07/17/2007 16:06

Image# 27980076628

FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

1.	NAME OF COMMITTEE (in full)	USE FEC MAILING LAB OR TYPE OR PRINT ₩	EL Example:If typ over the lines	ing, type		
l,	Health Alliance Plan PAC					1
						1
Ш						
AD	DRESS (number and street)	2850 West Grand Bou	llevard			
г	Check if different					
L	than previously reported. (ACC)	Detroit		<u> </u>	MI L	48202
2.	FEC IDENTIFICATION NUM	IBER ▼	CITY 🛕	S	TATE	ZIPCODE 🛕
	C00410670	3	B. IS THIS X REPORT	NEW (N) OR	AMEN (A)	DED
4.	TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:	Due On:	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (Dec 20 (M12)
	April 15		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (I	
	April 15 Quarterly Report(Q		Drimon. (1	OD)	Canaral (100	Duneff (10D)
	July 15 Quarterly Report(Q	(c) 12-Day PRE-Election	Primary (1	2P)	General (12G	Runoff (12R)
	October 15	Report for th	e: Conventio	n (12C)	Special (12G))
	Quarterly Report(Q				• • •	in the
	Quarterly Report(Y	E)E	lection on			State of
	X July 31 Mid-Year Report(Non-electio Year Only) (MY)	n (d) 30-Day Post -Election	on General (3	30G)	Runoff (30R)	Special (30S)
	Termination Report	Report for th	ie:			
	(TER)	E	lection on			in the State of
5.	Covering Period 0	01 2007	7 throug	h 06	30 2	0 0 7
l ce	rtify that I have examined this	Report and to the best of m	ny knowledge and belief it	t is true, correct a	nd complete.	
Тур	e or Print Name of Treasurer	James W Hoeberling				
Sig	nature of Treasurer Electro	nically Filed by James W	/ Hoeberling	Da	te 0.7	17 2007
NO	TE : Submission of false, erro	neous, or incomplete inforn	nation may subject the pe	erson signing this	Report to the pen	nalties of 2 U.S.C 437g.
	Office Use Only				F	FEC FORM 3X (Rev. 02/2003)

Image# 27980076629

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name Health Alliance Plan PAC

FEC Form 3X (Rev. 02/2003)

Report Covering the Period:

м м 0 1 From:

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

D D D 1

2007

0.6

^D 3 0

2007

Page 2

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
ò .	(a) Cash on Hand January 1 Y2007 Y2007		35902.72
	(b) Cash on Hand at Begining of Reporting Period	35902.72	
	(c) Total Receipts (from Line 19)	22559.33	22559.33
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	58462.05	58462.05
	Total Disbursements (from Line 31)	15036.13	15036.13
	Cash on Hand at Close of		
	Reporting Period (subtract Line 7 from Line 6(d))	43425.92	43425.92
	Debts and Obligations owed TO		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed BY		
	the committee (Itemize all on	0.00	
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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:

м м 0 1

From:

^D 0 1

^Y 2007

o. 0 6

^D 3^D 0

^Y 2007

	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)	17763.28	17763.28
	(ii) Unitemized	4746.05	4746.05
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	22509.33	22509.33
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	50.00	50.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	22559.33	22559.33
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
4. 5.	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
6	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Ο.	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8.			
	(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
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	22559.33	22559.33
0.	Total Federal Receipts (subtract Line 18(c) from Line 19)	22559.33	22559.33

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	161.13	161.13
	Expenditures(c) Total Operating Expenditures		
_	(add 21(a)(i), (a)(ii) and (b))	161.13	161.13
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to Federal Candidates/Committees		
1	and Other Political Committees	6500.00	6500.00
	(use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7.	Loans Made	0.00	0.00
8.	Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
	Than Political Committees		
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	8375.00	8375.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(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
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	15036.13	15036.13
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)	15000.10	15000 10
	from Line 31)	15036.13	15036.13

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)	22559.33	22559.33
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22559.33	22559.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	161.13	161.13
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	161.13	161.13

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 29
IT	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED MEDELI 10		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δ,	ny information copied from such Reports and Stater	nonte may	r not be cold or used by any norse	
or	for commercial purposes, other than using the nam	ne and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	Health Alliance Plan PAC			
\angle				
^	Full Name (Last, First, Middle Initial) Therese Boyle			Date of Receipt
Α.	Mailing Address 1210 Otter			M M / D D / Y Y Y Y
	Maining Address 1210 Otter			01 16 2007
	City	State	Zip Code	Transaction ID: 70717.C2659
	Waterford	MI	48328	Amount of Each Receipt this Period
	FEC ID number of contributing	С		275.00
	federal political committee.	<u> </u>		275.00
	Name of Employer C	Occupation	 1	Receipt
	Hoolth Alliania Dlan	•	- Clinics	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		275.00	Payroll Deduction: (275.0- 0/Pay Period)
	Other (specify)	1 1	273.00	0/Pay Period)
_	Full Name (Last First Middle Initial)			
В.	Full Name (Last, First, Middle Initial) McKinley Broadus			Date of Receipt
	Mailing Address 3182 Woods Circle			M M / D D / Y Y Y Y
				01 02 2007
	City	State	Zip Code	Transaction ID: 70717.C2574
	Detroit	MI	48207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		224.00
	rederal political committee.			Pennint
	Name of Employer Health Alliance Plan	Occupation	1	Receipt
		Dir - Fin		
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		224.00	Payroll Deduction: (16.00- /Pay Period)
	Curior (openiny) 🔻	1 1	1 1 1 1 1 1 1 1	, 2, 1 552
_	Full Name (Last, First, Middle Initial)			
C.				Date of Receipt
	Mailing Address 16555 Shaftsbury Ave			0 1 1 6 2 0 0 7
	City	State	Zip Code	Transaction ID: 70717.C2698
	Detroit	MI	48219-4011	Amount of Each Receipt this Period
	FEC ID number of contributing	-	10210 1011	
	federal political committee.	C		325.00
	Name of Employee) · · · + ! - ·		Receipt
	Health Alliance Plan	Occupation /ice Pres		·
			Year-to-Date ▼	1
	Primary General	33 -3		Payroll Deduction: (25.00-
	Other (specify) ▼		325.00	/Pay Period)
_				
				824.00
Ls	SUBTOTAL of Receipts This Page (optional)		······	024.00
,	OTAL This Period (last page this line number only)	1		
	The rine i choc (last page this line number only)		······································	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 29
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δr	ny 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			
_	Full Name (Last, First, Middle Initial)			
Α.	Jonathan W. Clement			Date of Receipt
	Mailing Address 923 Westchester			01 02 2007
	City	State	Zip Code	Transaction ID: 70717.C2631
	Grosse Pointe	MI	48230-1829	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		560.00
	Name of Employer	Occupation	,	Receipt
	Name of Employer Health Alliance Plan	Occupation VP - Und	erwriting & Rating	
	Receipt For:		Year-to-Date ▼	
	Primary General		500.00	Payroll Deduction: (40.00-
	Other (specify) ▼	0 0	560.00	/Pay Period)`
	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 43119 Hanford Rd			M M / D D / Y Y Y
	Cit.	01-1-	7in Oada	01 16 2007
	City Canton	State MI	Zip Code 48187-3335	Transaction ID: 70717.C2663
		IVII	40107-3333	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Frankson	10		Receipt
	Name of Employer Health Alliance Plan	Occupation Manager,		·
	Receipt For:		Year-to-Date ▼	
	Primary General			Payroll Deduction: (300.0- 0/Pay Period)
	Other (specify) ▼		300.00	0/Pay Period)
_	Full Name (Last, First, Middle Initial)	<u> </u>		Pate of Page 1
C.	Gwendolyn Davenport Mailing Address 11372 Whitehill			Date of Receipt
	Mailing Address 11372 Whitehill			01 02 2007
	City	State	Zip Code	Transaction ID: 70717.C2581
	Detroit	MI	48224-1653	Amount of Each Receipt this Period
	FEC ID number of contributing	С		16.35
	federal political committee.	0		
	Name of Employer Health Alliance Plan	Occupation	1	Receipt
			dentialing Services	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		16.35	Payroll Deduction: (16.35- /Pay Period)
				"
		•		976 25
s	UBTOTAL of Receipts This Page (optional))	876.35
_	OTAL This Period (last page this line number	only)	-	
		-··· <i>J</i> / ·······	P	

	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS	or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and Statements m for commercial purposes, other than using the name and a	nay not be sold or used by any personddress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
Α.	Full Name (Last, First, Middle Initial) Gwendolyn Davenport		Date of Receipt
	Mailing Address 11372 Whitehill		M M / D D / Y Y Y Y Y Y Y 16 16 2007
	City State Detroit MI	Zip Code 48224-1653	Transaction ID: 70717.C2643
	FEC ID number of contributing federal political committee.	40224-1033	Amount of Each Receipt this Period 208.00
		edentialing Services	Receipt
	Receipt For: Primary General Other (specify) ▼	ate Year-to-Date ▼ 224.35	Payroll Deduction: (16.00-/Pay Period)
В.			Date of Receipt
	Mailing Address 11417 Fellows Creek Drive		01 02 2007
	City State	Zip Code	Transaction ID: 70717.C2582
	Plymouth MI	48170	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1078.00 Receipt
	Name of Employer Health Alliance Plan Occupat VP - Hu	ion uman Res & Cust Rel	песері
		ate Year-to-Date ▼	
	Primary General Other (specify) ▼	1078.00	Payroll Deduction: (77.00- /Pay Period)
C.	Full Name (Last, First, Middle Initial) Dana DeFlorio		Date of Receipt
	Mailing Address 2077 18th		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City State	Zip Code	Transaction ID: 70717.C2632
	Wyandotte MI	48192	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		280.00 Receipt
		System Care Mgmt	песері
	Receipt For: Primary General Other (specify) ▼	ate Year-to-Date ▼ 280.00	Payroll Deduction: (20.00-/Pay Period)
s	UBTOTAL of Receipts This Page (optional)		1566.00
\vdash	OTAL This Period (last page this line number only)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 9 / 29
	•		Use separate schedule(s) or each category of the	(check only one)
Ш	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 ado	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) Jody L. Doherty			Date of Receipt
	Mailing Address 21115 Violet			01 16 7 2007
	City	State	Zip Code	Transaction ID: 70717.C2668
	Saint Clair Shores	MI	48082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		225.03
	Name of Employer Health Alliance Plan	Occupation Director	1	Receipt
	Receipt For:		e Year-to-Date ▼	
	Primary General			Pavroll Deduction: (17.31-
	Other (specify)	0 0	225.03	Payroll Deduction: (17.31- /Pay Period)
В.	Full Name (Last, First, Middle Initial) Michael A. Elinski			Date of Receipt
	Mailing Address 3434 Essex			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 70717.C2628
	Troy	MI	48084	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer	Occupation	า	Receipt
	Health Allian'ce Plan	AVP - Te	chnology & eBusiness D	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	Payroll Deduction: (25.00-/Pay Period)
<u> </u>	Full Name (Last, First, Middle Initial) Gregory English			Date of Receipt
	Mailing Address 17661 Bell Creek Ln			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 70717.C2670
	Livonia	MI	48152-4404	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	rederal political committee.			Descipt
	Name of Employer Health Alliance Plan	Occupation Mgr - App	n ol Dev/Bus Supp/Proj M	Receipt
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	Payroll Deduction: (300.0- 0/Pay Period)
[UBTOTAL of Receipts This Page (optional)			875.03
\vdash	ODITIAL OF NECEIPLS THIS Page (OPHOHAI)			
T	OTAL This Period (last page this line number of	only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 29
	EMIZED RECEIPTS		or each category of the	(check only one)
• •			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	Health Alliance Plan PAC			
<u> </u>	Full Name (Last, First, Middle Initial)			Data of Pagaint
۹.	Laura Eory Mailing Address 19090 Parkwood Ln			Date of Receipt
				01 16 2007
	City	State	Zip Code	Transaction ID: 70717.C2699
	Brownstown Twp	MI	48183-6804	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		260.00
	Name of Employer Health Alliance Plan	Occupation	1	Receipt
			er Advocate	
	Receipt For:	Aggregate	Year-to-Date ▼	. [
	Primary General Other (specify) ▼		260.00	Payroll Deduction: (20.00- /Pay Period)
		0 0		,
3.	Full Name (Last, First, Middle Initial) Vincenzo G. Ferri			Date of Receipt
	Mailing Address 726 S. Renaud			01 02 2007
	City	State	Zip Code	Transaction ID: 70717.C2615
	Grosse Pointe Wood	MI	48236	Amount of Each Receipt this Period
	FEC ID number of contributing	С		21.00
	federal political committee.			
	Name of Employer Health Alliance Plan	Occupation		Receipt
			s Affiliations & Suppo	
	Receipt For:	Aggregate	Year-to-Date ▼	. [
	Primary General Other (specify)		21.00	Payroll Deduction: (21.00- /Pay Period)
	Galor (opeon)) \			, ,
<u> </u>	Full Name (Last, First, Middle Initial) Vincenzo G. Ferri			Date of Receipt
	Mailing Address 726 S. Renaud			M M / D D / Y Y Y Y
	City	State	Zip Code	0 1 1 6 2 0 0 7 Transaction ID: 70717.C2666
	Grosse Pointe Wood	MI	48236	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1	
	federal political committee.	C		260.00
	Name of Employer Health Alliance Plan	Occupation	1	Receipt
	Health Alliance Plan	AVP - Bu	s Affiliations & Suppo	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	'''	281.00	Payroll Deduction: (20.00-/Pay Period)
	Other (specify)		0 0 0 0 0 0 0	/ ay r enod)
_	UDTOTAL (CD., 1 to TU D., 1 to Tu D., 1 to Tu			541.00
S	UBTOTAL of Receipts This Page (optional)		·····	
T	OTAL This Period (last page this line number or	nly)	>	

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 11/29				
ıт	EMIZED RECEIPTS	or each category of the	(check only one)				
••	LIMIZED RESERVES	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
An	y information copied from such Reports and Statements	may not be sold or used by any person					
or	for commercial purposes, other than using the name and	address of any political committee to	solicit contributions from such committee.				
\setminus	NAME OF COMMITTEE (In Full)						
$ \rangle$	Health Alliance Plan PAC						
\angle	E HALL (I. J. E. J. ACH II. J. IV.)		T				
Α.	Full Name (Last, First, Middle Initial) Howard Flasch		Date of Receipt				
	Mailing Address 1459 N Rochester Rd		M M / D D / Y Y Y Y				
			01 02 2007				
	City State	Zip Code	Transaction ID: 70717.C2629				
	Oakland MI	48363-1630	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee		40.00				
	federal political committee.						
	Name of Employer Health Alliance Plan	ation	Receipt				
	Health Alliance Plan VP - F	Product Development					
		gate Year-to-Date ▼					
	Primary General Other (specify) ▼	40.00	Payroll Deduction: (40.00-/Pay Period)				
	Other (specify)		/i ay i ellou)				
_	Full Name (Last, First, Middle Initial)						
В.	Howard Flasch		Date of Receipt				
	Mailing Address 1459 N Rochester Rd		M M / D D / Y Y Y Y				
	City State	Zip Code	01 16 2007				
	City State Oakland MI	48363-1630	Transaction ID: 70717.C2677				
		46303-1630	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.		455.00				
			Receipt				
	Name of Employer Health Alliance Plan Occup		1.555.				
	- · · · · · · · · · · · · · · · · · · ·	Product Development gate Year-to-Date ▼	-				
	Primary General	gate real to Date 🔻	Payroll Deduction: (35.00-				
	Other (specify) ▼	495.00	/Pay Period)				
_	Full Name (Last, First, Middle Initial)		Data of Bassist				
C.	Rotisha Fox Mailing Address 18405 Westover		Date of Receipt				
	Mailing Address 18405 Westover		01 10 2007				
	City State	Zip Code	Transaction ID: 100002572				
	Southfield MI	48075	Amount of Each Receipt this Period				
	FEC ID number of contributing		300.00				
	federal political committee.		300.00				
	Name of Employer Occup Health Alliance Plan	ation	Receipt				
	Health Alliance Plan Mana						
	Receipt For: Aggre	gate Year-to-Date ▼					
	Primary General	300.00					
	Other (specify) ▼	000.00					
٩	SUBTOTAL of Receipts This Page (optional)						
\vdash							
T	TOTAL This Period (last page this line number only)						

SC	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 12 / 29
			Use separate schedule(s) or each category of the	(check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Any or f	y information copied from such Reports and State or commercial purposes, other than using the nar	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee
	NAME OF COMMITTEE (In Full)			
\	Health Alliance Plan PAC			
	Trouble Time Too Time Time			
_	Full Name (Last, First, Middle Initial)			
	Jeanette H. Girty			Date of Receipt
	Mailing Address 18246 Stoepel			01 02 2007
	City	State	Zip Code	Transaction ID: 70717.C2588
	Detroit	MI	48221	Amount of Each Receipt this Period
	FEC ID number of contributing			242.34
	federal political committee.	C		242.34
	Name of Employer	Occupation	1	Receipt
	Hoolth Allian's Dlan	•	nt Svcs Operations	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		242.34	Payroll Deduction: (17.31-
	Other (specify) ▼		242.04	/Páy Period)`
	Full Name (Last, First, Middle Initial)			
	Lance Graham			Date of Receipt
	Mailing Address 1524 N Alexander Ave			M M / D D / Y Y Y Y
				01 11 2007
	City	State	Zip Code	Transaction ID: 70717.C2638
	Royal Oak	MI	48067-3633	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		450.00
				Receipt
	Health Alliance Plan	Occupation		Ticocipi
	Receipt For:	Director,	Year-to-Date ▼	-
	Primary General	Aggregate	Teal-10-Date ▼	
	Other (specify)		450.00	
_	Full Name (Last, First, Middle Initial)			Data of Descipt
	Mark Hall Mailing Address 25450 Constitution			Date of Receipt
	23430 Constitution			01 02 2007
	City	State	Zip Code	Transaction ID: 70717.C2593
	Novi	MI	48375-1763	Amount of Each Receipt this Period
	FEC ID number of contributing	С		430.78
	federal political committee.			
	Name of Employer Health Alliance Plan	Occupation	1	Receipt
			Dist Channel Mgmt	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		430.78	Payroll Deduction: (30.77-/Pay Period)
	Carror (openit)		0 0 0 0 0 0 0	, ,
SL	JBTOTAL of Receipts This Page (optional)		>	1123.12
TC	OTAL This Period (last page this line number only	y)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 29
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Δr	y information copied from such Reports and Si	atomonte may	y not be 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)			
\rangle	Health Alliance Plan PAC			
Α.	Full Name (Last, First, Middle Initial) L. Elaine Helms			Date of Receipt
	Mailing Address 4418 Robinwood			0 1 1 6 2 0 0 7
	City	State	Zip Code	Transaction ID: 70717.C2675
	Royal Oak	MI	48073	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		260.00
	Name of Employer Health Alliance Plan	Occupation AVP	١	Receipt
	Receipt For:		Year-to-Date ▼	\dashv
	Primary General	33 -3		Payroll Deduction: (20.00-
	Other (specify) ▼	0 0	260.00	/Pay Period)
В.	Full Name (Last, First, Middle Initial) Cynthia Hoffman			Date of Receipt
	Mailing Address 5768 Whitehaven Dr			0 1 0 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 70717.C2578
	Troy	MI	48085-3188	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		280.00
	Name of Employer Health Alliance Plan	Occupation		Receipt
			ommerce & Tech Plannin	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	B
	Other (specify) ▼		280.00	Payroll Deduction: (20.00- /Pay Period)
<u>с.</u>	Full Name (Last, First, Middle Initial) Mohammed Kanpurwala			Date of Receipt
	Mailing Address 441 Sylvan Dr			0 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 70717.C2597
	Canton	MI	48188-1596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer Health Alliance Plan	Occupation Dir - Und	n erwriting/Ahl	Receipt
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		10.00	Payroll Deduction: (10.00- /Pay Period)
s	UBTOTAL of Receipts This Page (optional)			550.00

SCHEDULE A (FEC Form 3)	X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 29
ITEMIZED RECEIPTS	,	or each category of the	(check only one)
TI LIMIZED TIEGEIT 13		Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports a	nd Statements may	rot be sold or used by any perso	13 14 15 16 17
or for commercial purposes, other than using	the name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Health Alliance Plan PAC			
Full Name (Last, First, Middle Initial) A. Mohammed Kanpurwala			Date of Receipt
Mailing Address 441 Sylvan Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 70717.C2654
Canton	MI	48188-1596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		195.00
<u> </u>			Receipt
Name of Employer Health Alliance Plan	Occupation Dir - Und	n erwriting/Ahl	rissorpt
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	205.00	Payroll Deduction: (15.00-/Pay Period)
Full Name (Last, First, Middle Initial) 3. Donald Kiefiuk	I		Date of Receipt
Mailing Address 39810 Karda			01 16 2007
City	City State Zip Code		
Sterling Heights	MI	48313	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		520.00
Name of Employer Health Alliance Plan	Occupation AVP Clai	n m Operation	Receipt
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	520.00	Payroll Deduction: (40.00- /Pay Period)
Full Name (Last, First, Middle Initial) Glen Koslakiewicz			Date of Receipt
Mailing Address 30431 John Hauk			M M / D D / Y Y Y Y Y Y O D O D O D O D O D O D O D
City	State	Zip Code	Transaction ID: 70717.C2591
Garden City	MI	48135	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.50
Name of Employer Health Alliance Plan	Occupation Dir - Fin	n Operations	Receipt
		e Year-to-Date ▼	7
Primary General Other (specify) ▼	0 0	15.50	Payroll Deduction: (15.50-/Pay Period)
SUBTOTAL of Receipts This Page (optional	al)		730.50
·		•	
TOTAL This Period (last page this line num	nber only))	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 15 / 29		
ITEMIZED 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	ly 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 perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)		7,			
$ \rangle$	Health Alliance Plan PAC					
	Tioditi 7 tila 100 Tidi 17 No					
_	Full Name (Last, First, Middle Initial)					
A.	Glen Koslakiewicz			Date of Receipt		
	Mailing Address 30431 John Hauk			0 1 1 6 2 0 0 7		
	City	State	Zip Code			
	Garden City	MI	48135	Transaction ID: 70717.C2650		
	•	IVII	40133	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		214.50		
				Receipt		
	Name of Employer Health Alliance Plan	Occupation		neceipi		
			Operations			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		230.00	Payroll Deduction: (16.50-/Pay Period)		
	Other (specify) ▼	0 0		/ Fay Fellou)		
	Full Name (Last, First, Middle Initial)					
В.				Date of Receipt		
	Mailing Address 31800 Shawn Dr			M M / D D / Y Y Y Y		
				01 16 2007		
	City	State	Zip Code	Transaction ID: 70717.C2682		
	Warren	MI 48088-2936		Amount of Each Receipt this Period		
	FEC ID number of contributing	С		225.00		
	federal political committee.					
	Name of Employer	Occupation	 1	Receipt		
	Name of Employer Health Alliance Plan	Superviso				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		005.00	Payroll_Deduction: (225.0-		
	Other (specify)		225.00	0/Pay Period)		
C.	Full Name (Last, First, Middle Initial) Mark Lafata			Date of Receipt		
C.	Mailing Address 377 Arthur			M M / D D / Y Y Y Y		
	Walling Address 377 Artiful			01 02 2007		
	City	State	Zip Code	Transaction ID: 70717.C2592		
	Plymouth	MI	48170-1120	Amount of Each Receipt this Period		
	FEC ID number of contributing			15 50		
Name of Employer Health Alliance Plan GCCU Sr Fi		C		15.50		
		Occupation	2	Receipt		
			ce Administrator/HMS			
			e Year-to-Date ▼			
		33 -3		Payroll Deduction: (15.50-		
Other (specify) ▼			15.50	/Pay Period)		
				477.00		
s	UBTOTAL of Receipts This Page (optional)			455.00		
T	OTAL This Period (last page this line number of	only)	>			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 / 29
ITEMIZED 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			
_	Full Name (Last, First, Middle Initial)			5. (5
A.	Mark Lafata Mailing Address 377 Arthur			Date of Receipt
				01 29 2007
	City	State	Zip Code	Transaction ID: 70717.C2722
	Plymouth	MI	48170-1120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		204.00
	Name of Employer Health Alliance Plan	Occupation		Receipt
			ce Administrator/HMS	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		219.50	Payroll Deduction: (17.00- /Pay Period)
		-		
В.	Full Name (Last, First, Middle Initial) Anita Landino			Date of Receipt
	Mailing Address 43885 Boulder Dr			M M / D D / Y Y Y Y
	01	01-1-	7'- 0-4-	01 02 2007
	City Clinton Township	State MI	Zip Code	Transaction ID: 70717.C2585
	•	IVII	48038-1423	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
		10		Receipt
	Name of Employer Health Alliance Plan	Occupation	n r - Advertising/Comm	'
	Receipt For:		Year-to-Date V	-
	Primary General	33 -3		Payroll Deduction: (15.00-
	Other (specify) ▼	0 0	15.00	/Pay Period)
<u> </u>	Full Name (Last, First, Middle Initial) Anita Landino			Date of Receipt
٠.	Mailing Address 43885 Boulder Dr			M M / D D / Y Y Y Y
				01 16 2007
	City	State	Zip Code	Transaction ID: 70717.C2646
	Clinton Township	MI	48038-1423	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		217.75
	- + +			Receipt
			n r - Advertising/Comm	'
			Year-to-Date V	\dashv
	Primary General	00 0		Payroll Deduction: (16.75-
	Other (specify) ▼	0 0	232.75	/Pay Period)
	UPTOTAL ACROSS THE STATE OF THE			436.75
	UBTOTAL of Receipts This Page (optional)			
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 17 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress 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			
۹.	Full Name (Last, First, Middle Initial) Michelle Lang Mailing Address 48616 Dunn Court			Date of Receipt
	City	State	Zip Code	0 1 0 2 2 0 0 7 Transaction ID: 70717.C2619
	Macomb	MI	48044	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		17.00
	Name of Employer Health Alliance Plan		rdination of Benefits	Receipt
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 17.00	Payroll Deduction: (17.00-/Pay Period)
3.	Full Name (Last, First, Middle Initial) Michelle Lang			Date of Receipt
	Mailing Address 48616 Dunn Court			01 16 2007
	City	State	Zip Code	Transaction ID: 70717.C2669
	Macomb	MI	48044	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		201.50 Receipt
	Name of Employer Health Alliance Plan		rdination of Benefits	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 218.50	Payroll Deduction: (15.50-/Pay Period)
	Full Name (Last, First, Middle Initial) Deborah Marine			Date of Receipt
	Mailing Address 40054 Crosswinds			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 70717.C2616
	Novi	MI	48375	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 Compliar	n nce/Privacy Officer	Ποσορί
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	Payroll Deduction: (15.00-/Pay Period)
s	UBTOTAL of Receipts This Page (optional)			428.50
т.	OTAL This Period (last page this line number or	nlv)		

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 18/29				
ITEMIZED RECEIPTS		or each category of the	(check only one)				
"	EIVIIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12				
	information and discounts and Oldston and		13 14 15 16 17				
or	y information copied from such Reports and Statements for commercial purposes, other than using the name and	may not be sold or used by any persol I address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)						
$ \rangle$	Health Alliance Plan PAC						
_	Full Name (Last, First, Middle Initial)						
Α.	Olivia Massey		Date of Receipt				
	Mailing Address 22710 Glastonbury Gate		01 16 2007				
	City State	e Zip Code	Transaction ID: 70717.C2685				
	Southfield MI	48034	Amount of Each Receipt this Period				
	FFO ID work and found the first	10001	Amount of Lacri Necept this Feriod				
	FEC ID number of contributing federal political committee.		225.00				
			Receipt				
	Name of Employer Health Alliance Plan Occup		Tioonpt				
	Supe		4				
	Receipt For: Aggree Primary General	gate Year-to-Date ▼					
	Other (specify) ▼	225.00	Payroll Deduction: (225.0- 0/Pay Period)				
	Carior (openity)		,				
	Full Name (Last, First, Middle Initial)						
В.	Colleen McClorey		Date of Receipt				
	Mailing Address 48188 Andover Dr.		M M / D D / Y Y Y Y				
	0.1	7: 0 1	01 02 2007				
	City State	'	Transaction ID: 70717.C2622				
	<u>Detroit</u> <u>MI</u>	48374	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.		560.00				
	reactal political committee.		Descipt				
	Name of Employer Health Alliance Plan Occup	ation	Receipt				
		Assoc General Counsel					
		gate Year-to-Date ▼					
	Primary General	560.00	Payroll Deduction: (40.00-/Pay Period)				
	Other (specify) ▼		// ay r enou /				
_	Full Name (Last, First, Middle Initial)						
C.	G.S. Mwaungulu		Date of Receipt				
	Mailing Address 29816 Deer Run		M M / D D / Y Y Y Y				
	01	75. 0.4.	01 10 2007				
	City State	'	Transaction ID: 100002573				
	Farmington MI	48331	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.		500.00				
	rederal political committee.		Pagaint				
	Name of Employer Health Alliance Plan		Receipt				
ASSOC. N		c. Medical Director					
		gate Year-to-Date ▼					
	Primary General	500.00					
	Other (specify) ▼						
Г	I						
9	SUBTOTAL of Descripts This Descriptionally						
, ,	SUBTOTAL of Receipts This Page (optional)						
\vdash	OBTOTAL of Receipts This Page (optional)						

S	CHEDULE A (FEC Form 3X)		Llog congrete cohedule/s	FOR LINE NUMBER: PAGE 19 / 29
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and ado	r not be sold or used by any perso Iress of any political committee to	n 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) Bill Oliver			Date of Receipt
	Mailing Address 5893 Christina			01 02 7 2007
	City	State	Zip Code	Transaction ID: 70717.C2625
	West Bloomfield	MI	48324-3102	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Health Alliance Plan	Occupation	n ormation Tech Supp	Receipt
	Receipt For:		Year-to-Date V	\dashv
	Primary General	7.99.094.0	25.00	Payroll Deduction: (25.00-
	Other (specify) ▼	0 0		/Páy Period)`
3.	Full Name (Last, First, Middle Initial) Bill Oliver			Date of Receipt
	Mailing Address 5893 Christina			01 10 2007
	City	State	Zip Code	Transaction ID: 100002570
	West Bloomfield	MI	48324-3102	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Health Alliance Plan	Occupation	n ormation Tech Supp	Receipt
	Receipt For:		Year-to-Date ▼	
	Primary General	33 13		
	Other (specify)	0 0	525.00	
Э.	Full Name (Last, First, Middle Initial) Karen Parenteau			Date of Receipt
	Mailing Address 53978 Blakely Ct			01 02 7 2007
	City	State	Zip Code	Transaction ID: 70717.C2606
	New Baltimore	MI	48047-5532	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		280.00
	Name of Employer Health Alliance Plan	Occupation AVP - Bu	siness Dev & Mkt Ops	Receipt
			Year-to-Date ▼	1
	Primary General Other (specify) ▼	1 1	280.00	Payroll Deduction: (20.00- /Pay Period)
S	UBTOTAL of Receipts This Page (optional)		_	805.00
_				
T	OTAL This Period (last page this line number on	ly)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 29
ITEMIZED 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 Si	tatemente may	y not be 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) Diane Pawlica			Date of Receipt
	Mailing Address 45568 Morningside			01 02 7 2007
	City	State	Zip Code	Transaction ID: 70717.C2596
	Canton	MI	48187	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		224.00
	Name of Employer Health Alliance Plan	Occupation Dir - Syst	n em Care Mgmt	Receipt
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	224.00	Payroll Deduction: (16.00-/Pay Period)
— В.	Full Name (Last, First, Middle Initial) Rachel Powell			Date of Receipt
	Mailing Address 543 Thurber			0 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 70717.C2610
	Troy	MI	48085-4827	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		18.00
		Occupation	n ounter/Claim Accuracy	Receipt 18.00
	federal political committee. Name of Employer Health Alliance Plan Receipt For:	Occupation Dir - Enc		
	federal political committee. Name of Employer Health Alliance Plan	Occupation Dir - Enc	ounter/Claim Accuracy	
	federal political committee. Name of Employer Health Alliance Plan Receipt For: Primary General	Occupation Dir - Enc	ounter/Claim Accuracy Year-to-Date ▼	Receipt Payroll Deduction: (18.00-
	federal political committee. Name of Employer Health Alliance Plan Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Occupation Dir - Enc	ounter/Claim Accuracy Year-to-Date ▼	Payroll Deduction: (18.00-/Pay Period)
C.	federal political committee. Name of Employer Health Alliance Plan Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Rachel Powell	Occupation Dir - Enc	ounter/Claim Accuracy Year-to-Date ▼	Payroll Deduction: (18.00-/Pay Period) Date of Receipt
C.	Full Name (Last, First, Middle Initial) Rachel Powell Mailing Address 543 Thurber	Occupation Dir - Enco Aggregate	ounter/Claim Accuracy Year-to-Date ▼ 18.00	Payroll Deduction: (18.00-/Pay Period) Date of Receipt 0 1
 C.	Full Name (Last, First, Middle Initial) Rachel Powell Mailing Address 543 Thurber	Occupation Dir - Enco Aggregate	ounter/Claim Accuracy Year-to-Date ▼ 18.00 Zip Code	Payroll Deduction: (18.00-/Pay Period) Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	federal political committee. Name of Employer Health Alliance Plan Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Rachel Powell Mailing Address 543 Thurber City Troy FEC ID number of contributing	Occupation Dir - Enco Aggregate State MI C	ounter/Claim Accuracy Year-to-Date ▼ 18.00 Zip Code 48085-4827	Payroll Deduction: (18.00-/Pay Period) Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	federal political committee. Name of Employer Health Alliance Plan Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Rachel Powell Mailing Address 543 Thurber City Troy FEC ID number of contributing federal political committee. Name of Employer Health Alliance Plan Receipt For:	Occupation Dir - Enco Aggregate State MI C Occupation Dir - Enco	ounter/Claim Accuracy Year-to-Date ▼ 18.00 Zip Code 48085-4827	Payroll Deduction: (18.00-/Pay Period) Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	federal political committee. Name of Employer Health Alliance Plan Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Rachel Powell Mailing Address 543 Thurber City Troy FEC ID number of contributing federal political committee. Name of Employer Health Alliance Plan	Occupation Dir - Enco Aggregate State MI C Occupation Dir - Enco	Dunter/Claim Accuracy Year-to-Date ▼ 18.00 Zip Code 48085-4827	Payroll Deduction: (18.00-/Pay Period) Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	federal political committee. Name of Employer Health Alliance Plan Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Rachel Powell Mailing Address 543 Thurber City Troy FEC ID number of contributing federal political committee. Name of Employer Health Alliance Plan Receipt For: Primary General	State MI C Occupation Dir - Enco	Zip Code 48085-4827 Dounter/Claim Accuracy 278.00	Payroll Deduction: (18.00-/Pay Period) Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 29
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δr	ny information copied from such Reports and Si	atements 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)			Data of Descript
A.	Richard Precord Mailing Address 150 Shorewood Lane			Date of Receipt
				01 16 2007
	City	State	Zip Code	Transaction ID: 70717.C2687
	Howell	MI	48843	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		201.50
	Name of Employer Health Alliance Plan	Occupation	1	Receipt
		Director		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		201.50	Payroll Deduction: (15.50- /Pay Period)
	case (epossy), \			,
В.	Full Name (Last, First, Middle Initial) Patricia R. Richards			Date of Receipt
υ.	Mailing Address 23 Turnberry Ln.			M M / D D / Y Y Y Y
				01 16 2007
	City	State	Zip Code	Transaction ID: 70717.C2688
	Dearborn	MI	48120	Amount of Each Receipt this Period
	FEC ID number of contributing	С		1001.00
	federal political committee.			Descipt
	Name of Employer Health Alliance Plan	Occupation		Receipt
			President & COO	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	B
	Other (specify)		1001.00	Payroll Deduction: (77.00- /Pay Period)
C.	Full Name (Last, First, Middle Initial) Chrystal M. Roberts			Date of Receipt
	Mailing Address 24601 Pinehurst Avenu	ie		M M / D D / Y Y Y Y
	-			01 16 2007
	City		Zip Code	Transaction ID: 70717.C2689
	Oak Park	MI	48237	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		225.03
	· · · · · · · · · · · · · · · · · · ·	10		Receipt
	Name of Employer Health Alliance Plan	Occupation Director	1	
	Direc		e Year-to-Date ▼	\dashv
	Primary General	33 -3		Payroll Deduction: (17.31-
	Other (specify) ▼		225.03	/Pay Period)
s	UBTOTAL of Receipts This Page (optional)			1427.53
\vdash			•	
T	OTAL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 / 29
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
۸n	y information copied from such Reports and Sta	tomonte may	rnot he cold or used by any norse	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	Health Alliance Plan PAC			
	Full Name (Last, First, Middle Initial)			Data of Baselia
٦.	Dianna Ronan Mailing Address 2156 Cumberland			Date of Receipt
				01 02 2007
	City	State	Zip Code	Transaction ID: 70717.C2599
	Brighton	MI	48114	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1078.00
	Name of Employer Health Alliance Plan	Occupation	1	Receipt
			ancial Services	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	' '	1078.00	Payroll Deduction: (77.00- Pay Period)
				'
3.	Full Name (Last, First, Middle Initial) Nancy Ruhl			Date of Receipt
	Mailing Address 14965 Country Club			01 29 2007
	City	Transaction ID: 70717.C2719		
	Livonia	State MI	Zip Code 48154-5144	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer Health Alliance Plan	Occupation	 1	Receipt
	Health Alliance Plan	AVP		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	Payroll Deduction: (500.0- 0/Pay Period
	Other (specify)			on ay renou
).	Full Name (Last, First, Middle Initial) Diane Slon			Date of Receipt
	Mailing Address 31646 Robinhood Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 70717.C2691
	<u>Franklin</u>	MI	48025	Amount of Each Receipt this Period
	FEC ID number of contributing			260.00
	federal political committee.	C		200.00
	Name of Employer Health Alliance Plan	Occupation	1	Receipt
	Health Alliance Plan	Director,	MBI	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		260.00	Payroll Deduction: (20.00- /Pay Period)
	Other (specify)			, ay ronou ,
_	LIDTOTAL of Dooriete This Days (1989)			1838.00
5	UBTOTAL of Receipts This Page (optional)		······································	
T	OTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 23 / 29		
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 Sta for commercial purposes, other than using the i	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.		
	NAME OF COMMITTEE (In Full)					
	Health Alliance Plan PAC					
A.	Full Name (Last, First, Middle Initial) Mary Clare Solky			Date of Receipt		
	Mailing Address 30387 Windingbrook La	ane		01 02 7 2007		
	City	State	Zip Code	Transaction ID: 70717.C2600		
	<u>Farmington</u>	MI	48334	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		280.00		
	Name of Employer Health Alliance Plan	Occupation Director.		Receipt		
	Receipt For:		Year-to-Date ▼			
	Primary General	00 0		Payroll Deduction: (20.00-		
	Other (specify) ▼		280.00	Payroll Deduction: (20.00-/Pay Period)		
В.	Full Name (Last, First, Middle Initial) Ronald R. Stallworth			Date of Receipt		
	Mailing Address 8121 Agnes			M M / D D / Y Y Y Y Y O 7 O 2 O 0 7		
	City	State	Zip Code	Transaction ID: 70717.C2579		
	Detroit	MI	48214	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		560.00		
	Name of Employer	Occupation	า	Receipt		
	Health Allian'ce Plan	VP - Gov	ernment Affairs			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		560.00	Payroll Deduction: (40.00- /Pay Period)		
— С.	Full Name (Last, First, Middle Initial) Daniel Trim			Date of Receipt		
О.	Mailing Address 921 Juneau Rd.			M M / D D / Y Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 70717.C2626		
	<u>Ypsilanti</u>	MI	48198-6323	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		30.00		
	Name of Employer Health Alliance Plan	Occupation	n ch Support/Comp Op	Receipt		
			Year-to-Date ▼	7		
	Primary General Other (specify) ▼		30.00	Payroll Deduction: (30.00-/Pay Period)		
Г				870.00		
S	UBTOTAL of Receipts This Page (optional)			070.00		
T	TOTAL This Period (last page this line number only)					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 24 / 29 (check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any persodress 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			
۹.	Full Name (Last, First, Middle Initial) Daniel Trim			Date of Receipt
	Mailing Address 921 Juneau Rd.		7.0	01 16 2007
	City Ypsilanti	State MI	Zip Code 48198-6323	Transaction ID: 70717.C2674 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40130-0323	260.00
	Name of Employer Health Alliance Plan	Occupation Mar - Tec	n ch Support/Comp Op	Receipt
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 290.00	Payroll Deduction: (20.00-/Pay Period)
3.	Full Name (Last, First, Middle Initial) Sammye VanDiver			Date of Receipt
	Mailing Address 19170 Lancashire St			01 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Detroit	State MI	Zip Code 48223-1348	Transaction ID: 100002571
	FEC ID number of contributing federal political committee.	C	40223-1340	Amount of Each Receipt this Period 300.00
	Name of Employer Health Alliance Plan	Occupation Manager,		Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
— Э.	Full Name (Last, First, Middle Initial) Randy Walker			Date of Receipt
	Mailing Address 25474 Edge Mont			01 16 7 2007
	City Southfield	State MI	Zip Code 48034	Transaction ID: 70717.C2693 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10001	500.50
	Name of Employer Health Alliance Plan	Occupation VP - Med	n lical Management Admin	Receipt
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.50	Payroll Deduction: (38.50-/Pay Period)
SI	UBTOTAL of Receipts This Page (optional)			1060.50
т	OTAL This Period (last page this line number o	nly))	

PAGE 25/29 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) Matthew Walsh Date of Receipt Mailing Address 889 Langley Court 0.1 02 2007 City State Zip Code Transaction ID: 70717.C2604 Rochester Hills MI 48309 Amount of Each Receipt this Period FEC ID number of contributing 280.00 C federal political committee. Receipt Name of Employer Health Alliance Plan Occupation Project Dir, Purchaser Initiat Aggregate Year-to-Date ▼ Receipt For: Primary General Payroll Deduction: (20.00-/Pay Period) 280.00 Other (specify) Full Name (Last, First, Middle Initial) B. Deborah Withrow Date of Receipt Mailing Address 2646 Birch Harbor Ln 16 2007 City State Zip Code Transaction ID: 70717.C2705 West Bloomfield MI 48324-1904 Amount of Each Receipt this Period FEC ID number of contributing C 494.00 federal political committee. Receipt Name of Employer Health Alliance Plan Occupation VP-Strategic Relationships Receipt For: Aggregate Year-to-Date ▼ Primary General Payroll Deduction: (38.00-/Pay Period) 494.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	774.00
TOTAL This Period (last page this line number only)	•	17763.28

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 / 29 (check only one) 11a 11b X 11c 12 13 14 15 16 17						
	EMIZED RECEIPTS		or each category of the Detailed Summary Page							
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.						
\rangle	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC									
۹.	Full Name (Last, First, Middle Initial) Kimberly Korth			Date of Receipt						
	Mailing Address 14211 Joyce Dr			01 16 7 2007						
	City	State	Zip Code	Transaction ID: 70717.C2681						
	Warren	MI	48088-4871	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		50.00						
	Name of Employer Health Alliance Plan	Occupation Manager		Receipt						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 50.00	Payroll Deduction: (50.00-/Pay Period)						

SUBTOTAL of Receipts This Page (optional)	•	50.00
TOTAL This Period (last page this line number only)	•	50.00

	SHEDOLL B (I LOT OHII 3X)		erate schedule(s)			-OR LII check (H:			PA	GE	2//	29
ITEMIZED DISBURSEMENTS		for each category of the Detailed Summary Page				21b 27		22 28a	X	23 28b	Н	24 28c	Н	25 29	26 30b
	y Information copied from such Reports and Stater														is
or	for commercial purposes, other than using the name	e and addre	ess of any political	l com	ım	ittee to	solici	t contr	ibuti	ons fr	om s	such c	omn	nittee	
$ \rangle$	NAME OF COMMITTEE (In Full)														
	Health Alliance Plan PAC														
Α.	Full Name (Last, First, Middle Initial)							Trans		-			110		
Λ.	AHIP PAC								of Di м	sburs		nt / V	,	Υ.	Y
	Mailing Address 601 Pennsylvannia Aver South Building Suite 500	nue NW						0 1		1	^D 7	Ĺ	2	οŏ	7 '
	City	State DC	Zip Code 20004-					Amou	nt of	Each	Disl	burse	men	t this	Period
	Washington Purpose of Disbursement	DC	20004-				_						5	5000.	00
	DIRECT CONTRIBUTION						Ш	-							
	Candidate Name					egory/ /pe									
	Senate President X	ement For: Primary Other (spe						DIRE	CT (CON ⁻	TRIE	BUTI	ON		
	State: District: ANNU/ Full Name (Last, First, Middle Initial)	AL/OTHER	1												
В.	Friends of Max Baucus							Trans Date of		sburs	emer				V
	Mailing Address PO Box 586							0 5	, in	L C	2		2	o ŏ	7 '
	City Helena	State MT	Zip Code 59624-0586					Amou	nt of	Each	Disl	burse	men		
	Purpose of Disbursement DIRECT CONTRIBUTION												0	500.	00
	Candidate Name MAX BAUCUS					egory/ /pe									
	9 🗎 –	ement For: Primary Other (spe	2008 General					DIRE	CT (CON ⁻	TRIE	BUTI	ON		
	State: MT District: 00		, V												
C.	Full Name (Last, First, Middle Initial) Knollenberg for Congress							Trans Date of					<u> 127</u>	7	
	Mailing Address 30833 Northwestern Hw	у						0 ^M 6	M	D 2	2 ^D	/ Y	ž	o ŏ	7 ^Y
	City Farmington Hills	State MI	Zip Code 48334-2551					Amou	nt of	Each	Disl	burse	men	t this	Period
	Purpose of Disbursement DIRECT CONTRIBUTION					•		L.	_				1	000.	00
	Candidate Name JOSEPH K. KNOLLENBERG					egory/ /pe									
	Senate X President	ement For: Primary Other (spe	2008 General					DIRE	CT (CON ⁻	TRIE	BUTI	ON		
<u> </u>	State: MI District: 9									•	•		6	500.	00
	UBTOTAL of Disbursements This Page (optional)						-	-	•	-			-		
ΙT	OTAL This Period (last page this line number only)				Þ	•	L.					Ь	500.	ŲŪ

SCILDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check or	E NUMBEI ilv one)	ተ :	L PA	AGE 28	3 / 29	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 28a	23 28b	24 28c	X 25	_	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full)	and address of any political co	minitiee to s	Olicit Cortiri	outions in	JIII SUCII	COMMI		
Health Alliance Plan PAC								
Full Name (Last, First, Middle Initial)				action ID:		E124		
A- Detroit Regional Chamber PAC II			Date o	f Disburse	ement 5	Y Y	Y _ Y	
Mailing Address PO Box 33840			0.5	2	5	20	ŏ 7 ^Y	
,	State Zip Code MI 48232-5840		Amour	nt of Each	Disburse	ement th	is Peri	iod
Purpose of Disbursement	Г	* *	L.			17	75.00	
DIRECT CONTRIBUTION Candidate Name		Category/						
		Туре						
Office Sought: House Disburse Senate	ment For: 2007 Primary General							
	Other (specify)							
State: District: ANNUA Full Name (Last, First, Middle Initial)	L/OTHER		_		70747	5 404		
Detroit Regional Chamber PAC II				action ID: f Disburse	-	E121		
Mailing Address PO Box 33840			0 ^M 5	/ D 1	6 / C	ž 0	ŏ 7 ˇ	
City	State Zip Code		Amour	nt of Each	Disburse	ement th	is Peri	iod
	MI 48232-5840					35	50.00	
Purpose of Disbursement DIRECT CONTRIBUTION	I					00	0.00	
Candidate Name		Category/ Type						
Office Sought: House Disburse Senate	ment For: 2007 Primary General							
	Other (specify)							
	L/OTHER							
Full Name (Last, First, Middle Initial) ROCC PAC				action ID: f Disburse		E122		
Mailing Address Attn: Bill Bullard Jr. 1849 Lakeview Lane			0 ^M 5	¹ 2	1 /	ž 0	y 7 Y	
City	State Zip Code MI 48357-		Amour	nt of Each	Disburse	ement th	is Peri	iod
Purpose of Disbursement DIRECT CONTRIBUTION	I		<u> </u>			100	00.00	
Candidate Name		Category/ Type						
	ment For: 2007							
Senate President X	Primary General Other (specify) ▼							
	L/OTHER							
SUBTOTAL of Disbursements This Page (optional)		>				152	5.00	
TOTAL This Period (last page this line number only)								

	Use seperate schedule(s)	(check onli	NUMBER: v one)		PAGE 29/2	29
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 28a		24 25 28c X 29	26 30k
Any Information copied from such Reports and State or for commercial purposes, other than using the nan						s
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC	e and address of any political co	THITILLEE TO SC	incit contribut	ions nom su	Circommittee	
Full Name (Last, First, Middle Initial)						
A. Michigan House Democratic Fund				ion ID: 707 isbursement		, Y
Mailing Address PO Box 16193			0 4	12	2007	
City Lansing	State Zip Code MI 48901-6193		Amount o	of Each Disbo	ursement this F	-
Purpose of Disbursement DIRECT CONTRIBUTION					5000.0	00
Candidate Name		Category/ Type				
Senate President	ement For: 2007 Primary General Other (specify)					
State: District: ANNU. Full Name (Last, First, Middle Initial)	AL/OTHER		Transat	ion ID: 707		
Bishop Majority Fund			Date of D	isbursement		Υ
Mailing Address 883 Great Oaks Blvd			0 5	0 2	[*] 2007	
City Rochester	State Zip Code MI 48307-1014		Amount o	of Each Disbo	ursement this F	-
Purpose of Disbursement DIRECT CONTRIBUTION					1000.0	00
Candidate Name		Category/ Type				
9 🗎	ement For: 2010 Primary General Other (specify)					
Full Name (Last, First, Middle Initial)			Transact	ion ID: 707	 17.F125	
Kilpatrick for Mayor			Date of D	isbursement		
Mailing Address P.O. Box 44710			06	05	² 2007	, ^Y
City Detroit	State Zip Code MI 48224-		Amount o	of Each Disbo	ursement this F	Period
Purpose of Disbursement DIRECT CONTRIBUTION					600.0	00
Candidate Name		Category/ Type				
· — — — —	ement For: 2009 Primary General Other (specify)					
SUBTOTAL of Disbursements This Page (optional)					6600.0	00
TOTAL This Period (last page this line number only				-	8125.0	00
. C	,				2 319	-