

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 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 05 01 2008 through 05 31 2008

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 06 11 2008

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**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	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		55581.58
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	52277.02									
(c) Total Receipts (from Line 19)	4082.70	18603.90								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	56359.72	74185.48								
7. Total Disbursements (from Line 31)	3105.00	20930.76								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	53254.72	53254.72								
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	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	3136.20	10712.66
(i) Itemized (use Schedule A)		
(ii) Unitemized	946.50	7891.24
(iii) TOTAL (add Lines 11(a)(i) and (ii)	4082.70	18603.90
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	4082.70	18603.90
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))	4082.70	18603.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4082.70	18603.90

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)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	5.00	155.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	5.00	155.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	10550.00
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.....	3100.00	10225.00
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))..	3105.00	20930.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3105.00	20930.76

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)	4082.70	18603.90
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4082.70	18603.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5.00	155.76
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5.00	155.76

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

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

A.	Full Name (Last, First, Middle Initial) Scott Allen		Date of Receipt
	Mailing Address 3066 Richmond Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Clarkston	MI	48348-5063
	FEC ID number of contributing federal political committee. C		Transaction ID: 80611.C4876
Name of Employer Health Alliance Plan		Occupation Assoc Dir, Labor Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 220.00	<input type="text"/> 60.00
			Receipt Payroll Deduction: (20.00- /Pay Period)

B.	Full Name (Last, First, Middle Initial) Angela K. Branch		Date of Receipt
	Mailing Address 81 Atkinson		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Detroit	MI	48202
	FEC ID number of contributing federal political committee. C		Transaction ID: 80611.C4829
Name of Employer Health Alliance Plan		Occupation Dir - Customer Retention & Edu	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 220.00	<input type="text"/> 60.00
			Receipt Payroll Deduction: (20.00- /Pay Period)

C.	Full Name (Last, First, Middle Initial) Richard Chaney		Date of Receipt
	Mailing Address 16555 Shaftsbury Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Detroit	MI	48219-4011
	FEC ID number of contributing federal political committee. C		Transaction ID: 80611.C4877
Name of Employer Health Alliance Plan		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 275.00	<input type="text"/> 75.00
			Receipt Payroll Deduction: (25.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 195.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input 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	PAGE 7 / 16
---	--	-------------

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

A.	Full Name (Last, First, Middle Initial) Jonathan W. Clement	Date of Receipt MM / DD / YYYY 05 / 12 / 2008
	Mailing Address 923 Westchester	Transaction ID: 80611.C4869
	City State Zip Code Grosse Pointe MI 48230-1829	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Health Alliance Plan Occupation VP - Underwriting & Rating Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00	Payroll Deduction: (40.00- /Pay Period)

B.	Full Name (Last, First, Middle Initial) Donald Davis	Date of Receipt MM / DD / YYYY 05 / 12 / 2008
	Mailing Address 11417 Fellows Creek Drive	Transaction ID: 80611.C4834
	City State Zip Code Plymouth MI 48170	Amount of Each Receipt this Period 231.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Health Alliance Plan Occupation VP - Human Res & Cust Rel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 847.00	Payroll Deduction: (77.00- /Pay Period)

C.	Full Name (Last, First, Middle Initial) Jeanne Dunk	Date of Receipt MM / DD / YYYY 05 / 21 / 2008
	Mailing Address 1429 Iroquois	Transaction ID: 80611.C4932
	City State Zip Code Detroit MI 48214	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Health Alliance Plan Occupation Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional)	601.00
TOTAL This Period (last page this line number only)	

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

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

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

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A.	Full Name (Last, First, Middle Initial) Michael A. Elinski		Date of Receipt MM / DD / YYYY 05 / 12 / 2008
	Mailing Address 3434 Essex		Transaction ID: 80611.C4866
	City	State	Zip Code
	Troy	MI	48084
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Health Alliance Plan		Occupation AVP - Technology & eBusiness D	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	Payroll Deduction: (25.00- /Pay Period)

B.	Full Name (Last, First, Middle Initial) Vincenzo G. Ferri		Date of Receipt MM / DD / YYYY 05 / 12 / 2008
	Mailing Address 726 S. Renaud		Transaction ID: 80611.C4861
	City	State	Zip Code
	Grosse Pointe Wood	MI	48236
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 93.00
Name of Employer Health Alliance Plan		Occupation AVP - Bus Affiliations & Suppo	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 341.00	Payroll Deduction: (31.00- /Pay Period)

C.	Full Name (Last, First, Middle Initial) Howard Flasch		Date of Receipt MM / DD / YYYY 05 / 12 / 2008
	Mailing Address 1459 N Rochester Rd		Transaction ID: 80611.C4867
	City	State	Zip Code
	Oakland	MI	48363-1630
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 114.00
Name of Employer Health Alliance Plan		Occupation VP - Product Development	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 418.00	Payroll Deduction: (38.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	282.00
TOTAL This Period (last page this line number only)	

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

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

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

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A.	Full Name (Last, First, Middle Initial) Mark Hall		Date of Receipt
	Mailing Address 25450 Constitution		<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Novi	MI	48375-1763
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Health Alliance Plan		Occupation AVP - NB Dist Channel Mgmt	Transaction ID: 80611.C4846
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="423.17"/>	Amount of Each Receipt this Period <input type="text" value="115.41"/>
			Receipt Payroll Deduction: (38.47- /Pay Period)

B.	Full Name (Last, First, Middle Initial) Cynthia Hoffman		Date of Receipt
	Mailing Address 5768 Whitehaven Dr		<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Troy	MI	48085-3188
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Health Alliance Plan		Occupation Mgr - eCommerce & Tech Plannin	Transaction ID: 80611.C4853
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="200.00"/>	Amount of Each Receipt this Period <input type="text" value="60.00"/>
			Receipt Payroll Deduction: (20.00- /Pay Period)

C.	Full Name (Last, First, Middle Initial) Donald Kiefiuk		Date of Receipt
	Mailing Address 39810 Karda		<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Sterling Heights	MI	48313
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Health Alliance Plan		Occupation AVP Claim Operation	Transaction ID: 80611.C4868
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="440.00"/>	Amount of Each Receipt this Period <input type="text" value="120.00"/>
			Receipt Payroll Deduction: (40.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="295.41"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 16
	<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

A.	Full Name (Last, First, Middle Initial) Barbara Kopasz	Date of Receipt MM / DD / YYYY 05 / 12 / 2008
	Mailing Address 38412 Kingsway Ct	Transaction ID: 80611.C4841
	City State Zip Code Farmington Hills MI 48331-1651	Amount of Each Receipt this Period 57.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Health Alliance Plan Occupation AVP Sales & Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 209.00	Payroll Deduction: (19.00- /Pay Period)

B.	Full Name (Last, First, Middle Initial) Colleen McClorey	Date of Receipt MM / DD / YYYY 05 / 12 / 2008
	Mailing Address 48188 Andover Dr.	Transaction ID: 80611.C4863
	City State Zip Code Detroit MI 48374	Amount of Each Receipt this Period 174.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Health Alliance Plan Occupation VP - Assoc General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 638.00	Payroll Deduction: (58.00- /Pay Period)

C.	Full Name (Last, First, Middle Initial) Vincent Pawloske	Date of Receipt MM / DD / YYYY 05 / 12 / 2008
	Mailing Address 5450 Sandlewood Court	Transaction ID: 80611.C4871
	City State Zip Code Waterford MI 48329	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Health Alliance Plan Occupation Associate Director Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	Payroll Deduction: (20.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	291.00
TOTAL This Period (last page this line number only)	

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

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

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

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A.	Full Name (Last, First, Middle Initial) Christopher Pike		Date of Receipt MM / DD / YYYY 05 / 12 / 2008
	Mailing Address 1657 Wilmington Ct		Transaction ID: 80611.C4849
	City Rochester	State MI	Zip Code 48309
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
	Name of Employer Health Alliance Plan	Occupation AVP - Information Tech Supp	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	Payroll Deduction: (25.00- /Pay Period)

B.	Full Name (Last, First, Middle Initial) Rachel Powell		Date of Receipt MM / DD / YYYY 05 / 12 / 2008
	Mailing Address 543 Thurber		Transaction ID: 80611.C4859
	City Troy	State MI	Zip Code 48085-4827
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
	Name of Employer Health Alliance Plan	Occupation Dir - Encounter/Claim Accuracy	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	Payroll Deduction: (20.00- /Pay Period)

C.	Full Name (Last, First, Middle Initial) Patricia R. Richards		Date of Receipt MM / DD / YYYY 05 / 12 / 2008
	Mailing Address 23 Turnberry Ln.		Transaction ID: 80611.C4872
	City Dearborn	State MI	Zip Code 48120
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.79
	Name of Employer Health Alliance Plan	Occupation Sr. Vice President & COO	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 846.23	Payroll Deduction: (76.93- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	365.79
TOTAL This Period (last page this line number only)	

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

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

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

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A.	Full Name (Last, First, Middle Initial) Dianna Ronan		Date of Receipt MM / DD / YYYY 05 / 12 / 2008
	Mailing Address 2156 Cumberland		Transaction ID: 80611.C4851
	City Brighton	State MI	Zip Code 48114
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 231.00
	Name of Employer Health Alliance Plan	Occupation VP - Financial Services	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 847.00	Payroll Deduction: (77.00- /Pay Period)

B.	Full Name (Last, First, Middle Initial) Susan Schwandt		Date of Receipt MM / DD / YYYY 05 / 07 / 2008
	Mailing Address 2007 Rector Court		Transaction ID: 80611.C4931
	City Canton	State MI	Zip Code 48188
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
	Name of Employer Health Alliance Plan	Occupation Public Relatins Director	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Diane Slon		Date of Receipt MM / DD / YYYY 05 / 12 / 2008
	Mailing Address 31646 Robinhood Drive		Transaction ID: 80611.C4874
	City Franklin	State MI	Zip Code 48025
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
	Name of Employer Health Alliance Plan	Occupation Director, MBI	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	Payroll Deduction: (20.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	641.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 16
(check only one)

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

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 ▼ 220.00

Date of Receipt 05 / 12 / 2008
Transaction ID: 80611.C4852
 Amount of Each Receipt this Period 60.00
 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 ▼ 400.00

Date of Receipt 05 / 12 / 2008
Transaction ID: 80611.C4858
 Amount of Each Receipt this Period 120.00
 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 ▼ 440.00

Date of Receipt 05 / 12 / 2008
Transaction ID: 80611.C4865
 Amount of Each Receipt this Period 120.00
 Receipt
 Payroll Deduction: (40.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► 300.00

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

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

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

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

A.

Full Name (Last, First, Middle Initial) Matthew Walsh		Date of Receipt MM / DD / YYYY 05 / 12 / 2008
Mailing Address 889 Langley Court		Transaction ID: 80611.C4875
City Rochester Hills	State MI	Zip Code 48309
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Health Alliance Plan	Occupation Project Dir, Purchaser Initiat	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	Payroll Deduction: (20.00- /Pay Period)

B.

Full Name (Last, First, Middle Initial) Deborah Withrow		Date of Receipt MM / DD / YYYY 05 / 12 / 2008
Mailing Address 2646 Birch Harbor Ln		Transaction ID: 80611.C4879
City West Bloomfield	State MI	Zip Code 48324-1904
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 105.00
Name of Employer Health Alliance Plan	Occupation VP-Strategic Relationships	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	Payroll Deduction: (35.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	165.00
TOTAL This Period (last page this line number only)	3136.20

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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

A. Full Name (Last, First, Middle Initial)
Michigan House Democratic Fund

Mailing Address PO Box 16193

City Lansing State MI Zip Code 48901-6193

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

ANNUAL/OTHER

Transaction ID: 80611.E183

Date of Disbursement

05 / 15 / 2008

Amount of Each Disbursement this Period

500.00

B. Full Name (Last, First, Middle Initial)
Angerer Leadership Fund

Mailing Address PO Box 10025

City Lansing State MI Zip Code 48901-0025

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

ANNUAL/OTHER

Transaction ID: 80611.E185

Date of Disbursement

05 / 29 / 2008

Amount of Each Disbursement this Period

2000.00

C. Full Name (Last, First, Middle Initial)
Marc Corriveau for State Representative

Mailing Address PO Box 5251

City Northville State MI Zip Code 48167-5251

Purpose of Disbursement
: DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 80611.E182

Date of Disbursement

05 / 15 / 2008

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional) ▶

2600.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 16

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

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

A.

Full Name (Last, First, Middle Initial)
Committee to Elect Carl Ramsey

Transaction ID: 80513.E181

Date of Disbursement

Mailing Address 3016 Greyfairs

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	0	8

City State Zip Code
Detroit MI 48217-

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
DIRECT CONTRIBUTION

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Friends to Elect Martha G. Scott

Transaction ID: 80611.E184

Date of Disbursement

Mailing Address P.O. Box 03341

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	8

City State Zip Code
Highland Park MI 48203-

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement
DIRECT CONTRIBUTION

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

350.00

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

2950.00
