

# 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)  
City: Detroit State: MI ZIP CODE: 48202

2. **FEC IDENTIFICATION NUMBER** C00410670  
3. IS THIS REPORT  NEW (N) OR  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)  
 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 (12G)  
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 04 01 2006 through 06 30 2006

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 Hoerberling

Signature of Treasurer Electronically Filed by James W Hoerberling Date 07 07 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Health Alliance Plan PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		13294.66
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	27092.41									
(c) Total Receipts (from Line 19) .....	14456.65	34265.93								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	41549.06	47560.59								
7. Total Disbursements (from Line 31) .....	10399.27	16410.80								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	31149.79	31149.79								
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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	12048.51	24694.06
(i) Itemized (use Schedule A) .....	2408.14	8971.87
(ii) Unitemized .....		
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	14456.65	33665.93
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	600.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	14456.65	34265.93
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)) .....	14456.65	34265.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	14456.65	34265.93

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<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.....	149.27	210.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	149.27	210.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	6000.00
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.....	9250.00	10200.00
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))..	10399.27	16410.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	10399.27	16410.80

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 24
	<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	

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) Patricia Marine Barrett Mailing Address 29719 Sierra Pointe Circle City Farmington State MI Zip Code 48331 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6 <b>Transaction ID:</b> 100001345 Amount of Each Receipt this Period 154.00 Receipt Payroll Deduction: (22.00- /Pay Period )
Name of Employer Health Alliance Plan Occupation AVP - GM Consulting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ronald W. Berry Mailing Address 1043 Woods Lane City Grosse Pointe State MI Zip Code 48236 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 6 <b>Transaction ID:</b> 100001286 Amount of Each Receipt this Period 2000.00 Receipt
Name of Employer Health Alliance Plan Occupation SVP, CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Angela K. Branch Mailing Address 81 Atkinson City Detroit State MI Zip Code 48202 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6 <b>Transaction ID:</b> 100001329 Amount of Each Receipt this Period 122.50 Receipt Payroll Deduction: (17.50- /Pay Period )
Name of Employer Health Alliance Plan Occupation Dir - Customer Retention & Edu Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 254.50		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2276.50
<b>TOTAL</b> 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: (check only one)	PAGE 7 / 24
	<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) Kenneth A. Braun		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 6429 Houghten		<b>Transaction ID:</b> 100001330
City State Zip Code Troy MI 48098	Amount of Each Receipt this Period 119.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Health Alliance Plan	Occupation Dir - Labor Affairs	Payroll Deduction: (17.00- /Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 246.00	

<b>B.</b> Full Name (Last, First, Middle Initial) McKinley Broadus		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 3182 Woods Circle		<b>Transaction ID:</b> 100001288
City State Zip Code Detroit MI 48207	Amount of Each Receipt this Period 112.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Health Alliance Plan	Occupation Dir - Fin Svcs	Payroll Deduction: (16.00- /Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 233.00	

<b>C.</b> Full Name (Last, First, Middle Initial) John D. Calabria		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 2030 Brinston Drive		<b>Transaction ID:</b> 100001290
City State Zip Code Troy MI 48083	Amount of Each Receipt this Period 217.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Health Alliance Plan	Occupation Assoc Med Dir	Payroll Deduction: (31.00- /Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 433.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	448.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 24
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Jonathan W. Clement		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 923 Westchester		Transaction ID: 100001349
City State Zip Code Grosse Pointe MI 48230-1829	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 280.00
Name of Employer Health Alliance Plan	Occupation VP - Underwriting & Rating	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	Payroll Deduction: (40.00- /Pay Period )

Full Name (Last, First, Middle Initial) <b>B.</b> Ronald R. Cook		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 8121 Agnes		Transaction ID: 100001293
City State Zip Code Detroit MI 48214	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 280.00
Name of Employer Health Alliance Plan	Occupation VP - Government Affairs	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 545.00	Payroll Deduction: (40.00- /Pay Period )

Full Name (Last, First, Middle Initial) <b>C.</b> Gwendolyn Davenport		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 11372 Whitehill		Transaction ID: 100001295
City State Zip Code Detroit MI 48224-1653	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 114.45
Name of Employer Health Alliance Plan	Occupation Dir - Credentialing Services	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237.55	Payroll Deduction: (16.35- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	674.45
<b>TOTAL</b> 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: (check only one)	PAGE 9 / 24
	<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

Full Name (Last, First, Middle Initial) <b>A. Donald Davis</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6	
Mailing Address 11417 Fellows Creek Drive		<b>Transaction ID: 100001296</b>	
City State Zip Code Plymouth MI 48170	Amount of Each Receipt this Period 539.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Health Alliance Plan	Occupation VP - Chief Officer, HR/Sprt Sv	Payroll Deduction: (77.00- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1001.00		

Full Name (Last, First, Middle Initial) <b>B. Michael A. Elinski</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6	
Mailing Address 3434 Essex		<b>Transaction ID: 100001346</b>	
City State Zip Code Troy MI 48084	Amount of Each Receipt this Period 175.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Health Alliance Plan	Occupation AVP - Technology & eBusiness D	Payroll Deduction: (25.00- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) <b>C. Vincenzo G. Ferri</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6	
Mailing Address 726 S. Renaud		<b>Transaction ID: 100001333</b>	
City State Zip Code Grosse Pointe Wood MI 48236	Amount of Each Receipt this Period 147.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Health Alliance Plan	Occupation AVP - Bus Affiliations & Suppo	Payroll Deduction: (21.00- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	861.00
<b>TOTAL</b> 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: (check only one)	PAGE 10 / 24
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Howard Flasch		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 6	
Mailing Address 1459 N Rochester Rd		<b>Transaction ID:</b> 100001347	
City State Zip Code Oakland MI 48363-1630	Amount of Each Receipt this Period 280.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Health Alliance Plan	Occupation VP - Product Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		
		Payroll Deduction: (40.00- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>B.</b> Angela H. Gardner		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 6	
Mailing Address 4136 Bishop		<b>Transaction ID:</b> 100001297	
City State Zip Code Detroit MI 48224-2318	Amount of Each Receipt this Period 112.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Health Alliance Plan	Occupation Dir - Marketing Comm Group		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00		
		Payroll Deduction: (16.00- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>C.</b> Jeanette H. Girty		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 6	
Mailing Address 18246 Stoepel		<b>Transaction ID:</b> 100001302	
City State Zip Code Detroit MI 48221	Amount of Each Receipt this Period 121.17		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Health Alliance Plan	Occupation Dir - Client Svcs Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.03		
		Payroll Deduction: (17.31- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	513.17
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 24
	<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

Full Name (Last, First, Middle Initial) <b>A. Mark Hall</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 25450 Constitution		<b>Transaction ID: 100001308</b>
City State Zip Code Novi MI 48375-1763	Amount of Each Receipt this Period 215.39	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Health Alliance Plan Occupation AVP - NB Dist Channel Mgmt	Payroll Deduction: (30.77- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.01	

Full Name (Last, First, Middle Initial) <b>B. Cynthia Hart</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 232 Cedar Bend Rd		<b>Transaction ID: 100001309</b>
City State Zip Code Lake Orion MI 48362-3284	Amount of Each Receipt this Period 126.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Health Alliance Plan Occupation Dir - System Care Mgmt	Payroll Deduction: (18.00- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

Full Name (Last, First, Middle Initial) <b>C. Cynthia Hoffman</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 5768 Whitehaven Dr		<b>Transaction ID: 100001292</b>
City State Zip Code Troy MI 48085-3188	Amount of Each Receipt this Period 140.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Health Alliance Plan Occupation Mgr - eCommerce & Tech Plannin	Payroll Deduction: (20.00- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	481.39
<b>TOTAL</b> 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: (check only one)	PAGE 12 / 24
	<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)  
Joyce M. James

Mailing Address 20810 Gardner St.

City State Zip Code  
Oak Park MI 48237

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

Name of Employer Health Alliance Plan Occupation Mgr - Provider Fin

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: 100001300

Amount of Each Receipt this Period  
119.00

Receipt

Payroll Deduction: (17.00- /Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
Thomas Jepsen

Mailing Address 1510 Fairholme

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 Dir - Support Svcs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 233.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: 100001303

Amount of Each Receipt this Period  
112.00

Receipt

Payroll Deduction: (16.00- /Pay Period )

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

Mailing Address 39810 Karda

City State Zip Code  
Sterling Heights MI 48313

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

Name of Employer Health Alliance Plan Occupation AVP Claim Operation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 6

Transaction ID: 100001356

Amount of Each Receipt this Period  
1000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1231.00
<b>TOTAL</b> 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: (check only one)	PAGE 13 / 24
	<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

Full Name (Last, First, Middle Initial) <b>A. Glen Koslakiewicz</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 30431 John Hauk		Transaction ID: 100001305
City State Zip Code Garden City MI 48135	Amount of Each Receipt this Period 108.50	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Health Alliance Plan	Occupation Dir - Fin Operations	Payroll Deduction: (15.50- /Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 214.00	

Full Name (Last, First, Middle Initial) <b>B. Mark Lafata</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 377 Arthur		Transaction ID: 100001306
City State Zip Code Plymouth MI 48170-1120	Amount of Each Receipt this Period 108.50	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Health Alliance Plan	Occupation Sr Finance Administrator/HMS	Payroll Deduction: (15.50- /Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 223.50	

Full Name (Last, First, Middle Initial) <b>C. Anita Landino</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 43885 Boulder		Transaction ID: 100001299
City State Zip Code Clinton Township MI 48038	Amount of Each Receipt this Period 105.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Health Alliance Plan	Occupation Assoc Dir - Advertising/Comm	Payroll Deduction: (15.00- /Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	322.00
<b>TOTAL</b> 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: (check only one)	PAGE 14 / 24
	<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

Full Name (Last, First, Middle Initial) <b>A. Michelle Lang</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2006
Mailing Address 48616 Dunn Court		Transaction ID: 100001337
City Macomb	State MI	Zip Code 48044
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 119.00
Name of Employer Health Alliance Plan	Occupation Dir - Coordination of Benefits	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	Payroll Deduction: (17.00- /Pay Period )

Full Name (Last, First, Middle Initial) <b>B. Colleen McClorey</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2006
Mailing Address 48188 Andover Dr.		Transaction ID: 100001340
City Detroit	State MI	Zip Code 48374
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 280.00
Name of Employer Health Alliance Plan	Occupation VP - Assoc General Counsel	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 535.55	Payroll Deduction: (40.00- /Pay Period )

Full Name (Last, First, Middle Initial) <b>C. G.S. Mwaungulu</b>		Date of Receipt MM / DD / YYYY 04 / 06 / 2006
Mailing Address 29816 Deer Run		Transaction ID: 100001285
City Farmington	State MI	Zip Code 48331
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 450.00
Name of Employer Health Alliance Plan	Occupation Assoc. Medical Director	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	849.00
<b>TOTAL</b> 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: (check only one)	PAGE 15 / 24
	<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) Bill Oliver Mailing Address 5893 Christina City State Zip Code West Bloomfield MI 48324-3102 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6 <b>Transaction ID:</b> 100001343 Amount of Each Receipt this Period 175.00 Receipt Payroll Deduction: (25.00- /Pay Period )
Name of Employer Health Alliance Plan Occupation AVP - Information Tech Supp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Karen Parenteau Mailing Address 53978 Blakely Ct City State Zip Code New Baltimore MI 48047-5532 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6 <b>Transaction ID:</b> 100001323 Amount of Each Receipt this Period 140.00 Receipt Payroll Deduction: (20.00- /Pay Period )
Name of Employer Health Alliance Plan Occupation AVP - Business Dev & Mkt Ops Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Diane Pawlica Mailing Address 45568 Morningside City State Zip Code Canton MI 48187 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6 <b>Transaction ID:</b> 100001311 Amount of Each Receipt this Period 112.00 Receipt Payroll Deduction: (16.00- /Pay Period )
Name of Employer Health Alliance Plan Occupation Dir - System Care Mgmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 233.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>427.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 16 / 24
	<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) Rachel Powell		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6	
Mailing Address 543 Thurber		<b>Transaction ID:</b> 100001327	
City Troy	State MI	Zip Code 48085-4827	Amount of Each Receipt this Period 126.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Health Alliance Plan	Occupation Dir - Encounter/Claim Accuracy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00		
		Payroll Deduction: (18.00- /Pay Period )	

<b>B.</b> Full Name (Last, First, Middle Initial) Dianna Ronan		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6	
Mailing Address 2156 Cumberland		<b>Transaction ID:</b> 100001314	
City Brighton	State MI	Zip Code 48114	Amount of Each Receipt this Period 539.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Health Alliance Plan	Occupation VP - Financial Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1076.00		
		Payroll Deduction: (77.00- /Pay Period )	

<b>C.</b> Full Name (Last, First, Middle Initial) Nancy Schlichting		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6	
Mailing Address 15 Turnberry Lane		<b>Transaction ID:</b> 100001287	
City Dearborn	State MI	Zip Code 48120	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Henry Ford Health System	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2665.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 24
	<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) Mary Clare Solky Mailing Address 30387 Windingbrook Lane City Farmington State MI Zip Code 48334 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6 <b>Transaction ID:</b> 100001316 Amount of Each Receipt this Period 140.00 Receipt Payroll Deduction: (20.00- /Pay Period )
Name of Employer Health Alliance Plan Occupation Director, CBHM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ronald Tomas Mailing Address 6581 Merrick City Troy State MI Zip Code 48098 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6 <b>Transaction ID:</b> 100001319 Amount of Each Receipt this Period 210.00 Receipt Payroll Deduction: (30.00- /Pay Period )
Name of Employer Health Alliance Plan Occupation Assoc Med Dir Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Daniel Trim Mailing Address 921 Juneau Rd. City Ypsilanti State MI Zip Code 48198-6323 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6 <b>Transaction ID:</b> 100001344 Amount of Each Receipt this Period 210.00 Receipt Payroll Deduction: (30.00- /Pay Period )
Name of Employer Health Alliance Plan Occupation Mgr - Tech Support/Comp Op Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>560.00</b>
<b>TOTAL</b> 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 18 / 24
	(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

Full Name (Last, First, Middle Initial) <b>A.</b> Randy Walker		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6	
Mailing Address 25474 Edge Mont		Transaction ID: 100001355	
City State Zip Code Southfield MI 48034	Amount of Each Receipt this Period 600.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Health Alliance Plan	Occupation VP - Medical Management Admin		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
		Payroll Deduction: (200.0-0/Pay Period )	

Full Name (Last, First, Middle Initial) <b>B.</b> Matthew Walsh		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6	
Mailing Address 889 Langley Court		Transaction ID: 100001321	
City State Zip Code Rochester Hills MI 48309	Amount of Each Receipt this Period 140.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Health Alliance Plan	Occupation Project Dir, Purchaser Initiat		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		
		Payroll Deduction: (20.00-/Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	740.00
<b>TOTAL</b> This Period (last page this line number only) .....	12048.51

# 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 / 24

<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

Full Name (Last, First, Middle Initial) <b>A. Comerica Bank</b>		<b>Transaction ID:</b> 200000065 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 75000		Amount of Each Disbursement this Period 55.57
City Detroit State MI Zip Code 48275-	MERCHANT FEE APR	
Purpose of Disbursement MERCHANT FEE APR		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Comerica Bank</b>		<b>Transaction ID:</b> 60707.E74 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address P.O. Box 75000		Amount of Each Disbursement this Period 88.70
City Detroit State MI Zip Code 48275-	MERCHANT FEE MAY	
Purpose of Disbursement MERCHANT FEE MAY		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Comerica Bank</b>		<b>Transaction ID:</b> 60707.E80 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address P.O. Box 75000		Amount of Each Disbursement this Period 5.00
City Detroit State MI Zip Code 48275-	MERCHANT FEE JUNE	
Purpose of Disbursement MERCHANT FEE JUNE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	149.27
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	149.27

**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 / 24

<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

Full Name (Last, First, Middle Initial)

**A.** Stabenow for U.S. Senate

Mailing Address P.O. Box 4945

City East Lansing State MI Zip Code 48826-

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name  
DEBBIE STABENOW

Office Sought:  House  
 Senate  
 President

State: MI District: 00

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: 60707.E76

Date of Disbursement

05 / 22 / 2006

Amount of Each Disbursement this Period

1000.00

DIRECT CONTRIBUTION

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

1000.00

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

1000.00

# 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 21 / 24

<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

Full Name (Last, First, Middle Initial) <b>A. Detroit Regional Chamber PAC</b>		<b>Transaction ID: 60707.E78</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6
Mailing Address P.O. Box 33840		Amount of Each Disbursement this Period 1050.00
City Detroit State MI Zip Code 48232-0840	Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Annual/other	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Committee to Elect Kathy Angerer</b>		<b>Transaction ID: 60707.E73</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address PO Box 157		Amount of Each Disbursement this Period 1000.00
City Dundee State MI Zip Code 48131-0157	Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Robert A. Ficano Committee</b>		<b>Transaction ID: 60707.E85</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address PO Box 321123		Amount of Each Disbursement this Period 1000.00
City Detroit State MI Zip Code 48232-1123	Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3050.00
<b>TOTAL</b> 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 22 / 24

<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

Full Name (Last, First, Middle Initial) <b>A. Citizens to Elect Edward J. Gaffney</b>		<b>Transaction ID:</b> 200000069 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address 283 Kentwood Court		Amount of Each Disbursement this Period 500.00
City Grosse Pointe State MI Zip Code 48236-	Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Granholm for Governor</b>		<b>Transaction ID:</b> 60707.E75 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6
Mailing Address PO Box 17127		Amount of Each Disbursement this Period 400.00
City Lansing State MI Zip Code 48901-	Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Granholm for Governor</b>		<b>Transaction ID:</b> 60707.E82 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address PO Box 17127		Amount of Each Disbursement this Period 400.00
City Lansing State MI Zip Code 48901-	Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 24

<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

Full Name (Last, First, Middle Initial) <b>A. Committee to Elect Larry Herren</b>		<b>Transaction ID:</b> 60707.E81 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address 32060 Marblehead St		Amount of Each Disbursement this Period 500.00
City Farmington State MI Zip Code 48336-2448	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends of Commissioner Greg Jamian Cmte</b>		<b>Transaction ID:</b> 60707.E83 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 2600 W Long Lake Rd		Amount of Each Disbursement this Period 400.00
City West Bloomfield State MI Zip Code 48323-1830	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends of Commissioner Greg Jamian Cmte</b>		<b>Transaction ID:</b> 60707.E84 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address 2600 W Long Lake Rd		Amount of Each Disbursement this Period 100.00
City West Bloomfield State MI Zip Code 48323-1830	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> 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 24 / 24

<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

Full Name (Last, First, Middle Initial) <b>A. Kilpatrick for Mayor</b>		<b>Transaction ID:</b> 200000067 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address P.O. Box 44710		Amount of Each Disbursement this Period 3400.00
City Detroit State MI Zip Code 48224-	Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Committee to Elect Maureen Stapleton</b>		<b>Transaction ID:</b> 200000068 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6
Mailing Address PO Box 441184		Amount of Each Disbursement this Period 500.00
City Detroit State MI Zip Code 48244-1184	Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3900.00
<b>TOTAL</b> This Period (last page this line number only) .....	9250.00