

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines Health Alliance Plan PAC

ADDRESS (number and street) 2850 West Grand Boulevard Check if different than previously reported. (ACC) Detroit MI 48202

2. FEC IDENTIFICATION NUMBER C00410670 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2010 through 07 31 2010

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 Nancy Cushman Signature of Treasurer Electronically Filed by Nancy Cushman Date 08 05 2010

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

Office Use Only grid containing text: FEC FORM 3X (Rev. 12/2004)

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

Write or Type Committee Name  
Health Alliance Plan PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		52692.71
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	63992.72									
(c) Total Receipts (from Line 19) .....	1945.60	23414.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	65938.32	76107.21								
7. Total Disbursements (from Line 31) .....	6932.50	17101.39								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	59005.82	59005.82								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Health Alliance Plan PAC

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	1476.72	16010.48
(ii) Unitemized .....	468.88	7404.02
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	1945.60	23414.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	1945.60	23414.50
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	1945.60	23414.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1945.60	23414.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	32.50	301.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	32.50	301.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	8500.00
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.....	1900.00	8300.00
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))..	6932.50	17101.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6932.50	17101.39

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	1945.60	23414.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1945.60	23414.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	32.50	301.39
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	32.50	301.39

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Scott Allen		Date of Receipt MM / DD / YYYY 07 / 12 / 2010
	Mailing Address 3066 Richmond Dr		Transaction ID: 00728.C7893
	City Clarkston	State MI	Zip Code 48348-5063
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Health Alliance Plan	Occupation Assoc Dir, Labor Affairs	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	Payroll Deduction: (25.00- /Bi-Weekly )

<b>B.</b>	Full Name (Last, First, Middle Initial) Jonathan W. Clement		Date of Receipt MM / DD / YYYY 07 / 12 / 2010
	Mailing Address 923 Westchester		Transaction ID: 00728.C7851
	City Grosse Pointe	State MI	Zip Code 48230-1829
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
	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 ▼ 560.00	Payroll Deduction: (40.00- /Bi-Weekly )

<b>C.</b>	Full Name (Last, First, Middle Initial) Kenny Dodson		Date of Receipt MM / DD / YYYY 07 / 12 / 2010
	Mailing Address 11236 Meadow Brook Dr.		Transaction ID: 00728.C7865
	City Warren	State MI	Zip Code 48093
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 34.00
	Name of Employer Health Alliance Plan	Occupation Mgr - Claims	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 204.00	Payroll Deduction: (17.00- /Bi-Weekly )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	164.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 16  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

**A.** Full Name (Last, First, Middle Initial)  
Jody L. Doherty  
Mailing Address 21115 Violet  
City Saint Clair Shores State MI Zip Code 48082  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Alliance Plan Occupation Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 259.50  
Date of Receipt 07 / 12 / 2010  
Transaction ID: 00728.C7882  
Amount of Each Receipt this Period 34.60  
Receipt  
Payroll Deduction: (17.30- /Bi-Weekly )

**B.** Full Name (Last, First, Middle Initial)  
Michael A. Elinski  
Mailing Address 3434 Essex  
City Troy State MI Zip Code 48084  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Alliance Plan Occupation AVP - Technology & eBusiness D  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00  
Date of Receipt 07 / 12 / 2010  
Transaction ID: 00728.C7886  
Amount of Each Receipt this Period 60.00  
Receipt  
Payroll Deduction: (30.00- /Bi-Weekly )

**C.** Full Name (Last, First, Middle Initial)  
Laura Eory  
Mailing Address 19090 Parkwood Ln  
City Brownstown Twp State MI Zip Code 48183-6804  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Alliance Plan Occupation Sr Member Advocate  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00  
Date of Receipt 07 / 12 / 2010  
Transaction ID: 00728.C7852  
Amount of Each Receipt this Period 50.00  
Receipt  
Payroll Deduction: (25.00- /Bi-Weekly )

**SUBTOTAL** of Receipts This Page (optional) ..... ► 144.60  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 16  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

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

Mailing Address 1459 N Rochester Rd

City State Zip Code  
Oakland MI 48363-1630

FEC ID number of contributing federal political committee. C

Name of Employer Health Alliance Plan      Occupation VP - Product Development

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt M M / D D / Y Y Y Y  
07 / 12 / 2010

**Transaction ID:** 00728.C7854

Amount of Each Receipt this Period 80.00

Receipt

Payroll Deduction: (40.00-  
/Bi-Weekly )

**B.** Full Name (Last, First, Middle Initial)  
Mark Hall

Mailing Address 25450 Constitution

City State Zip Code  
Novi MI 48375-1763

FEC ID number of contributing federal political committee. C

Name of Employer Health Alliance Plan      Occupation AVP - NB Dist Channel Mgmt

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1154.40

Date of Receipt M M / D D / Y Y Y Y  
07 / 12 / 2010

**Transaction ID:** 00728.C7879

Amount of Each Receipt this Period 153.92

Receipt

Payroll Deduction: (76.96-  
/Bi-Weekly )

**C.** Full Name (Last, First, Middle Initial)  
Cynthia Hoffman

Mailing Address 5768 Whitehaven Dr

City State Zip Code  
Troy MI 48085-3188

FEC ID number of contributing federal political committee. C

Name of Employer Health Alliance Plan      Occupation Mgr - eCommerce & Tech Plannin

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt M M / D D / Y Y Y Y  
07 / 12 / 2010

**Transaction ID:** 00728.C7873

Amount of Each Receipt this Period 60.00

Receipt

Payroll Deduction: (30.00-  
/Bi-Weekly )

**SUBTOTAL** of Receipts This Page (optional) ..... 293.92

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mohammed Kanpurwala</p> <p>Mailing Address 441 Sylvan Dr</p> <p>City State Zip Code Canton MI 48188-1596</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Health Alliance Plan      Occupation: Dir - Underwriting/Ahl</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">245.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">07 / 12 / 2010</span></p> <p><b>Transaction ID:</b> 00728.C7856</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">35.00</span></p> <p>Receipt</p> <p>Payroll Deduction: (17.50- /Bi-Weekly )</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Donald Kiefiuk</p> <p>Mailing Address 39810 Karda</p> <p>City State Zip Code Sterling Heights MI 48313</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Health Alliance Plan      Occupation: AVP Claim Operation</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">520.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">07 / 12 / 2010</span></p> <p><b>Transaction ID:</b> 00728.C7853</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">80.00</span></p> <p>Receipt</p> <p>Payroll Deduction: (40.00- /Bi-Weekly )</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Glen Koslakiewicz</p> <p>Mailing Address 30431 John Hauk</p> <p>City State Zip Code Garden City MI 48135</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Health Alliance Plan      Occupation: Dir - Fin Operations</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">270.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">07 / 12 / 2010</span></p> <p><b>Transaction ID:</b> 00728.C7862</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">36.00</span></p> <p>Receipt</p> <p>Payroll Deduction: (18.00- /Bi-Weekly )</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">151.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 16

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

**A.**

Full Name (Last, First, Middle Initial)  
Melissa Kurtz

Mailing Address 2850 West Grand Boulevard

City State Zip Code  
Detroit MI 48202

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

Name of Employer Health Alliance Plan  
Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 12 / 2010

Transaction ID: 00728.C7887

Amount of Each Receipt this Period

40.00

Receipt

Payroll Deduction: (20.00-  
/Bi-Weekly )

**B.**

Full Name (Last, First, Middle Initial)  
Michelle Lang

Mailing Address 48616 Dunn Court

City State Zip Code  
Macomb MI 48044

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

Name of Employer Health Alliance Plan  
Occupation Dir - Coordination of Benefits

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 12 / 2010

Transaction ID: 00728.C7876

Amount of Each Receipt this Period

32.00

Receipt

Payroll Deduction: (16.00-  
/Bi-Weekly )

**C.**

Full Name (Last, First, Middle Initial)  
Sandra Ledesma

Mailing Address 22429 Provincial St

City State Zip Code  
Trenton MI 48183

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

Name of Employer Health Alliance Plan  
Occupation Manager IT

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 259.50

Date of Receipt

M M / D D / Y Y Y Y  
07 / 12 / 2010

Transaction ID: 00728.C7888

Amount of Each Receipt this Period

34.60

Receipt

Payroll Deduction: (17.30-  
/Bi-Weekly )

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

106.60

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

**A.** Full Name (Last, First, Middle Initial)  
Diane Pawlica

Mailing Address 45568 Morningside

City State Zip Code  
Canton MI 48187

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

Name of Employer: Health Alliance Plan   Occupation: Dir - System Care Mgmt

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 07 / 12 / 2010  
Transaction ID: 00728.C7866  
Amount of Each Receipt this Period: 40.00  
Receipt  
Payroll Deduction: (20.00- /Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Vincent Pawloske

Mailing Address 5450 Sandlewood Court

City State Zip Code  
Waterford MI 48329

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

Name of Employer: Health Alliance Plan   Occupation: Associate Director Finance

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 07 / 12 / 2010  
Transaction ID: 00728.C7891  
Amount of Each Receipt this Period: 40.00  
Receipt  
Payroll Deduction: (20.00- /Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Christopher Pike

Mailing Address 1657 Wilmington Ct

City State Zip Code  
Rochester MI 48309

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

Name of Employer: Health Alliance Plan   Occupation: AVP - Information Tech Supp

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 1120.00

Date of Receipt: 07 / 12 / 2010  
Transaction ID: 00728.C7868  
Amount of Each Receipt this Period: 160.00  
Receipt  
Payroll Deduction: (80.00- /Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 240.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 16  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

**A.**

Full Name (Last, First, Middle Initial)  
Rachel Powell

Mailing Address 543 Thurber

City State Zip Code  
Troy MI 48085-4827

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

Name of Employer Health Alliance Plan Occupation Dir - Encounter/Claim Accuracy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 07 / 12 / 2010

Transaction ID: 00728.C7877

Amount of Each Receipt this Period 36.00

Receipt

Payroll Deduction: (18.00- /Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Donna Reid

Mailing Address 2850 W Grand Blvd

City State Zip Code  
Detroit MI 48202-2643

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

Name of Employer Health Alliance Plan Occupation Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 429.00

Date of Receipt 07 / 12 / 2010

Transaction ID: 00728.C7872

Amount of Each Receipt this Period 66.00

Receipt

Payroll Deduction: (33.00- /Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Chrystal M. Roberts

Mailing Address 24601 Pinehurst Avenue

City State Zip Code  
Oak Park MI 48237

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

Name of Employer Health Alliance Plan Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 259.50

Date of Receipt 07 / 12 / 2010

Transaction ID: 00728.C7892

Amount of Each Receipt this Period 34.60

Receipt

Payroll Deduction: (17.30- /Bi-Weekly)

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

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

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

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

FOR LINE NUMBER: PAGE 13 / 16

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

**A.**

Full Name (Last, First, Middle Initial)  
Dianna Ronan

Mailing Address 2156 Cumberland

City State Zip Code  
Brighton MI 48114

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

Name of Employer Occupation  
Health Alliance Plan VP - Financial Services

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 12 / 2010

Transaction ID: 00728.C7871

Amount of Each Receipt this Period

160.00

Receipt

Payroll Deduction: (80.00-  
/Bi-Weekly )

**B.**

Full Name (Last, First, Middle Initial)  
Ronald R. Stallworth

Mailing Address 8121 Agnes

City State Zip Code  
Detroit MI 48214

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

Name of Employer Occupation  
Health Alliance Plan VP - Government Affairs

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 12 / 2010

Transaction ID: 00728.C7875

Amount of Each Receipt this Period

80.00

Receipt

Payroll Deduction: (40.00-  
/Bi-Weekly )

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

240.00

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

1476.72

**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 14 / 16

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

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

A.

Full Name (Last, First, Middle Initial)

Comerica Bank

Mailing Address P.O. Box 75000

City State Zip Code  
Detroit MI 48275-

Purpose of Disbursement  
June Operating Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 200000329

Date of Disbursement

07 / 02 / 2010

Amount of Each Disbursement this Period

32.50

JUNE OPERATING EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

32.50

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

32.50

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 16

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

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

A.

Full Name (Last, First, Middle Initial)  
AMERICAS HEALTH INSURANCE PLANS PAC (AHIP PAC)

Transaction ID: 200000327

Date of Disbursement

Mailing Address 601 Pennsylvania Avenue NW  
South Building Suite 500

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	1	0

City Washington State DC Zip Code 20004-

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
DIRECT CONTRIBUTION

Category/  
Type

Candidate Name  
AMERICAS HEALTH INSURANCE PLANS PAC (AHIP PAC)

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

DIRECT CONTRIBUTION

State: District:

ANNUAL/OTHER

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

5000.00

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

5000.00

# 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 16 / 16

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) CTE Ella Bully-Cummings  Mailing Address 3430 E Jefferson Ave # 623  City Detroit State MI Zip Code 48207-4233  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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 200000328 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 1 0  Amount of Each Disbursement this Period  400.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Mike Cox 2010 Committee  Mailing Address PO Box 530970  City Livonia State MI Zip Code 48153-0970  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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00728.E330 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 1 0  Amount of Each Disbursement this Period  700.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Segal for Michigan  Mailing Address 108 Pinehurst Ln  City Battle Creek State MI Zip Code 49015-9400  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: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	Transaction ID: 200000326 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 1 0  Amount of Each Disbursement this Period  800.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1900.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	1900.00