEMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	ny information copied from such Reports and S	tatements may	v not be sold or used by any perso	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	Health Alliance Plan PAC			
_	Full Name (Last, First, Middle Initial)			
A.				Date of Receipt
	Mailing Address 29719 Sierra Pointe Ci	rcle		M M / D D / Y Y Y Y
	City	Ctoto	Zin Codo	04 10 2006
	Farmington	State MI	Zip Code 48331	Transaction ID: 100001345 Amount of Each Receipt this Period
			40001	
	FEC ID number of contributing federal political committee.			154.00
	Name of Employer	Occupation	n	Receipt
	Health Alliance Plan		M Consulting	
	Receipt For:		e Year-to-Date ▼	
	Primary General	1 1	250.00	Payroll Deduction: (22.00-
	Other (specify) ▼		250.00	/Pay Period)
_	Full Name (Last, First, Middle Initial)			
В.	Ronald W. Berry			Date of Receipt
	Mailing Address 1043 Woods Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	04 07 2006
	Grosse Pointe	MI	48236	Transaction ID: 100001286 Amount of Each Receipt this Period
	FEC ID number of contributing		40200	
	federal political committee.	C		2000.00
	Name of Employer	Occupation	n	Receipt
	Name of Employer Health Alliance Plan	SVP, CF		
	Receipt For:		e Year-to-Date ▼	
	Primary General		2000.00	1
	Other (specify) ▼		2000.00	
_	Full Name (Last, First, Middle Initial)			
C.	Angela K. Branch			Date of Receipt
	Mailing Address 81 Atkinson			04 10 2006
	City	State	Zip Code	Transaction ID: 100001329
	Detroit	MI	48202	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1	
	federal political committee.	С		122.50
	Name of Employer	Occupation	n	Receipt
	Name of Employer Health Alliance Plan		tomer Retention & Edu	
			e Year-to-Date ▼	
	Primary General	1 1	254.50	Payroll Deduction: (17.50-
	Other (specify)		201100	Páy Period)`
s	SUBTOTAL of Receipts This Page (optional)			2276.50
			·	
T	OTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/24 (check only one) X 11a 11b 11c 12
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC			
	Full Name (Last, First, Middle Initial) Kenneth A. Braun Mailing Address 6429 Houghten City Troy FEC ID number of contributing	State MI	Zip Code 48098	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Health Alliance Plan Receipt For: Primary General Other (specify)	Occupation Dir - Labo		Payroll Deduction: (17.00-/Pay Period)
3.	Full Name (Last, First, Middle Initial) McKinley Broadus Mailing Address 3182 Woods Circle City	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	Detroit FEC ID number of contributing federal political committee. Name of Employer Health Alliance Plan Receipt For: Primary General Other (specify)	Occupation Dir - Fin S Aggregate		Amount of Each Receipt this Period 112.00 Receipt Payroll Deduction: (16.00-/Pay Period)
	Full Name (Last, First, Middle Initial) John D. Calabria Mailing Address 2030 Brinston Drive City Troy FEC ID number of contributing	State MI	Zip Code 48083	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary Other (specify) ▼ Rederal political committee. Replayer Health Alliance Plan General Other (specify) ▼	Occupation Assoc Me		Payroll Deduction: (31.00-/Pay Period)
SI	JBTOTAL of Receipts This Page (optional)			448.00
т(OTAL This Period (last page this line number o	nly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 24
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	r not be sold or used by any pers Iress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	Health Alliance Plan PAC			
Α.	Full Name (Last, First, Middle Initial) Jonathan W. Clement			Date of Receipt
	Mailing Address 923 Westchester			04 / 10 / 2006
	City	State	Zip Code	Transaction ID: 100001349
	Grosse Pointe	MI	48230-1829	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		280.00
	Name of Employer Health Alliance Plan	Occupation VP - Und	n erwriting & Rating	Receipt
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	Payroll Deduction: (40.00-/Pay Period)
— В.	Full Name (Last, First, Middle Initial) Ronald R. Cook			Date of Receipt
ъ.	Mailing Address 8121 Agnes			M M / D D / Y Y Y Y Y Y O O O O O O O O O O O O O
	City	State	Zip Code	Transaction ID: 100001293
	Detroit	MI	48214	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		280.00
	Name of Employer Health Alliance Plan	Occupation VP - Gov	n ernment Affairs	Receipt
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		545.00	Payroll Deduction: (40.00-/Pay Period)
<u> </u>	Full Name (Last, First, Middle Initial) Gwendolyn Davenport			Date of Receipt
	Mailing Address 11372 Whitehill			04 10 2006
	City	State	Zip Code	Transaction ID: 100001295
	Detroit	MI	48224-1653	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		114.45
	Name of Employer Health Alliance Plan	Occupation Dir - Cred	n dentialing Services	Receipt
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		237.55	Payroll Deduction: (16.35-/Pay Period)
s	UBTOTAL of Receipts This Page (optional)			674.45
T	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 9/24		
	EMIZED RECEIPTS		or each category of the	(check only one)		
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17		
Δn	y information copied from such Reports and St	atements may	not be sold or used by any pers			
or	for commercial purposes, other than using the	name and add	lress of any political committee to	o solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
	Health Alliance Plan PAC					
Α.	Full Name (Last, First, Middle Initial) Donald Davis			Date of Receipt		
	Mailing Address 11417 Fellows Creek D	rive		0 4 1 0 2 0 0 6		
	City	State	Zip Code	Transaction ID: 100001296		
	Plymouth MI		48170	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		539.00		
	Name of Employer Health Alliance Plan	Occupation	n ef Officer, HR/Sprt Sv	Receipt		
	Receipt For:		Year-to-Date ▼			
	Primary General	00 0		Payroll Deduction: (77.00-		
	Other (specify) ▼	0 0	1001.00	Páy Period)		
_	Full Name (Last, First, Middle Initial)			Bata of Bassian		
В.	Michael A. Elinski Mailing Address 3434 Essex			Date of Receipt		
	Walling Address 3434 Essex			04 10 2006		
	City	State	Zip Code	Transaction ID: 100001346		
	Troy	MI	48084	Amount of Each Receipt this Period		
	FEC ID number of contributing	C		175.00		
	federal political committee.					
	Name of Employer Health Alliance Plan	Occupation		Receipt		
			chnology & eBusiness D			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	B		
	Other (specify)	' '	275.00	Payroll Deduction: (25.00- /Pay Period)		
		0 0		,		
C.	Full Name (Last, First, Middle Initial) Vincenzo G. Ferri			Date of Receipt		
	Mailing Address 726 S. Renaud			0 4 1 0 2 0 0 6		
	City	State	Zip Code	Transaction ID: 100001333		
	Grosse Pointe Wood	MI	48236	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		147.00		
	Name of Employer Health Alliance Plan Receipt For: Aggree			111.00		
			1	Receipt		
			s Affiliations & Suppo			
			Year-to-Date ▼			
	Primary General Other (specify)	' '	294.00	Payroll Deduction: (21.00- /Pay Period)		
	Citiei (specify))		
	IIDTOTAL of December This Deser (autisms)			861.00		
	UBTOTAL of Receipts This Page (optional)					
T	TOTAL This Period (last page this line number only)					

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 24
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δη	y information copied from such Reports and Si	tatements may	y not he sold or used by any ners	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Health Alliance Plan PAC			
_	Full Name (Last, First, Middle Initial)			
Α.	Howard Flasch			Date of Receipt
	Mailing Address 1459 N Rochester Rd			04 10 2006
	City	State	Zip Code	Transaction ID: 100001347
	Oakland	MI	48363-1630	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		280.00
	Name of Employer	Occupation	า	Receipt
	Name of Employer Health Alliance Plan		duct Development	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		400.00	Payroll Deduction: (40.00-
	Other (specify)	0 0		/Páy Period)`
В.	Full Name (Last, First, Middle Initial) Angela H. Gardner			Date of Receipt
	Mailing Address 4136 Bishop			M M / D D / Y Y Y Y
	,			04 10 2006
	City	State	Zip Code	Transaction ID: 100001297
	Detroit	MI	48224-2318	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		112.00
	Name of Francisco			Receipt
	Name of Employer Health Alliance Plan	Occupation	n keting Comm Group	
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		Payroll Deduction: (16.00-
	Other (specify) ▼	0 0	208.00	/Pay Period)
<u> </u>	Full Name (Last, First, Middle Initial) Jeanette H. Girty			Date of Receipt
٠.	Mailing Address 18246 Stoepel			M M / D D / Y Y Y Y
	<u> </u>			04 10 2006
	City	State	Zip Code	Transaction ID: 100001302
	Detroit	MI	48221	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		121.17
			n nt Svcs Operations	Receipt
			Year-to-Date ▼	
	Primary General		225.03	Payroll Deduction: (17.31-
	Other (specify) ▼		223.03	/Pay Period)
s	UBTOTAL of Receipts This Page (optional)			513.17
	1 -0- (-1)		·	
T	OTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 24
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
•	· ····································			13 14 15 16 17
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and ado	not be sold or used by any persitress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Health Alliance Plan PAC			
Α.	Full Name (Last, First, Middle Initial) Mark Hall			Date of Receipt
	Mailing Address 25450 Constitution			04 10 7 2006
	City	State	Zip Code	Transaction ID: 100001308
	Novi	MI	48375-1763	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		215.39
	Name of Employer Health Alliance Plan	Occupation AVP - NE	n 3 Dist Channel Mgmt	Receipt
	Receipt For:		Year-to-Date ▼	
	Primary General		400.01	Payroll Deduction: (30.77-
	Other (specify) ▼	0 0	400.01	/Páy Period)
В.	Full Name (Last, First, Middle Initial) Cynthia Hart			Date of Receipt
	Mailing Address 232 Cedar Bend Rd			04 10 2006
	City	State	Zip Code	Transaction ID: 100001309
	Lake Orion	MI	48362-3284	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		126.00
	Name of Employer Health Alliance Plan	Occupation		Receipt
			tem Care Mgmt	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		234.00	Payroll Deduction: (18.00- /Pay Period)
<u> </u>	Full Name (Last, First, Middle Initial) Cynthia Hoffman			Date of Receipt
	Mailing Address 5768 Whitehaven Dr			0 4 1 0 2 0 0 6
	City	State	Zip Code	Transaction ID: 100001292
	Troy	MI	48085-3188	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		140.00
	Name of Employer Health Alliance Plan	Occupation	n ommerce & Tech Plannin	Receipt
			Year-to-Date ▼	
	Primary General Other (specify) ▼		240.00	Payroll Deduction: (20.00-/Pay Period)
s	UBTOTAL of Receipts This Page (optional)			481.39
\vdash	OTAL This Period (last page this line number of			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 12/24
	ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	Health Alliance Plan PAC			
Α.	Full Name (Last, First, Middle Initial) Joyce M. James			Date of Receipt
	Mailing Address 20810 Gardner St.			04 10 7 2006
	City	State	Zip Code	Transaction ID: 100001300
	Oak Park	MI	48237	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		119.00
	Name of Employer Health Alliance Plan	Occupation Mgr - Pro		Receipt
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		238.00	Payroll Deduction: (17.00-/Pay Period)
— В.	Full Name (Last, First, Middle Initial) Thomas Jepsen			Date of Receipt
	Mailing Address 1510 Fairholme			0 4 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 100001303
	Grosse Pointe Wood	MI	48236	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		112.00
	Name of Employer	Occupation	ı	Receipt
	Health Alliance Plan	Dir - Sup	•	
	Receipt For:	Aggregate	Year-to-Date ▼	_
	Primary General Other (specify) ▼		233.00	Payroll Deduction: (16.00-/Pay Period)
<u> </u>	Full Name (Last, First, Middle Initial) Donald Kiefiuk			Date of Receipt
	Mailing Address 39810 Karda			0 4 2 4 2 0 0 6
	City	State	Zip Code	Transaction ID: 100001356
	Sterling Heights	MI	48313	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Health Alliance Plan	Occupation AVP Clai	n m Operation	Receipt
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
s	UBTOTAL of Receipts This Page (optional)			1231.00
	OTAL This Period (last page this line number of	only)	I	

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 24 (check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	tements may ame and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	Health Alliance Plan PAC			
۹.	Full Name (Last, First, Middle Initial) Glen Koslakiewicz			Date of Receipt
	Mailing Address 30431 John Hauk			04 10 7 2006
	City	State	Zip Code	Transaction ID: 100001305
	Garden City	MI	48135	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		108.50
	Name of Employer Health Alliance Plan	Occupation Dir - Fin (n Operations	Receipt
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		214.00	Payroll Deduction: (15.50-/Pay Period)
3.	Full Name (Last, First, Middle Initial) Mark Lafata			Date of Receipt
	Mailing Address 377 Arthur			0 4 1 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 100001306
	Plymouth	MI	48170-1120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		108.50 Receipt
	Name of Employer Health Alliance Plan	Occupation Sr Finance	n ce Administrator/HMS	песері
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		223.50	Payroll Deduction: (15.50-/Pay Period)
D.	Full Name (Last, First, Middle Initial) Anita Landino			Date of Receipt
	Mailing Address 43885 Boulder			04 10 7 2006
	City	State	Zip Code	Transaction ID: 100001299
	Clinton Township	MI	48038	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		105.00
	Name of Employer Health Alliance Plan	Occupation Assoc Dir	n r - Advertising/Comm	Receipt
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	205.00	Payroll Deduction: (15.00-/Pay Period)
SI	UBTOTAL of Receipts This Page (optional)			322.00
т	OTAL This Period (last page this line number or	ıly))	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 24
	ITEMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED HEOLII 10		Detailed Summary Page	X 11a 11b 11c 12
Δη	y information copied from such Reports and S	tatamente mai	rnot he cold or used by any nore	13 14 15 16 17
or	for commercial purposes, other than using the	name and add	dress of any political committee to	osolicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	Health Alliance Plan PAC			
	Full Name (Last, First, Middle Initial)			
A.	Michelle Lang			Date of Receipt
	Mailing Address 48616 Dunn Court			M M / D D / Y Y Y Y
	City	State	Zip Code	04 10 2006
	City Macomb	MI	48044	Transaction ID: 100001337 Amount of Each Receipt this Period
	FEC ID number of contributing		10011	
	federal political committee.	C		119.00
	Name of Employer	Occupation	 1	Receipt
	Name of Employer Health Alliance Plan		rdination of Benefits	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	255.00	Payroll Deduction: (17.00- /Pay Period)
	Other (specify) ▼	0 0	0 0 0 0 0 0 0	/ray renou)
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 48188 Andover Dr.			04 10 2006
	City	State	Zip Code	Transaction ID: 100001340
	Detroit	MI	48374	Amount of Each Receipt this Period
	FEC ID number of contributing	С		280.00
	federal political committee.			
	Name of Employer Health Alliance Plan	Occupation	ı	Receipt
			oc General Counsel	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		535.55	Payroll Deduction: (40.00- /Pay Period)
		1 1	0 0 0 0 0 0 0	,
C.	Full Name (Last, First, Middle Initial) G.S. Mwaungulu			Date of Receipt
J.	Mailing Address 29816 Deer Run			M M / D D / Y Y Y Y
				04 06 2006
	City	State	Zip Code	Transaction ID: 100001285
	Farmington	MI	48331	Amount of Each Receipt this Period
	Hoolth Allian's Dlan			450.00
				Receipt
			n ledical Director	
			Year-to-Date ▼	\dashv
				7
	Other (specify) ▼		450.00	1
s	UBTOTAL of Receipts This Page (optional)			849.00
H			<u>'</u>	
T	OTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 15/24
ITEMIZED RECEIPTS	or each category of the	(check only one)
	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statem	ents may not be sold or used by any person	for the purpose of soliciting contributions
or for commercial purposes, other than using the name	e and address of any political committee to s	olicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
Treatti Alliance Flan FAC		
Full Name (Last, First, Middle Initial) A. Bill Oliver		Date of Receipt
Mailing Address 5893 Christina		M M / D D / Y Y Y Y
C't.	Otata 7:a Oada	04 10 2006
•	State Zip Code MI 48324-3102	Transaction ID: 100001343 Amount of Each Receipt this Period
CCCID number of contribution		
federal political committee.		175.00
Name of Employer Health Alliance Plan	ccupation	Receipt
	VP - Information Tech Supp	
Receipt For: Primary General	ggregate Year-to-Date ▼	D
Other (specify)	275.00	Payroll Deduction: (25.00- /Pay Period)
Full Name (Last, First, Middle Initial) 3. Karen Parenteau		Date of Receipt
Mailing Address 53978 Blakely Ct		M M / D D / Y Y Y Y
City	State Zip Code	04 10 2006
•	MI 48047-5532	Transaction ID: 100001323 Amount of Each Receipt this Period
FFO ID assembles of a contribution		140.00
federal political committee.		140.00
Name of Employer Health Alliance Plan	ccupation	Receipt
	VP - Business Dev & Mkt Ops	
Receipt For: Primary General	ggregate Year-to-Date ▼	Payroll Deduction: (20.00-
Other (specify) ▼	260.00	/Pay Period)
Full Name (Last First Middle Initial)		
Full Name (Last, First, Middle Initial) Diane Pawlica		Date of Receipt
Mailing Address 45568 Morningside		0 4 1 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 100001311
Canton	MI 48187	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	112.00
- Coorai political committee.		Receipt
Health Alliance Dlan	ccupation ir - System Care Mgmt	T toosipt
	aggregate Year-to-Date ▼	
Primary General	233.00	Payroll Deduction: (16.00-
Other (specify) ▼	200.00	/Pay Period)
		107.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	427.00
TOTAL This Period (last page this line number only)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16/24
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Δn	y information copied from such Reports and S	tatements may	y not he sold or used by any ners	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Health Alliance Plan PAC			
Α.	Full Name (Last, First, Middle Initial) Rachel Powell			Date of Receipt
	Mailing Address 543 Thurber			0 4 1 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 100001327
	Troy	MI	48085-4827	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		126.00
	Name of Employer Health Alliance Plan	Occupation	ounter/Claim Accuracy	Receipt
	Receipt For:		Year-to-Date ▼	
	Primary General		224.00	Payroll Deduction: (18.00-
	Other (specify) ▼		234.00	/Páy Period)՝
В.	Full Name (Last, First, Middle Initial) Dianna Ronan			Date of Receipt
	Mailing Address 2156 Cumberland			0 4 D D / Y Y Y Y Y Y 1 D D / 2 0 0 6
	City	State	Zip Code	Transaction ID: 100001314
	Brighton	MI	48114	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		539.00
	Name of Employer Health Alliance Plan	Occupation	n Incial Services	Receipt
	Receipt For:		Year-to-Date ▼	_
	Primary General	7.99.094.0		Payroll Deduction: (77.00-
	Other (specify) ▼		1076.00	/Pay Period)
<u>С</u> .	Full Name (Last, First, Middle Initial) Nancy Schlichting			Date of Receipt
	Mailing Address 15 Turnberry Lane			04 10 2006
	City	State	Zip Code	Transaction ID: 100001287
	Dearborn	MI	48120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer Henry Ford Health System	Occupation CEO	1	Receipt
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		2000.00	
	UBTOTAL of Receipts This Page (optional)			2665.00
	ODITION OF THE OFFICE PLANTS FAGE (OPHORIAL)			
T	OTAL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 17/24
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δn	y information copied from such Reports and St	tatements may	y not he sold or used by any ners	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Health Alliance Plan PAC			
_	Full Name (Last, First, Middle Initial)			5. 75 1.
Α.				Date of Receipt
	Mailing Address 30387 Windingbrook L	ane		04 10 2006
	City	State	Zip Code	Transaction ID: 100001316
	Farmington	MI	48334	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		140.00
	Name of Employer	Occupation	<u> </u>	Receipt
	Name of Employer Health Alliance Plan	Director,		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		285.00	Payroll Deduction: (20.00-
	Other (specify) ▼		200.00	/Páy Period)`
_	Full Name (Last, First, Middle Initial)			
В.	Ronald Tomas			Date of Receipt
	Mailing Address 6581 Merrick			04 10 2006
	City	State	Zip Code	Transaction ID: 100001319
	Troy	MI	48098	Amount of Each Receipt this Period
	FEC ID number of contributing	С		210.00
	federal political committee.			
	Name of Employer Health Alliance Plan	Occupation	1	Receipt
		Assoc Me	ed Dir	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		420.00	Payroll Deduction: (30.00- /Pay Period)
	Curior (specify)	0		, ay r sinea ,
C.	Full Name (Last, First, Middle Initial) Daniel Trim			Date of Receipt
	Mailing Address 921 Juneau Rd.			M M / D D / Y Y Y Y
	-			04 10 2006
	City	State	Zip Code	Transaction ID: 100001344
	<u>Ypsilanti</u>	MI	48198-6323	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		210.00
				Receipt
	Name of Employer Health Alliance Plan	Occupation		
	Receipt For:		ch Support/Comp Op Year-to-Date ▼	\dashv
	Primary General	7.99.094.0		Payroll Deduction: (30.00-
	Other (specify) ▼	0 0	330.00	/Pay Period)
S	UBTOTAL of Receipts This Page (optional))	560.00
Т (OTAL This Period (last page this line number of	only)		

Other (specify)

PAGE 18/24 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 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) Randy Walker Date of Receipt Mailing Address 25474 Edge Mont 0.4 2006 10 City State Zip Code Transaction ID: 100001355 Southfield MI 48034 Amount of Each Receipt this Period FEC ID number of contributing 600.00 C federal political committee. Receipt Name of Employer Health Alliance Plan Occupation VP - Medical Management Admin Aggregate Year-to-Date ▼ Receipt For: Primary General Payroll Deduction: (200.0-0/Pay Period) 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Matthew Walsh Date of Receipt Mailing Address 889 Langley Court 0 4 10 2006 City State Zip Code Transaction ID: 100001321 Rochester Hills MI 48309 Amount of Each Receipt this Period FEC ID number of contributing C 140.00 federal political committee. Receipt Name of Employer Health Alliance Plan Occupation Project Dir, Purchaser Initiat Receipt For: Aggregate Year-to-Date ▼ Primary General Payroll Deduction: (20.00-/Pay Period) 280.00

SUBTOTAL of Receipts This Page (optional)		740.00
		12048.51
TOTAL This Period (last page this line number only)	•	

SCHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s			NE NUMBE	:K:		PAGE	19 / 2	24
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	I -	21b 27	22 28a	23	-	24 <u> </u>	25 29	26 30b
Any Information copied from such Reports and S									S
or for commercial purposes, other than using the	name and address of any politica	al comn	nittee to	solicit cont	ribution	s from su	ich com	mittee	
NAME OF COMMITTEE (In Full)									
Health Alliance Plan PAC									
Full Name (Last, First, Middle Initial) A. Comerica Bank						ID: 200		5	
A. Comerica Bank				M	of Disb	ursemen		/ ° Y	Y
Mailing Address P.O. Box 75000				0 4		^D 0 3	2	Óοδε	;
City	State Zip Code			Amou	unt of E	ach Disb	ursemer	nt this F	eriod
Detroit Purpose of Disbursement	MI 48275-			-			•	55.5	57
MERCHANT FEE APR						-			
Candidate Name			egory/ ype						
Office Sought: House Dist Senate President State: District:	oursement For: Primary General Other (specify)			MER	CHAN'	T FEE A	APR		
Full Name (Last, First, Middle Initial)				Tues		ID: 007	07		
B. Comerica Bank						ID: 607 ursemen	t		V
Mailing Address P.O. Box 75000				0 5		^D 0 2	′	0 ŏ 6	;
City Detroit	State Zip Code MI 48275-			Amou	unt of E	ach Disb	ursemer		-
Purpose of Disbursement MERCHANT FEE MAY] L.				88.7	70
Candidate Name			egory/ ype						
Senate President	oursement For: Primary General Other (specify)			MER	CHAN [*]	T FEE N	MAY		
State: District:									
Full Name (Last, First, Middle Initial) C. Comerica Bank				Date	of Disb	ID: 607 ursemen	t		
Mailing Address P.O. Box 75000				0 ^M 6	M /	^D 0 2	/	2 0 0 6	; ^Y
City Detroit	State Zip Code MI 48275-			Amou	unt of E	ach Disb	ursemer	nt this F	eriod
Purpose of Disbursement MERCHANT FEE JUNE] L.	•			5.0	00
Candidate Name			egory/ ype						
Senate President	oursement For: Primary General Other (specify)			MER	CHAN'	T FEE .	JUNE		
State: District:									
SUBTOTAL of Disbursements This Page (optic	nal)		▶					149.2	27
TOTAL This Period (last page this line number	only)		. •					149.2	27
, , ,	• •								

Use seperate schedule(s)					R LINE			R:			PA	GE	20 / 2	24		
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	y Information copied from such Reports an for commercial purposes, other than using														s	
\rangle	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC															
۸.	Full Name (Last, First, Middle Initial) Stabenow for U.S. Senate Mailing Address P.O. Box 4945								f D	on ID:				οŏε	Y	
	City East Lansing Purpose of Disbursement DIRECT CONTRIBUTION	State MI	Zip Code 48826-		· ·			Amou	nt o	f Each	Dis	burser	-	this F		od
	Candidate Name DEBBIE STABENOW Office Sought: House	Disbursement For:	2006		teg Гур	ory/ e										
	X Senate President State: MI District: 00	X Primary Other (sp	General					DIRE	CT	CONT	ΓRI	BUTK	NC			

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	•	1000.00

	Use seperate sched	Use seperate schedule(s)			check only one)							24	
TEMIZED DISBURSEMENTS	for each category of Detailed Summary F			21b 27	H	22 28a	П	23 28b	24 28		25 29		26 30b
Any Information copied from such Reports an												s S	
or for commercial purposes, other than using	the name and address of any p	oolitical cor	nmitte	e to	solici	t contr	ibuti	ions fr	om sucl	n comi	mittee		
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC													
Full Name (Last, First, Middle Initial)						Trans	acti	on ID	60707	7 F78			
A. Detroit Regional Chamber PAC						Date of		isburs			ο ὁ ε	Y	
Mailing Address P.O. Box 33840						0 5		2	2 6	2	2006		
City Detroit	State Zip Code MI 48232-					Amou	nt o	f Each	Disbur		-	-	b
Purpose of Disbursement DIRECT CONTRIBUTION						<u></u>	-				1050.0	00	
Candidate Name			atego Type	ry/									
Senate President	X Other (specify) ▼	6 eneral											
	Annual/other												
Full Name (Last, First, Middle Initial) Committee to Elect Kathy Angerer								on ID:	: 60707 ement	7.E73			
Mailing Address PO Box 157						0 ^M 5	М	[/] DC	2 /	Y	Óοδε	Y	
City Dundee	State Zip Code MI 48131-					Amou	nt o	f Each	Disbur	semer	nt this F	Perio	d
Purpose of Disbursement DIRECT CONTRIBUTION							_				1000.0	00	
Candidate Name			atego Type	ry/									
Senate President	Disbursement For: 2000 X Primary Ge Other (specify)	6 eneral											
State: District: Full Name (Last, First, Middle Initial)					+								
Robert A. Ficano Committee						Date	of Di	isburs				V	
Mailing Address PO Box 321123						0 ^M 6	M	[/] 2	21	' 2	ο ὁ e	5	
City Detroit	State Zip Code MI 48232-					Amou	nt o	f Each	Disbur	semer	nt this F	Perio	d
Purpose of Disbursement DIRECT CONTRIBUTION						L.					1000.0	00	_
Candidate Name			atego Type	ry/									
Office Sought: Senate President State: District:	Disbursement For: 2000 X Primary Ge Other (specify)	6 eneral											
SUBTOTAL of Disbursements This Page (c	ntional\			_			-	•	•	3	050.0	00	$\overline{}$
JODI OTAL OF DISDUISEMENTS THIS Page (C	Puonai)					\Rightarrow	-	-		-		-	=
TOTAL This Period (last page this line num	ner only)			•									

	Use seperate schedule(s)	erate schedule(s) (check o		e NOMBER. PAGE 227							
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28	Ę	23 28b	24 28c		25 29	\mathbf{H}	26 30b
Any Information copied from such Reports and Staten	nents may not be sold or used b	y any					$oldsymbol{oldsymbol{\sqcup}}$			\blacksquare	
or for commercial purposes, other than using the nam	e and address of any political co	ommi	ttee to s	olicit co	ntribu	itions fro	om such	comn	nittee		
NAME OF COMMITTEE (In Full)											
Health Alliance Plan PAC											
Full Name (Last, First, Middle Initial)				Tra	nsac	tion ID:	200000	0069			
Citizens to Elect Edward J. Gaffney				Dat		Disburse / D		Y Y	Y	Υ	
Mailing Address 283 Kentwood Court				0	4	2	20 /	2	0 Ď 6		
City Grosse Pointe	State Zip Code MI 48236-			Am	ount	of Each	Disburs	emen	t this P	erioc	I
Purpose of Disbursement	40230-			$+ \Gamma$					500.0	0	7
DIRECT CONTRIBUTION				_		_				-	_
Candidate Name		Cate Ty	gory/ pe								
	ement For: 2006										
Senate President	Primary X General Other (specify) ▼										
State: District:	Curici (Specify)										
Full Name (Last, First, Middle Initial)				Tra	nsac	tion ID:	60707.	F75			
Granholm for Governor				Dat	te of [Disburse	ement		V	V	
Mailing Address PO Box 17127				O ^M	5 ^M	1	8 /	ž	0 0 6	Y	
City Lansing	State Zip Code MI 48901-			Am	ount	of Each	Disburs	emen	t this P	erioc	
Purpose of Disbursement DIRECT CONTRIBUTION		v		1 L					400.0	0	_
Candidate Name		Cate Ty	gory/								
Office Sought: House Disburse	ement For: 2006	٠ ,									
	Primary General										
President State: District:	Other (specify)										
State: District: Full Name (Last, First, Middle Initial)											
Granholm for Governor				1		ti on ID: Disburse	60707. ement	E82			
Mailing Address PO Box 17127				O	6 ^M	[/] 1	6	ž	0 Ď 6	Y	
City Lansing	State Zip Code MI 48901-			Am	ount	of Each	Disburs	emen	t this P	erioc	_
Purpose of Disbursement	10301	v	_						400.0	0	
DIRECT CONTRIBUTION Candidate Name	L	Cate Ty	gory/								
Senate X President	ement For: 2006 Primary General Other (specify)	. ,									
State: District:					_						_
SUBTOTAL of Disbursements This Page (optional)		<u></u>	<u> </u>					1:	300.0	0	
TOTAL This Period (last page this line number only)									•		٦

TEMIZED DISCUIDEEMENTS	Use seperate schedule(s)	(check or	= NUMBER: PAGE 23 / 24 ly one)						
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 28a	23 28b	24 28c	25 X 29	26 30b		
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name							3		
NAME OF COMMITTEE (In Full)	and address of any political co	THIRDE TO S	SOIICIT COLITI	outions from	II Sucii co	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii			
Health Alliance Plan PAC									
Full Name (Last, First, Middle Initial) A. Committee to Elect Larry Herren			Date of	action ID: (f Disburser	ment		V		
Mailing Address 32060 Marblehead St			0 ^M 6 ^M	0 9	5 ′ '	ž 0 ŏ 6			
,	State Zip Code MI 48336-2448		Amour	nt of Each [Disbursem				
Purpose of Disbursement DIRECT CONTRIBUTION						500.0	0		
Candidate Name		Category/ Type							
	ment For: 2006 Primary General Other (specify)								
Full Name (Last, First, Middle Initial)			Transa	action ID: 6	20707 E9	33			
Friends of Commissioner Greg Jamian Cm	te			f Disburser	ment		Υ		
Mailing Address 2600 W Long Lake Rd			0 6	1 / 1 (6	ž 0 ŏ 6			
,	State Zip Code MI 48323-1830		Amour	nt of Each [Disbursem				
Purpose of Disbursement DIRECT CONTRIBUTION			L.			400.0	00		
Candidate Name		Category/ Type							
	ment For: 2006 Primary General Other (specify)								
Full Name (Last, First, Middle Initial) Friends of Commissioner Greg Jamian Cm	te			action ID: (· · · · · - ·	34			
Mailing Address 2600 W Long Lake Rd			0 ^M 6 N			ž 0 ŏ 6	Y		
,	State Zip Code MI 48323-1830		Amour	nt of Each [Disbursem	ent this P	eriod		
Purpose of Disbursement DIRECT CONTRIBUTION		• •				100.0	0		
Candidate Name	-	Category/ Type							
	ment For: 2006 Primary General Other (specify)								
SUBTOTAL of Disbursements This Page (optional)						1000.0	0		
TOTAL This Period (last page this line number only)									

<u>.</u>	CHEDITE B (EEC Form 2V)			
	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)	-	NUMBER: PAGE 24 / 24
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	
		Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c x 29 30b
Δn	y Information copied from such Reports and S	tatements may not be sold or used by		
	for commercial purposes, other than using the			
_	NAME OF COMMITTEE (In Full)			
\rangle	Health Alliance Plan PAC			
	Full Name (Last, First, Middle Initial)			Transaction ID: 200000067
۹.	Kilpatrick for Mayor			Date of Disbursement
				$\begin{bmatrix} M & M \\ 0 & 4 \end{bmatrix}$ $\begin{bmatrix} D & D \\ 0 & 4 \end{bmatrix}$ $\begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y $
	Mailing Address P.O. Box 44710			04 04 2006
	City	State Zip Code		Amount of Each Disbursement this Period
	Detroit	MI 48224-		Attribute of Each Blood Content and Forted
	Purpose of Disbursement	-		3400.00
	DIRECT CONTRIBUTION			
	Candidate Name	1	Category/	
			Туре	
		bursement For: 2006		
	Senate	Primary X General		
	State: President District:	Other (specify)		
3	Full Name (Last, First, Middle Initial)	_		Transaction ID: 200000068
-	Committee to Elect Maureen Stapleton	1		Date of Disbursement
	Mailing Address PO Box 441184			$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & 1 & D \\ 1 & 1 \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} \ \ \end{bmatrix}$
	City	State Zip Code		Amount of Each Disbursement this Period
	Detroit	MI 48244-1184		500.00
	Purpose of Disbursement	Ir		500.00
	DIRECT CONTRIBUTION Candidate Name		2	
	Candidate Name	'	Category/ Type	
	Office Sought: House Dis	bursement For: 2006	ı ype	
	Senate	Primary X General		
	President	Other (specify)		
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	•	3900.00
TOTAL This Period (last page this line number only)	—	9250.00