

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)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12G) Election on in the State of (d) 30-Day Post -Election Report for the: General (30G), Runoff (30R), Special (30S) Election on in the State of

5. Covering Period 01 01 2007 through 06 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer James W Hoerberling

Signature of Treasurer Electronically Filed by James W Hoerberling Date 07 17 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Health Alliance Plan PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		35902.72
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning 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								
7. Total Disbursements (from Line 31)	15036.13	15036.13								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	43425.92	43425.92								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Health Alliance Plan PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	17763.28	17763.28
(i) Itemized (use Schedule A)	4746.05	4746.05
(ii) Unitemized	22509.33	22509.33
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	50.00	50.00
(c) Other Political Committees (such as PACs)	22559.33	22559.33
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
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))	22559.33	22559.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	22559.33	22559.33

DETAILED SUMMARY PAGE
of Disbursements

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

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	22559.33	22559.33
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. 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
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	161.13	161.13

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Therese Boyle		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 6 / 2 0 0 7	
Mailing Address 1210 Otter		Transaction ID: 70717.C2659	
City State Zip Code Waterford MI 48328	Amount of Each Receipt this Period 275.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Alliance Plan	Occupation Manager - Clinics		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		
		Payroll Deduction: (275.0-0/Pay Period)	

Full Name (Last, First, Middle Initial) B. McKinley Broadus		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 2 / 2 0 0 7	
Mailing Address 3182 Woods Circle		Transaction ID: 70717.C2574	
City State Zip Code Detroit MI 48207	Amount of Each Receipt this Period 224.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Alliance Plan	Occupation Dir - Fin Svcs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.00		
		Payroll Deduction: (16.00-/Pay Period)	

Full Name (Last, First, Middle Initial) C. Richard Chaney		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 6 / 2 0 0 7	
Mailing Address 16555 Shaftsbury Ave		Transaction ID: 70717.C2698	
City State Zip Code Detroit MI 48219-4011	Amount of Each Receipt this Period 325.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Alliance Plan	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		
		Payroll Deduction: (25.00-/Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	824.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Full Name (Last, First, Middle Initial)
Jonathan W. Clement

Mailing Address 923 Westchester

City State Zip Code
Grosse Pointe MI 48230-1829

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

Name of Employer Health Alliance Plan Occupation VP - Underwriting & Rating

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 2 / 2 0 0 7

Transaction ID: 70717.C2631

Amount of Each Receipt this Period
560.00

Receipt

Payroll Deduction: (40.00- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Kevin Coughlin

Mailing Address 43119 Hanford Rd

City State Zip Code
Canton MI 48187-3335

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

Name of Employer Health Alliance Plan Occupation Manager, IS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 7

Transaction ID: 70717.C2663

Amount of Each Receipt this Period
300.00

Receipt

Payroll Deduction: (300.0- 0/Pay Period)

C. Full Name (Last, First, Middle Initial)
Gwendolyn Davenport

Mailing Address 11372 Whitehill

City State Zip Code
Detroit MI 48224-1653

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

Name of Employer Health Alliance Plan Occupation Dir - Credentialing Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 16.35

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 2 / 2 0 0 7

Transaction ID: 70717.C2581

Amount of Each Receipt this Period
16.35

Receipt

Payroll Deduction: (16.35- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	876.35
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Gwendolyn Davenport		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7
Mailing Address 11372 Whitehill		Transaction ID: 70717.C2643
City State Zip Code Detroit MI 48224-1653	Amount of Each Receipt this Period 208.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Health Alliance Plan Occupation Dir - Credentialing Services	Payroll Deduction: (16.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.35	

Full Name (Last, First, Middle Initial) B. Donald Davis		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 7
Mailing Address 11417 Fellows Creek Drive		Transaction ID: 70717.C2582
City State Zip Code Plymouth MI 48170	Amount of Each Receipt this Period 1078.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Health Alliance Plan Occupation VP - Human Res & Cust Rel	Payroll Deduction: (77.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1078.00	

Full Name (Last, First, Middle Initial) C. Dana DeFlorio		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 7
Mailing Address 2077 18th		Transaction ID: 70717.C2632
City State Zip Code Wyandotte MI 48192	Amount of Each Receipt this Period 280.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Health Alliance Plan Occupation Mgr - System Care Mgmt	Payroll Deduction: (20.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional) ▶	1566.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Jody L. Doherty		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 6 / 2 0 0 7	
Mailing Address 21115 Violet		Transaction ID: 70717.C2668	
City State Zip Code Saint Clair Shores MI 48082	Amount of Each Receipt this Period 225.03		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Health Alliance Plan Occupation Director	Payroll Deduction: (17.31- /Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.03		

Full Name (Last, First, Middle Initial) B. Michael A. Elinski		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 2 / 2 0 0 7	
Mailing Address 3434 Essex		Transaction ID: 70717.C2628	
City State Zip Code Troy MI 48084	Amount of Each Receipt this Period 350.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Health Alliance Plan Occupation AVP - Technology & eBusiness D	Payroll Deduction: (25.00- /Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) C. Gregory English		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 6 / 2 0 0 7	
Mailing Address 17661 Bell Creek Ln		Transaction ID: 70717.C2670	
City State Zip Code Livonia MI 48152-4404	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Health Alliance Plan Occupation Mgr - Appl Dev/Bus Supp/Proj M	Payroll Deduction: (300.0- 0/Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	875.03
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Full Name (Last, First, Middle Initial)
Laura Eory

Mailing Address 19090 Parkwood Ln

City State Zip Code
Brownstown Twp MI 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 ▼ 260.00

Date of Receipt
MM / DD / YYYY
01 / 16 / 2007

Transaction ID: 70717.C2699

Amount of Each Receipt this Period
260.00

Receipt

Payroll Deduction: (20.00- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Vincenzo G. Ferri

Mailing Address 726 S. Renaud

City State Zip Code
Grosse Pointe Wood MI 48236

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

Name of Employer Health Alliance Plan Occupation AVP - Bus Affiliations & Suppo

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 21.00

Date of Receipt
MM / DD / YYYY
01 / 02 / 2007

Transaction ID: 70717.C2615

Amount of Each Receipt this Period
21.00

Receipt

Payroll Deduction: (21.00- /Pay Period)

C. Full Name (Last, First, Middle Initial)
Vincenzo G. Ferri

Mailing Address 726 S. Renaud

City State Zip Code
Grosse Pointe Wood MI 48236

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

Name of Employer Health Alliance Plan Occupation AVP - Bus Affiliations & Suppo

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 281.00

Date of Receipt
MM / DD / YYYY
01 / 16 / 2007

Transaction ID: 70717.C2666

Amount of Each Receipt this Period
260.00

Receipt

Payroll Deduction: (20.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	541.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Howard Flasch		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 2 / 2 0 0 7	
Mailing Address 1459 N Rochester Rd		Transaction ID: 70717.C2629	
City Oakland	State MI	Amount of Each Receipt this Period 40.00	
Zip Code 48363-1630		Receipt	
FEC ID number of contributing federal political committee. C		Payroll Deduction: (40.00- /Pay Period)	
Name of Employer Health Alliance Plan	Occupation VP - Product Development	Aggregate Year-to-Date ▼ 40.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Howard Flasch		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 6 / 2 0 0 7	
Mailing Address 1459 N Rochester Rd		Transaction ID: 70717.C2677	
City Oakland	State MI	Amount of Each Receipt this Period 455.00	
Zip Code 48363-1630		Receipt	
FEC ID number of contributing federal political committee. C		Payroll Deduction: (35.00- /Pay Period)	
Name of Employer Health Alliance Plan	Occupation VP - Product Development	Aggregate Year-to-Date ▼ 495.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Rotisha Fox		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 0 / 2 0 0 7	
Mailing Address 18405 Westover		Transaction ID: 100002572	
City Southfield	State MI	Amount of Each Receipt this Period 300.00	
Zip Code 48075		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer Health Alliance Plan	Occupation Manager	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	795.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Jeanette H. Girty		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 2 / 2 0 0 7	
Mailing Address 18246 Stoepel		Transaction ID: 70717.C2588	
City State Zip Code Detroit MI 48221	Amount of Each Receipt this Period 242.34		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Alliance Plan	Occupation Dir - Client Svcs Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.34		
		Payroll Deduction: (17.31- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Lance Graham		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 1 / 2 0 0 7	
Mailing Address 1524 N Alexander Ave		Transaction ID: 70717.C2638	
City State Zip Code Royal Oak MI 48067-3633	Amount of Each Receipt this Period 450.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Alliance Plan	Occupation Director, BCT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) C. Mark Hall		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 2 / 2 0 0 7	
Mailing Address 25450 Constitution		Transaction ID: 70717.C2593	
City State Zip Code Novi MI 48375-1763	Amount of Each Receipt this Period 430.78		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Alliance Plan	Occupation AVP - NB Dist Channel Mgmt		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 430.78		
		Payroll Deduction: (30.77- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	1123.12
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. L. Elaine Helms		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 6 / 2 0 0 7	
Mailing Address 4418 Robinwood		Transaction ID: 70717.C2675	
City Royal Oak	State MI	Zip Code 48073	Amount of Each Receipt this Period 260.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Alliance Plan	Occupation AVP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		
		Payroll Deduction: (20.00- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Cynthia Hoffman		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 2 / 2 0 0 7	
Mailing Address 5768 Whitehaven Dr		Transaction ID: 70717.C2578	
City Troy	State MI	Zip Code 48085-3188	Amount of Each Receipt this Period 280.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Alliance Plan	Occupation Mgr - eCommerce & Tech Plannin		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		
		Payroll Deduction: (20.00- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Mohammed Kanpurwala		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 2 / 2 0 0 7	
Mailing Address 441 Sylvan Dr		Transaction ID: 70717.C2597	
City Canton	State MI	Zip Code 48188-1596	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Alliance Plan	Occupation Dir - Underwriting/Ahl		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10.00		
		Payroll Deduction: (10.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	550.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Mohammed Kanpurwala		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 6 / 2 0 0 7
Mailing Address 441 Sylvan Dr		Transaction ID: 70717.C2654
City State Zip Code Canton MI 48188-1596	Amount of Each Receipt this Period 195.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Health Alliance Plan	Occupation Dir - Underwriting/Ahl	Payroll Deduction: (15.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

Full Name (Last, First, Middle Initial) B. Donald Kiefiuk		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 6 / 2 0 0 7
Mailing Address 39810 Karda		Transaction ID: 70717.C2678
City State Zip Code Sterling Heights MI 48313	Amount of Each Receipt this Period 520.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Health Alliance Plan	Occupation AVP Claim Operation	Payroll Deduction: (40.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) C. Glen Koslaskiewicz		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 2 / 2 0 0 7
Mailing Address 30431 John Hauk		Transaction ID: 70717.C2591
City State Zip Code Garden City MI 48135	Amount of Each Receipt this Period 15.50	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Health Alliance Plan	Occupation Dir - Fin Operations	Payroll Deduction: (15.50- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15.50	

SUBTOTAL of Receipts This Page (optional) ▶	730.50
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Full Name (Last, First, Middle Initial) Glen Koslaskiewicz		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7
Mailing Address 30431 John Hauk		Transaction ID: 70717.C2650
City State Zip Code Garden City MI 48135	Amount of Each Receipt this Period 214.50	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Health Alliance Plan	Occupation Dir - Fin Operations	Payroll Deduction: (16.50- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

B. Full Name (Last, First, Middle Initial) Ken Kreis		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7
Mailing Address 31800 Shawn Dr		Transaction ID: 70717.C2682
City State Zip Code Warren MI 48088-2936	Amount of Each Receipt this Period 225.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Health Alliance Plan	Occupation Supervisor	Payroll Deduction: (225.0- 0/Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

C. Full Name (Last, First, Middle Initial) Mark Lafata		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 7
Mailing Address 377 Arthur		Transaction ID: 70717.C2592
City State Zip Code Plymouth MI 48170-1120	Amount of Each Receipt this Period 15.50	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Health Alliance Plan	Occupation Sr Finance Administrator/HMS	Payroll Deduction: (15.50- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15.50	

SUBTOTAL of Receipts This Page (optional) ▶	455.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Full Name (Last, First, Middle Initial)
Mark Lafata

Mailing Address 377 Arthur

City State Zip Code
Plymouth MI 48170-1120

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

Name of Employer Health Alliance Plan Occupation Sr Finance Administrator/HMS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 219.50

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 7

Transaction ID: 70717.C2722

Amount of Each Receipt this Period
204.00

Receipt

Payroll Deduction: (17.00- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Anita Landino

Mailing Address 43885 Boulder Dr

City State Zip Code
Clinton Township MI 48038-1423

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

Name of Employer Health Alliance Plan Occupation Assoc Dir - Advertising/Comm

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 15.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 2 / 2 0 0 7

Transaction ID: 70717.C2585

Amount of Each Receipt this Period
15.00

Receipt

Payroll Deduction: (15.00- /Pay Period)

C. Full Name (Last, First, Middle Initial)
Anita Landino

Mailing Address 43885 Boulder Dr

City State Zip Code
Clinton Township MI 48038-1423

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

Name of Employer Health Alliance Plan Occupation Assoc Dir - Advertising/Comm

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 232.75

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 7

Transaction ID: 70717.C2646

Amount of Each Receipt this Period
217.75

Receipt

Payroll Deduction: (16.75- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	436.75
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Michelle Lang		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 2 / 2 0 0 7	
Mailing Address 48616 Dunn Court		Transaction ID: 70717.C2619	
City State Zip Code Macomb MI 48044	Amount of Each Receipt this Period 17.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Alliance Plan	Occupation Dir - Coordination of Benefits		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 17.00		
		Payroll Deduction: (17.00- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Michelle Lang		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 6 / 2 0 0 7	
Mailing Address 48616 Dunn Court		Transaction ID: 70717.C2669	
City State Zip Code Macomb MI 48044	Amount of Each Receipt this Period 201.50		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Alliance Plan	Occupation Dir - Coordination of Benefits		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 218.50		
		Payroll Deduction: (15.50- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Deborah Marine		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 2 / 2 0 0 7	
Mailing Address 40054 Crosswinds		Transaction ID: 70717.C2616	
City State Zip Code Novi MI 48375	Amount of Each Receipt this Period 210.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Alliance Plan	Occupation Compliance/Privacy Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		
		Payroll Deduction: (15.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	428.50
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Full Name (Last, First, Middle Initial)
Olivia Massey

Mailing Address 22710 Glastonbury Gate

City State Zip Code
Southfield MI 48034

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

Name of Employer Health Alliance Plan Occupation Supervisor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
01 / 16 / 2007

Transaction ID: 70717.C2685

Amount of Each Receipt this Period
225.00

Receipt

Payroll Deduction: (225.0-0/Pay Period)

B. Full Name (Last, First, Middle Initial)
Colleen McClorey

Mailing Address 48188 Andover Dr.

City State Zip Code
Detroit MI 48374

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

Name of Employer Health Alliance Plan Occupation VP - Assoc General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt
MM / DD / YYYY
01 / 02 / 2007

Transaction ID: 70717.C2622

Amount of Each Receipt this Period
560.00

Receipt

Payroll Deduction: (40.00-/Pay Period)

C. Full Name (Last, First, Middle Initial)
G.S. Mwaungulu

Mailing Address 29816 Deer Run

City State Zip Code
Farmington MI 48331

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

Name of Employer Health Alliance Plan Occupation Assoc. Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2007

Transaction ID: 100002573

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	1285.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Full Name (Last, First, Middle Initial)
Bill Oliver

Mailing Address 5893 Christina

City State Zip Code
West Bloomfield MI 48324-3102

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 ▼ 25.00

Date of Receipt
MM / DD / YYYY
01 / 02 / 2007

Transaction ID: 70717.C2625

Amount of Each Receipt this Period
25.00

Receipt

Payroll Deduction: (25.00- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Bill Oliver

Mailing Address 5893 Christina

City State Zip Code
West Bloomfield MI 48324-3102

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2007

Transaction ID: 100002570

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Karen Parenteau

Mailing Address 53978 Blakely Ct

City State Zip Code
New Baltimore MI 48047-5532

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

Name of Employer Health Alliance Plan Occupation AVP - Business Dev & Mkt Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
MM / DD / YYYY
01 / 02 / 2007

Transaction ID: 70717.C2606

Amount of Each Receipt this Period
280.00

Receipt

Payroll Deduction: (20.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	805.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Diane Pawlica		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 2 / 2 0 0 7	
Mailing Address 45568 Morningside		Transaction ID: 70717.C2596	
City State Zip Code Canton MI 48187	Amount of Each Receipt this Period 224.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Alliance Plan	Occupation Dir - System Care Mgmt		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.00		
		Payroll Deduction: (16.00- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Rachel Powell		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 2 / 2 0 0 7	
Mailing Address 543 Thurber		Transaction ID: 70717.C2610	
City State Zip Code Troy MI 48085-4827	Amount of Each Receipt this Period 18.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Alliance Plan	Occupation Dir - Encounter/Claim Accuracy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 18.00		
		Payroll Deduction: (18.00- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Rachel Powell		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 6 / 2 0 0 7	
Mailing Address 543 Thurber		Transaction ID: 70717.C2662	
City State Zip Code Troy MI 48085-4827	Amount of Each Receipt this Period 260.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Alliance Plan	Occupation Dir - Encounter/Claim Accuracy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 278.00		
		Payroll Deduction: (20.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	502.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Full Name (Last, First, Middle Initial) Richard Precord Mailing Address 150 Shorewood Lane City State Zip Code Howell MI 48843 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7 Transaction ID: 70717.C2687 Amount of Each Receipt this Period 201.50 Receipt Payroll Deduction: (15.50- /Pay Period)
Name of Employer: Health Alliance Plan Occupation: Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 201.50		

B. Full Name (Last, First, Middle Initial) Patricia R. Richards Mailing Address 23 Turnberry Ln. City State Zip Code Dearborn MI 48120 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7 Transaction ID: 70717.C2688 Amount of Each Receipt this Period 1001.00 Receipt Payroll Deduction: (77.00- /Pay Period)
Name of Employer: Health Alliance Plan Occupation: Sr. Vice President & COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1001.00		

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		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7 Transaction ID: 70717.C2689 Amount of Each Receipt this Period 225.03 Receipt Payroll Deduction: (17.31- /Pay Period)
Name of Employer: Health Alliance Plan Occupation: Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.03		

SUBTOTAL of Receipts This Page (optional)	▶	1427.53
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Dianna Ronan		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 7	
Mailing Address 2156 Cumberland		Transaction ID: 70717.C2599	
City Brighton	State MI	Zip Code 48114	Amount of Each Receipt this Period 1078.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Alliance Plan	Occupation VP - Financial Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1078.00		
		Payroll Deduction: (77.00- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Nancy Ruhl		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7	
Mailing Address 14965 Country Club		Transaction ID: 70717.C2719	
City Livonia	State MI	Zip Code 48154-5144	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Alliance Plan	Occupation AVP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
		Payroll Deduction: (500.0- 0/Pay Period)	

Full Name (Last, First, Middle Initial) C. Diane Slon		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7	
Mailing Address 31646 Robinhood Drive		Transaction ID: 70717.C2691	
City Franklin	State MI	Zip Code 48025	Amount of Each Receipt this Period 260.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Alliance Plan	Occupation Director, MBI		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		
		Payroll Deduction: (20.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	1838.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Full Name (Last, First, Middle Initial)
Mary Clare Solky

Mailing Address 30387 Windingbrook Lane

City Farmington State MI Zip Code 48334

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

Name of Employer Health Alliance Plan Occupation Director, CBHM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
01 / 02 / 2007

Transaction ID: 70717.C2600

Amount of Each Receipt this Period
280.00

Receipt

Payroll Deduction: (20.00- /Pay Period)

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

Mailing Address 8121 Agnes

City Detroit State MI Zip Code 48214

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

Name of Employer Health Alliance Plan Occupation VP - Government Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt
01 / 02 / 2007

Transaction ID: 70717.C2579

Amount of Each Receipt this Period
560.00

Receipt

Payroll Deduction: (40.00- /Pay Period)

C. Full Name (Last, First, Middle Initial)
Daniel Trim

Mailing Address 921 Juneau Rd.

City Ypsilanti State MI Zip Code 48198-6323

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

Name of Employer Health Alliance Plan Occupation Mgr - Tech Support/Comp Op

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 30.00

Date of Receipt
01 / 02 / 2007

Transaction ID: 70717.C2626

Amount of Each Receipt this Period
30.00

Receipt

Payroll Deduction: (30.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► 870.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Daniel Trim		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 6 / 2 0 0 7	
Mailing Address 921 Juneau Rd.		Transaction ID: 70717.C2674	
City Ypsilanti	State MI	Zip Code 48198-6323	Amount of Each Receipt this Period 260.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Alliance Plan	Occupation Mgr - Tech Support/Comp Op		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00		
		Payroll Deduction: (20.00- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Sammye VanDiver		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 0 / 2 0 0 7	
Mailing Address 19170 Lancashire St		Transaction ID: 100002571	
City Detroit	State MI	Zip Code 48223-1348	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Alliance Plan	Occupation Manager, IS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Randy Walker		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 6 / 2 0 0 7	
Mailing Address 25474 Edge Mont		Transaction ID: 70717.C2693	
City Southfield	State MI	Zip Code 48034	Amount of Each Receipt this Period 500.50
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Alliance Plan	Occupation VP - Medical Management Admin		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.50		
		Payroll Deduction: (38.50- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	1060.50
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 29
	(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)
Matthew Walsh

Mailing Address 889 Langley Court

City State Zip Code
Rochester Hills MI 48309

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

Name of Employer Health Alliance Plan Occupation Project Dir, Purchaser Initiat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
MM / DD / YYYY
01 / 02 / 2007

Transaction ID: 70717.C2604

Amount of Each Receipt this Period
280.00

Receipt

Payroll Deduction: (20.00- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Deborah Withrow

Mailing Address 2646 Birch Harbor Ln

City State Zip Code
West Bloomfield MI 48324-1904

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

Name of Employer Health Alliance Plan Occupation VP-Strategic Relationships

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
494.00

Date of Receipt
MM / DD / YYYY
01 / 16 / 2007

Transaction ID: 70717.C2705

Amount of Each Receipt this Period
494.00

Receipt

Payroll Deduction: (38.00- /Pay Period)

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 29
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)
Kimberly Korth

Mailing Address 14211 Joyce Dr

City Warren State MI Zip Code 48088-4871

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

Name of Employer Health Alliance Plan Occupation Manager - U&R

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 1 / 1 6 / 2 0 0 7

Transaction ID: 70717.C2681

Amount of Each Receipt this Period
 50.00

Receipt

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

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 27 / 29

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. AHIP PAC		Transaction ID: 200000110 Date of Disbursement 01 / 17 / 2007
Mailing Address 601 Pennsylvania Avenue NW South Building Suite 500		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20004-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		DIRECT CONTRIBUTION
State: District:	ANNUAL/OTHER	

Full Name (Last, First, Middle Initial) B. Friends of Max Baucus		Transaction ID: 70717.E119 Date of Disbursement 05 / 02 / 2007
Mailing Address PO Box 586		Amount of Each Disbursement this Period 500.00
City Helena State MT Zip Code 59624-0586	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		DIRECT CONTRIBUTION
State: MT District: 00	Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Knollenberg for Congress		Transaction ID: 70717.E127 Date of Disbursement 06 / 27 / 2007
Mailing Address 30833 Northwestern Hwy		Amount of Each Disbursement this Period 1000.00
City Farmington Hills State MI Zip Code 48334-2551	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		DIRECT CONTRIBUTION
State: MI District: 9	Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6500.00
TOTAL This Period (last page this line number only) ▶	6500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 28 / 29

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Detroit Regional Chamber PAC II		Transaction ID: 70717.E124 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7
Mailing Address PO Box 33840		Amount of Each Disbursement this Period 175.00
City Detroit State MI Zip Code 48232-5840	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	

Full Name (Last, First, Middle Initial) B. Detroit Regional Chamber PAC II		Transaction ID: 70717.E121 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address PO Box 33840		Amount of Each Disbursement this Period 350.00
City Detroit State MI Zip Code 48232-5840	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	

Full Name (Last, First, Middle Initial) C. ROCC PAC		Transaction ID: 70717.E122 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 7
Mailing Address Attn: Bill Bullard Jr. 1849 Lakeview Lane		Amount of Each Disbursement this Period 1000.00
City Highland State MI Zip Code 48357-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	

SUBTOTAL of Disbursements This Page (optional) ▶	1525.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 29

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Michigan House Democratic Fund		Transaction ID: 70717.E116 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address PO Box 16193		Amount of Each Disbursement this Period 5000.00
City Lansing State MI Zip Code 48901-6193	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	

Full Name (Last, First, Middle Initial) B. Bishop Majority Fund		Transaction ID: 70717.E118 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7
Mailing Address 883 Great Oaks Blvd		Amount of Each Disbursement this Period 1000.00
City Rochester State MI Zip Code 48307-1014	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Kilpatrick for Mayor		Transaction ID: 70717.E125 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address P.O. Box 44710		Amount of Each Disbursement this Period 600.00
City Detroit State MI Zip Code 48224-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6600.00
TOTAL This Period (last page this line number only) ▶	8125.00