10/02/2006 14:30

Image# 26960413809

FEC FORM 3X

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Health Alliance Plan PAC 2850 West Grand Boulevard ADDRESS (number and street) Check if different than previously Detroit МІ 48202 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00410670 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Х Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 07 0 1 2006 09 30 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. James W Hoeberling Type or Print Name of Treasurer Electronically Filed by James W Hoeberling 11 02 2006 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 02/2003)

Image# 26960413810

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Health Alliance Plan PAC [®] D [®] D 0.7 0 1 2006 0.9 3 0 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 13294.66 2006 January 1 (b) Cash on Hand at 31149.79 Begining of Reporting Period 7927.70 42193.63 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 39077.49 55488.29 6(a) and 6(c) for Column B) 5265.00 21675.80 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 33812.49 33812.49 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) 0.00 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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

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

Write or Type Committee Name Health Alliance Plan PAC

Report Covering the Period:

м м 0 7

From:

01

^Y 2006

0 9 O

^D 3 0

^Y 2006

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	6848.88	31542.94
	(ii) Unitemized	1078.82	10050.69
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	7927.70	41593.63
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	600.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	7927.70	42193.63
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
•	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8.	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
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	7927.70	42193.63
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	7927.70	42193.63

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
	Dperating Expenditures: a) Shared Federal/Non-Federal	-	
(Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	15.00	225.80
(c) Total Operating Expenditures	15.00	225.80
2. 1	(add 21(a)(i), (a)(ii) and (b))	13.00	223.00
(Committees	0.00	0.00
F	Contributions to Federal Candidates/Committeesand Other Political Committees	500.00	6500.00
	ndependent Expenditure use Schedule E)	0.00	0.00
5. (Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))	0.00	0.00
	use Schedule F)	0.00	0.00
3. L	oan Repayments Made	0.00	0.00
	Loans MadeRefunds of Contributions To:	0.00	0.00
(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	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9. (Other Disbursements	4750.00	14950.00
). I	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	0.00	0.00
	With Federal Funds		
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5265.00	21675.80
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	5265.00	21675.80

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operatin Expenditures	G COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	7927.70	42193.63
44. Total Contribution Refunds (from Line 28(d))	0.00	0.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	7927.70	42193.63
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	15.00	225.80
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	15.00	225.80

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 26 (check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar or	y information copied from such Reports and Stater for commercial purposes, other than using the nam	ments may ne and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)		·	
\rangle	Health Alliance Plan PAC			
۹.	Full Name (Last, First, Middle Initial) Patricia Marine Barrett			Date of Receipt
	Mailing Address 29719 Sierra Pointe Circle)		07 17 2006
	City	State	Zip Code	Transaction ID: 100001817
	Farmington	MI	48331	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		132.00
	Hoolth Allian's Dlan	Occupation	n M Consulting	Receipt
			Year-to-Date ▼	
	Primary General Other (specify) ▼		382.00	Payroll Deduction: (22.00-/Pay Period)
3.	Full Name (Last, First, Middle Initial) Angela K. Branch			Date of Receipt
	Mailing Address 81 Atkinson			07 17 2006
	City	State	Zip Code	Transaction ID: 100001801
	Detroit	MI	48202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		105.00
	Hoolth Alliano Dlan	Occupation Oir - Cust	n tomer Retention & Edu	Receipt
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		359.50	Payroll Deduction: (17.50- /Pay Period)
).	Full Name (Last, First, Middle Initial) Kenneth A. Braun			Date of Receipt
	Mailing Address 6429 Houghten			0 7 1 7 2 0 0 6
	City	State	Zip Code	Transaction ID: 100001802
	Troy	MI	48098	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		102.00
	Hoolth Allianica Dlan	Occupation Dir - Labo		Receipt
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		348.00	Payroll Deduction: (17.00-/Pay Period)
s	UBTOTAL of Receipts This Page (optional)			339.00
			<u> </u>	
T	OTAL This Period (last page this line number only)		

SC	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 7 / 26
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
111	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and ado	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	Health Alliance Plan PAC			
	Full Name (Last, First, Middle Initial) McKinley Broadus			Date of Receipt
	Mailing Address 3182 Woods Circle			07 17 2006
	City	State	Zip Code	Transaction ID: 100001761
	Detroit	MI	48207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		96.00
	Name of Employer Health Alliance Plan	Occupation Dir - Fin S		Receipt
	Receipt For:		Year-to-Date ▼	7
	Primary General Other (specify) ▼		329.00	Payroll Deduction: (16.00- /Pay Period)
 3.	Full Name (Last, First, Middle Initial) Kejuan Brown			Date of Receipt
	Mailing Address 15666 Carlisle			0 7 1 7 2 0 0 6
	City	State	Zip Code	Transaction ID: 100001762
	<u>Detroit</u>	MI	48205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		69.24
	Name of Employer Health Alliance Plan	Occupation Supv - Of		Receipt
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General Other (specify) ▼		234.26	Payroll Deduction: (11.54- /Pay Period)
 C.	Full Name (Last, First, Middle Initial) John D. Calabria			Date of Receipt
	Mailing Address 2030 Brinston Drive			0 7 1 7 2 0 0 6
	City	State	Zip Code	Transaction ID: 100001763
	Troy	MI	48083	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		186.00
	Name of Employer Health Alliance Plan	Name of Employer Occupation Health Alliance Plan Assoc Med Dir		
	Receipt For:		Year-to-Date ▼	7
	Primary General Other (specify) ▼	0 0	619.00	Payroll Deduction: (31.00-/Pay Period)
SI	JBTOTAL of Receipts This Page (optional)			351.24
_	OTAL This Davied (lock associate Process)	-1. A		
1 (OTAL This Period (last page this line number or	пу)	P	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 26
ITEMIZED RECEIPTS			or each category of the	(check only one)
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	r not be sold or used by any pers Iress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	Health Alliance Plan PAC			
Α.	Full Name (Last, First, Middle Initial) Jonathan W. Clement			Date of Receipt
	Mailing Address 923 Westchester			07 17 2006
	City	State	Zip Code	Transaction ID: 100001821
	Grosse Pointe	MI	48230-1829	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		240.00
	Name of Employer Health Alliance Plan	Occupation VP - Und	n erwriting & Rating	Receipt
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	640.00	Payroll Deduction: (40.00-/Pay Period)
— В.	Full Name (Last, First, Middle Initial) Gwendolyn Davenport			Date of Receipt
	Mailing Address 11372 Whitehill			0 7 1 7 2 0 0 6
	City	State	Zip Code	Transaction ID: 100001768
	Detroit	MI	48224-1653	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		98.10
	Name of Employer Health Alliance Plan	Occupation Dir - Cred	n dentialing Services	Receipt
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		335.65	Payroll Deduction: (16.35-/Pay Period)
<u> </u>	Full Name (Last, First, Middle Initial) Donald Davis			Date of Receipt
	Mailing Address 11417 Fellows Creek D	rive		07 17 2006
	City	State	Zip Code	Transaction ID: 100001769
	Plymouth	MI	48170	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		462.00
	Name of Employer Health Alliance Plan		nan Res & Cust Rel	Receipt
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1463.00	Payroll Deduction: (77.00-/Pay Period)
s	UBTOTAL of Receipts This Page (optional)			800.10
T.	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 26		
ITEMIZED RECEIPTS			or each category of the	(check only one)		
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12		
_					17	
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
$ \rangle$	Health Alliance Plan PAC					
	Treatility infarred Flatt Fito					
_	Full Name (Last, First, Middle Initial)					
A.	Dana DeFlorio			Date of Receipt		
	Mailing Address 2077 18th			07 17 2006		
	City	State	Zip Code	Transaction ID: 100001822		
	Wyandotte	MI	48192	Amount of Each Receipt this Period		
		IVII	40132	Amount of Each Necelpt this Feriod	-	
	FEC ID number of contributing federal political committee.	C		120.00		
				Receipt	_	
	Name of Employer Health Alliance Plan	Occupation		rieceipi		
			stem Care Mgmt			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify)	' '	320.00	Payroll Deduction: (20.00-/Pay Period)		
	Other (specify)	0 0	1 1 1 1 1 1 1	/ ay r chod		
_	Full Name (Last, First, Middle Initial)					
В.				Date of Receipt		
	Mailing Address 11236 Meadow Brook D	r.		M M / D D / Y Y Y Y		
City				07 17 2006		
		State Zip Code		Transaction ID: 100001804		
	Warren	MI	48093	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		120.00	П	
	federal political committee.				_	
	Name of Employer Health Alliance Plan	Occupation	1	Receipt		
	Health Alliance Plan	Mgr - Cla	ims			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		220.00	Payroll Deduction: (20.00-		
	U Other (specify) ▼		220.00	/Pay Period)		
	Full Name (Local First Affill Livin)					
C.	Full Name (Last, First, Middle Initial) Michael A. Elinski			Date of Receipt		
٠.	Mailing Address 3434 Essex			M M / D D / Y Y Y Y		
				07 17 2006		
	City		Zip Code	Transaction ID: 100001818		
	Troy	MI	48084	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		150.00	П	
	federal political committee.			130.00		
Name of Employer Health Alliance Plan Receipt For:		Occupation	<u> </u>	Receipt		
			chnology & eBusiness D			
			Year-to-Date ▼	7		
	Primary General		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Payroll Deduction: (25.00-		
	Other (specify) ▼		425.00	/Pay Period)		
_						
				200.00	\neg	
s	UBTOTAL of Receipts This Page (optional)		·····	390.00	_	
T	TOTAL This Period (last page this line number only)					

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 26
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δη	y information copied from such Reports and St	atemente may	not be sold or used by any person	
or	for commercial purposes, other than using the	o solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	Health Alliance Plan PAC			
Α.	Full Name (Last, First, Middle Initial) Vincenzo G. Ferri			Date of Receipt
	Mailing Address 726 S. Renaud			07 17 2006
	City	State	Zip Code	Transaction ID: 100001805
	Grosse Pointe Wood	MI	48236	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		126.00
	Name of Employer Health Alliance Plan	Occupation	s Affiliations & Suppo	Receipt
	Receipt For:		Year-to-Date ▼	
	Primary General	33 -3		Payroll Deduction: (21.00-
	Other (specify) ▼	0 0	420.00	/Pay Period)
В.	Full Name (Last, First, Middle Initial) Howard Flasch			Date of Receipt
	Mailing Address 1459 N Rochester Rd			07 17 2006
	City	State	Zip Code	Transaction ID: 100001819
	Oakland	MI	48363-1630	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		240.00
	Name of Employer Health Alliance Plan	Occupation	n duct Development	Receipt
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		640.00	Payroll Deduction: (40.00-/Pay Period)
<u> </u>	Full Name (Last, First, Middle Initial) Michael M. Forhan			Date of Receipt
	Mailing Address 1587 Anita			07 17 2006
	City	State	Zip Code	Transaction ID: 100001771
	Grosse Pointe Wood	MI	48236	Amount of Each Receipt this Period
				72.00
			n mp & Benefits	Receipt
			Year-to-Date ▼	
	Primary General Other (specify) ▼		245.00	Payroll Deduction: (12.00-/Pay Period)
S	UBTOTAL of Receipts This Page (optional)			438.00
۲	Ciria o Hossipio Hillo Lago (optional)		······	
T	OTAL This Period (last page this line number of			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 26
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δr	y information copied from such Reports and Sta	atomonte may	y not be sold or used by any perso	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Health Alliance Plan PAC			
Α.	Full Name (Last, First, Middle Initial) Maurice A. Foster			Date of Receipt
	Mailing Address 18202 Oak Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 100001767
	Detroit	MI	48221	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		79.44
	Name of Employer Health Alliance Plan	Occupation Supv - Se		Receipt
	Receipt For:	<u> </u>	Year-to-Date ▼	
	Primary General	7.99.094.0		Payroll Deduction: (13.24-
	Other (specify) ▼	0 0	264.80	/Pay Period)
_	Full Name (Last, First, Middle Initial)			Patro (Provide
В.	Angela H. Gardner Mailing Address 4136 Bishop			Date of Receipt
	Walling Address 4136 DISTIOP			07 17 2006
	City	State	Zip Code	Transaction ID: 100001770
	Detroit	MI	48224-2318	Amount of Each Receipt this Period
	FEC ID number of contributing	С		96.00
	federal political committee.			Descint
	Name of Employer Health Alliance Plan	Occupation		Receipt
		-	keting Comm Group	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	B
	Other (specify)		304.00	Payroll Deduction: (16.00- /Pay Period)
C.	Full Name (Last, First, Middle Initial) Jeanette H. Girty			Date of Receipt
٥.	Mailing Address 18246 Stoepel			M M / D D / Y Y Y Y
	<u> </u>			07 17 2006
	City	State	Zip Code	Transaction ID: 100001775
	Detroit	MI	48221	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			103.86
	Name of Employer Health Alliance Plan	Occupation	1	Receipt
		-	nt Svcs Operations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	328.89	Payroll Deduction: (17.31- /Pay Period)
	Callot (opcoing) \	0 0	0 0 0 0 0 0 0	,
				070.20
S	UBTOTAL of Receipts This Page (optional))	279.30
_	OTAL This Period (last nage this line number of	mlv)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 / 26
ITEMIZED RECEIPTS			or each category of the	(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
Δ	information and discount and C			13 14 15 16 17
or	ny information copied from such Reports and S for commercial purposes, other than using the	name and add	rnot be sold or used by any pers Iress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	Health Alliance Plan PAC			
Α.	Full Name (Last, First, Middle Initial) Mark Hall			Date of Receipt
	Mailing Address 25450 Constitution			07 17 2006
	City	State	Zip Code	Transaction ID: 100001781
	Novi	MI	48375-1763	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		184.62
	Name of Employer Health Alliance Plan	Occupation	n 3 Dist Channel Mgmt	Receipt
	Receipt For:		Year-to-Date ▼	
	Primary General		E04 62	Payroll Deduction: (30.77-
	Other (specify) ▼	0 0	584.63	/Páy Period)
В.	Full Name (Last, First, Middle Initial) Cynthia Hart			Date of Receipt
	Mailing Address 232 Cedar Bend Rd			07 17 2006
	City	State	Zip Code	Transaction ID: 100001782
	Lake Orion	MI	48362-3284	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		108.00
	Name of Employer Health Alliance Plan	Occupation	1	Receipt
			em Care Mgmt	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	342.00	Payroll Deduction: (18.00- /Pay Period)
<u> </u>	Full Name (Last, First, Middle Initial) Cynthia Hoffman	<u> </u>		Date of Receipt
	Mailing Address 5768 Whitehaven Dr			07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 100001765
	Troy	MI	48085-3188	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
			n ommerce & Tech Plannin	Receipt
			Year-to-Date ▼	
	Primary General Other (specify) ▼		360.00	Payroll Deduction: (20.00-/Pay Period)
[e	UBTOTAL of Receipts This Page (optional)			412.62
۲	ODITAL OF NECERPLS THIS Page (Optional)			
T	OTAL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 26
	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
Λ	winformation assign from such Departs and Ct	tomonto mo	, not be cold or used by any never	13 14 15 16 17
or	ly information copied from such Reports and Sta for commercial purposes, other than using the r	name and add	rnot be sold or used by any personal ress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	Health Alliance Plan PAC			
۹.	Full Name (Last, First, Middle Initial) Joyce M. James			Date of Receipt
	Mailing Address 20810 Gardner St.			07 17 2006
	City	State	Zip Code	Transaction ID: 100001773
	Oak Park	MI	48237	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		102.00
	Name of Employer Health Alliance Plan	Occupation Mgr - Pro		Receipt
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		Payroll Deduction: (17.00-
	Other (specify) ▼	0 0	340.00	/Pay Period)
3.	Full Name (Last, First, Middle Initial) Deborah Jenkins			Date of Receipt
	Mailing Address 6811 Ravines Circle			07 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 100001823
	West Bloomfield	MI	48322	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		90.00 Receipt
	Name of Employer Health Alliance Plan	Occupation Mgr - Sys	n stem Care Mgmt	песеірі
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		230.00	Payroll Deduction: (15.00- /Pay Period)
 C.	Full Name (Last, First, Middle Initial) Thomas Jepsen			Date of Receipt
	Mailing Address 1510 Fairholme			0 7
	City	State	Zip Code	Transaction ID: 100001776
	Grosse Pointe Wood	MI	48236	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		96.00
	Name of Employer Health Alliance Plan	Occupation	n port Svcs	Receipt
	Receipt For:		Year-to-Date ▼	_
	Primary General Other (specify) ▼		329.00	Payroll Deduction: (16.00-/Pay Period)
S	UBTOTAL of Receipts This Page (optional)			288.00
			•	
T	OTAL This Period (last page this line number o	nly)		

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 14 / 26 (check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Star for commercial purposes, other than using the na	tements may ame and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC			
۹.	Full Name (Last, First, Middle Initial) Sooman Kansal			Date of Receipt
	Mailing Address 3340 Rocky Crest Dr		7.0.1	07 17 2006
	City Rochester Hills	State MI	Zip Code 48306-3749	Transaction ID: 100001820 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1	78.24
	Name of Employer Health Alliance Plan	Occupation Mgr - Tal	n ent Management	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 224.44	Payroll Deduction: (13.04-/Pay Period)
3.	Full Name (Last, First, Middle Initial) Glen Koslakiewicz			Date of Receipt
	Mailing Address 30431 John Hauk	Chaha	7:s Oada	0 7 1 7 2 0 0 6
	City Garden City	State MI	Zip Code 48135	Transaction ID: 100001778 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10.00	93.00
	Name of Employer Health Alliance Plan		Operations	Receipt
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 307.00	Payroll Deduction: (15.50-/Pay Period)
) .	Full Name (Last, First, Middle Initial) Mark Lafata			Date of Receipt
	Mailing Address 377 Arthur			07 17 2006
	City Plymouth	State MI	Zip Code 48170-1120	Transaction ID: 100001779 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		93.00
	Name of Employer Health Alliance Plan	Occupation Sr Financ	n ce Administrator/HMS	Receipt
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 316.50	Payroll Deduction: (15.50-/Pay Period)
SI	UBTOTAL of Receipts This Page (optional)			264.24
т	OTAL This Period (last page this line number or	nly))	

SCHEE	OULE A (FEC Form 3X)		Lloo concrete cohertula/a	FOR LINE NUMBER:	PAGE 15/26
	ED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)	
	ED RECEIPTS		Detailed Summary Page	X 11a 11b	11c 12
				13 14	15 16 17
or for comi	nation copied from such Reports and Sta mercial purposes, other than using the n	itements may lame and ado	r not be sold or used by any perso dress of any political committee to	on for the purpose of solic solicit contributions from	such committee.
NAME	OF COMMITTEE (In Full)				
Health	Alliance Plan PAC				
Full Na A. Anita La	me (Last, First, Middle Initial) andino			Date of Receipt	
Mailing 	Address 43885 Boulder Dr			0 7 D D D 1 7	2006
City		State	Zip Code	Transaction ID: 10	
Clinto	n Township	MI	48038-1423	Amount of Each Re	eceipt this Period
	number of contributing political committee.	C			90.00
Name o Health	of Employer Alliance Plan	Occupation	n r - Advertising/Comm	Receipt	
Receipt	t For:	1	Year-to-Date ▼		
P	rimary General	33 -3	295.00	Payroll Deduction	ı: (15.00-
	Other (specify) ▼	0 0		/Páy Period)
Full Na Michelle	me (Last, First, Middle Initial) e Lang			Date of Receipt	
Mailing	Address 48616 Dunn Court			0 7 D D D 1 7	
City		State	Zip Code	Transaction ID: 10	00001809
<u>Macor</u>	<u>nb</u>	MI	48044	Amount of Each Re	eceipt this Period
	number of contributing political committee.	С		Descript	102.00
Name o Health	of Employer Alliance Plan	Occupation Dir - Coo	n rdination of Benefits	Receipt	
Receip	t For:	Aggregate	Year-to-Date ▼		
	rrimary General Other (specify) ▼	0 0	357.00	Payroll Deduction /Pay Period	1: (17.00-
Full Na	me (Last, First, Middle Initial)			Date of Receipt	
	Address 1554 Waters Edge Ct			M M / D D D D D D D D D D D D D D D D D	
City		State	Zip Code	Transaction ID: 10	
<u>Wixon</u>	<u>n</u>	MI	48393-1667	Amount of Each Re	eceipt this Period
	number of contributing political committee.	C			66.00
Name o Health	of Employer Alliance Plan	Occupation Assoc Dir	r, Building Services	Receipt	
Receip		Aggregate	Year-to-Date ▼		
	rrimary General Other (specify) ▼	0 0	209.00	Payroll Deduction /Pay Period	i: (11.00-)
SUBTOT	AL of Receipts This Page (optional)				258.00
	. 3 (17			-	
TOTAL T	his Period (last page this line number of	nly)	>		

SCHF	DULE A (FEC Form 3X)		Harrison and C. C. C.	FOR LINE NUMBER	R: PAGE 16/26
	ZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)	
	ZED RECEIPTS		Detailed Summary Page	X 11a 11b	11c 12
				13 14	15 16 17
Any infor or for cor	mation copied from such Reports and Sta nmercial purposes, other than using the n	tements may ame and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of sol solicit contributions fro	liciting contributions m such committee.
NAMI	OF COMMITTEE (In Full)				
Heal	th Alliance Plan PAC				
-	ame (Last, First, Middle Initial) se Makowski			Date of Receipt	
Mailin	g Address 3747 Wakefield			07 1	7 2006
City		State	Zip Code	Transaction ID:	
<u>Berk</u>	ley	MI	48072	Amount of Each	Receipt this Period
	D number of contributing al political committee.	C			72.00
Name	of Employer n Alliance Plan	Occupation	1	Receipt	
		Mgr - CB			
	pt For:	Aggregate	Year-to-Date ▼	_	
	Primary ☐ General Other (specify) ▼		238.00	Payroll Deduction /Pay Period	on: (12.00-)
	ame (Last, First, Middle Initial) rah Marine			Date of Receipt	
Mailin	g Address 40054 Crosswinds				7 Y Y Y Y Y Y Y 2 0 0 6
City		State	Zip Code	Transaction ID:	100001806
<u>Novi</u>		MI	48375	Amount of Each	Receipt this Period
	D number of contributing al political committee.	C			90.00
Name Healt	of Employer n Alliance Plan	Occupation	n nce/Privacy Officer	Receipt	
Recei	pt For:		Year-to-Date ▼		
	Primary General			Payroll Deduction	on: (15.00-
	Other (specify) ▼		290.00	/Pay Period)(
_	ame (Last, First, Middle Initial) atthews			Date of Receipt	
Mailin	g Address 1305 Balfour St			07 1	7 Y Y Y Y Y Y Y 2 0 0 6
City		State	Zip Code	Transaction ID:	100001811
Gros	se Pointe Park	MI	48230-1021	Amount of Each	Receipt this Period
	D number of contributing al political committee.	C			78.30
Name of Employer Health Alliance Plan Assoc Co			Receipt		
			Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	249.90	Payroll Deduction /Pay Period	on: (13.05-)
SUBTO	TAL of Receipts This Page (optional)				240.30
	,		•	-	
TOTAL	This Period (last page this line number or	nly)	>		

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 17 / 26				
	EMIZED RECEIPTS	or each category of the	(check only one)				
"	EMIZED RECEIP 13	Detailed Summary Page	X 11a 11b 11c 12				
			13 14 15 16 17				
or	ny information copied from such Reports and Statements mar for commercial purposes, other than using the name and a	ay not be sold or used by any perso ddress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)	•					
$ \rangle$	Health Alliance Plan PAC						
_	Full Name (Last, First, Middle Initial)						
Α.			Date of Receipt				
	Mailing Address 48188 Andover Dr.		07 17 2006				
	City State	Zip Code					
	Detroit MI	48374	Transaction ID: 100001812 Amount of Each Receipt this Period				
		40374	Amount of Each Neceipt this Period				
	FEC ID number of contributing federal political committee.		240.00				
	Todoral political committee.		Receipt				
	Name of Employer Health Alliance Plan Occupati		Neceipi				
	VP - AS	soc General Counsel	_				
		te Year-to-Date ▼					
	Primary General Other (specify)	775.55	Payroll Deduction: (40.00- /Pay Period)				
	Other (specify)		/ ay r enou)				
	Full Name (Last, First, Middle Initial)						
В.	,		Date of Receipt				
	Mailing Address 5893 Christina		M M / D D / Y Y Y Y				
			07 17 2006				
	City State	Zip Code	Transaction ID: 100001815				
	West Bloomfield MI	48324-3102	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee		150.00				
	federal political committee.						
	Name of Employer Health Alliance Plan	on	Receipt				
	Health Alliance Plan AVP - Ir	nformation Tech Supp					
	Receipt For: Aggrega	te Year-to-Date ▼					
	Primary General	425.00	Payroll Deduction: (25.00-				
	Other (specify) ▼	423.00	/Pay Period)`				
_	F. H. Narra (Land Flori Modell 1 1915)						
C.	Full Name (Last, First, Middle Initial) Karen Parenteau		Date of Receipt				
٠.	Mailing Address 53978 Blakely Ct		M M / D D / Y Y Y Y				
			07 17 2006				
	City State	Zip Code	Transaction ID: 100001795				
	New Baltimore MI	48047-5532	Amount of Each Receipt this Period				
	FEC ID number of contributing		120.00				
	federal political committee.		120.00				
	Name of Employer Occupati	on	Receipt				
	Health Alliance Dlan	Susiness Dev & Mkt Ops					
		te Year-to-Date ▼	-				
	Primary General		Payroll Deduction: (20.00-				
	Other (specify) ▼	380.00	/Pay Period)				
_							
			510.00				
S	SUBTOTAL of Receipts This Page (optional)	······	510.00				
T	OTAL This Period (last page this line number only)						

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 26
	EMIZED RECEIPTS	or each category of the		(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δη	y information copied from such Reports and Si	tatemente may	y not be sold or used by any pers	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Health Alliance Plan PAC			
Α.	Full Name (Last, First, Middle Initial) Diane Pawlica			Date of Receipt
	Mailing Address 45568 Morningside			07 17 2006
	City	State	Zip Code	Transaction ID: 100001784
	Canton	MI	48187	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		96.00
	Name of Employer Health Alliance Plan	Occupation Dir - Syst	n em Care Mgmt	Receipt
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	329.00	Payroll Deduction: (16.00-/Pay Period)
— В.	Full Name (Last, First, Middle Initial) Joyce Poole			Date of Receipt
	Mailing Address 18830 Lincoln Drive			07 17 2006
	City	State	Zip Code	Transaction ID: 100001798
	<u>Lathrup Village</u>	MI	48076	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		69.18
	Name of Employer Health Alliance Plan	Occupation Mgr - Cla	n ims Quality/Complianc	Receipt
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	236.71	Payroll Deduction: (11.53- /Pay Period)
<u> </u>	Full Name (Last, First, Middle Initial) Rachel Powell			Date of Receipt
	Mailing Address 543 Thurber			07 17 2006
	City	State	Zip Code	Transaction ID: 100001799
	Troy	MI	48085-4827	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		108.00
	Name of Employer Health Alliance Plan	Occupation Dir - Enco	n ounter/Claim Accuracy	Receipt
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		342.00	Payroll Deduction: (18.00-/Pay Period)
s	UBTOTAL of Receipts This Page (optional)			273.18
	OTAL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 19/26				
IT	EMIZED RECEIPTS	or each category of the	(check only one)				
••		Detailed Summary Page	X 11a 11b 11c 12 15 16 17				
Ar	ny information copied from such Reports and Statements m	ay not be sold or used by any perso	on for the purpose of soliciting contributions				
or	for commercial purposes, other than using the name and a	ddress of any political committee to	solicit contributions from such committee.				
\setminus	NAME OF COMMITTEE (In Full)						
	Health Alliance Plan PAC						
_	Full Name (Last, First, Middle Initial)						
Α.	Dianna Ronan		Date of Receipt				
	Mailing Address 2156 Cumberland		07 17 2006				
	City State	Zip Code	Transaction ID: 100001787				
	Brighton MI	48114	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.		462.00				
	Name of Employer Occupati	ion	Receipt				
	Health Alliance Plan	nancial Services					
	Receipt For: Aggrega	te Year-to-Date ▼					
	Primary General	1538.00	Payroll Deduction: (77.00-				
	Other (specify) ▼	1536.00	/Pay Period)				
В.	Full Name (Last, First, Middle Initial) Mary Clare Solky		Date of Receipt				
	Mailing Address 30387 Windingbrook Lane		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City State	Zip Code	Transaction ID: 100001788				
	Farmington MI	48334	Amount of Each Receipt this Period				
	EEC ID somehow of contribution						
	federal political committee.		120.00				
	Name of Employer Occupati	ion	Receipt				
	Hoolth Alliance Dlan	r, CBHM					
	- · · · · · · · · · · · · · · · · · · ·	te Year-to-Date ▼					
	Primary General	105.00	Payroll Deduction: (20.00-				
	Other (specify) ▼	405.00	/Pay Period)				
<u> </u>	Full Name (Last, First, Middle Initial) Ronald R. Stallworth		Date of Receipt				
	Mailing Address 8121 Agnes		M M / D D / Y Y Y Y				
			07 17 2006				
	City State	Zip Code	Transaction ID: 100001766				
	Detroit MI	48214	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.		240.00				
	Name of Employer Health Alliance Plan Occupati	overnment Affairs	Receipt				
		te Year-to-Date $lacktrians$	\dashv				
	Primary General		Payroll Deduction: (40.00-				
	Other (specify) ▼	785.00	/Pay Period)				
	LIDTOTAL (Charles This Day (1911)		822.00				
Ļ ^s	UBTOTAL of Receipts This Page (optional)	······					
۱,	OTAL This Period (last page this line number only)						

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 26
	EMIZED RECEIPTS	or each category of the		(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
Δ	information conicd from our b Donath and Ch			13 14 15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	rnot be sold or used by any pers Iress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Health Alliance Plan PAC			
A.				Date of Receipt
	Mailing Address 8121 Agnes			08 17 2006
	City	State	Zip Code	Transaction ID: 61002.C1960
	Detroit	MI	48214	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		543.00
	Name of Employer Health Alliance Plan	Occupation VP - Gov	ernment Affairs	Receipt
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1328.00	7
	Other (specify)	0 0	1320.00	
В.	Full Name (Last, First, Middle Initial) Angela M. Strickland			Date of Receipt
	Mailing Address 34372 Orsini			07 17 2006
	City	State	Zip Code	Transaction ID: 100001789
	Sterling Heights	MI	48312	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		78.00
	Name of Employer Health Alliance Plan	Occupation	1	Receipt
			stem Care Mgmt	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	264.65	Payroll Deduction: (13.00-/Pay Period)
<u> </u>	Full Name (Last, First, Middle Initial) Carolyn R. Tokarz			Date of Receipt
	Mailing Address 39218 Rivercrest			07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 100001826
	Harrison Township	MI	48045	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		81.90
	Name of Employer Health Alliance Plan	Occupation Sr Assoc	· Medicare	Receipt
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	223.50	Payroll Deduction: (13.65-/Pay Period)
s	UBTOTAL of Receipts This Page (optional)			702.90
 T	OTAL This Period (last page this line number of	only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 26					
ITEMIZED RECEIPTS			or each category of the	(check only one)					
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
Ar	ny information copied from such Reports and Stateme	nts may	not be sold or used by any perso						
or	for commercial purposes, other than using the name	and add	dress of any political committee to	solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full)								
$ \rangle$	Health Alliance Plan PAC								
	Full Name (Last, First, Middle Initial)								
A.	Ronald Tomas			Date of Receipt					
	Mailing Address 6581 Merrick			M M / D D / Y Y Y					
	<u></u>			07 17 2006					
	•	tate	Zip Code	Transaction ID: 100001791					
	Troy N	11	48098	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	;		180.00					
				Receipt					
	Health Alliance Plan	cupation		Ποσειρι					
		soc Me	e Year-to-Date ▼	_					
	Primary General	gregate		Payrall Daduction: (20.00					
	Other (specify) ▼		600.00	Payroll Deduction: (30.00- /Pay Period)					
	Full Name (Last, First, Middle Initial)			Data of Bassist					
В.	Daniel Trim Mailing Address 921 Juneau Rd.			Date of Receipt					
	Walling Address 921 Julieau Ad.			07 17 2006					
	City S	tate	Zip Code	Transaction ID: 100001816 Amount of Each Receipt this Period					
	<u>Ypsilanti</u> N	11	48198-6323						
	FEC ID number of contributing federal political committee			180.00					
	federal political committee.								
	Name of Employer Health Alliance Plan	cupation	1	Receipt					
	IVIG		ch Support/Comp Op						
		gregate	Year-to-Date ▼						
	Primary General Other (specify)		510.00	Payroll Deduction: (30.00- /Pay Period)					
	Cutch (Specify)	0 0		, ay i oniou					
_	Full Name (Last, First, Middle Initial)								
C.	Matthew Walsh			Date of Receipt					
	Mailing Address 889 Langley Court			07 17 2006					
	City S	tate	Zip Code	Transaction ID: 100001793					
	Rochester Hills M	11	48309	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee			120.00					
	federal political committee.	<u> </u>		120.00					
	Name of Employer Occi Health Alliance Plan	cupation	1	Receipt					
	Health Alliance Plan Pro	oject D	ir, Purchaser Initiat						
		gregate	Year-to-Date ▼						
	Primary General	1	400.00	Payroll Deduction: (20.00-					
	Other (specify) ▼		100.00	/Pay Period)`					
	_								
s	UBTOTAL of Receipts This Page (optional)		.	480.00					
۲			<u>^</u>	6040.00					
т	OTAL This Period (last page this line number only))	6848.88					

SCHEDOLL B (I LCI OIIII 5X)	Use seperate schedule(s)			IE NUMBE nly one)	:K:		_ P	AGE	22 / 2	26
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	I —	21b 27	22 28a	\vdash	:3 :8b	24 28c	\Box	25 29	26 30b
Any Information copied from such Reports and										S
or for commercial purposes, other than using the	e name and address of any politica	l comm	nittee to	solicit cont	ribution	ns fron	n such	comm	nittee	
NAME OF COMMITTEE (In Full)										
Health Alliance Plan PAC										
Full Name (Last, First, Middle Initial) A. Comerica Bank							20000	0086		
A. Comerica Bank				Date	of Disk			Y Y	Y	Υ
Mailing Address P.O. Box 75000				0 7	M /	0 8	5	2	οŏε	3
City	State Zip Code			Amou	unt of E	Each D	Disburs	ement	this F	Period
Detroit Purpose of Disbursement	MI 48275-			-					5.0	00
MERCHANT FEE JULY 2006					•		-			
Candidate Name			egory/ ype							
Office Sought: Senate President State: District:	bursement For: Primary General Other (specify) ▼			MER	CHAN	IT FE	E JUL	_Y 20	06	
Full Name (Last, First, Middle Initial)				Trans	eaction	n ID: 6	31002.	E03		
B. Comerica Bank				Date	of Disk	oursen	nent			
Mailing Address P.O. Box 75000				0 8	M /	0 2	2 /	Ý Ž	οŏε	,
City Detroit	State Zip Code MI 48275-			Amou	unt of E	Each D	Disburs	ement		
Purpose of Disbursement MERCHANT FEE AUG 2006] L.					5.0	00			
Candidate Name	Candidate Name Category/									
Senate President	sbursement For: Primary General Other (specify)			MERCHANT FEE AUG 2006						
State: District: Full Name (Last, First, Middle Initial)							24000			
C. Comerica Bank				1	of Disk		61002. nent	E97		
Mailing Address P.O. Box 75000				0,0	M /	0 5	5 /	Ý Ž	οŏε	}
City Detroit	State Zip Code MI 48275-			Amou	unt of E	Each D	Disburs	ement	this F	² eriod
Purpose of Disbursement MERCHANT FEE SEPT 2006					_				5.	00
Candidate Name			egory/ ype							
Office Sought: House Di Senate President State: District:	sbursement For: Primary General Other (specify)			MER	CHAN	IT FE	E SEI	PT 20	006	
				<u> </u>	•				15.0	nn
SUBTOTAL of Disbursements This Page (opt	onal)		▶		•		-	<u></u>	15.0	
TOTAL This Period (last page this line numbe	only)		. •	L.					15.0	00

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 23/26
IT	EMIZED DISBURSEMENT		(check only 21b 27	y one) 22 X 23 24 25 26 28a 28b 28c 29 30b
	y Information copied from such Reports ar for commercial purposes, other than using			
\	NAME OF COMMITTEE (In Full)			
/	Health Alliance Plan PAC			
	Full Name (Last, First, Middle Initial)			Transaction ID: 61002.E89
٩.	John D. Dingell for Congress Com	mittee		Date of Disbursement
	Mailing Address 607 14th Street N	NW		07
	City	State Zip Code		Amount of Each Disbursement this Period
	Washington	DC 20005-2000		500.00
	Purpose of Disbursement DIRECT CONTRIBUTION		•	500.00
	Candidate Name JOHN D DINGELL	C	ategory/ Type	
	Office Sought: X House	Disbursement For: 2006		DIRECT CONTRIBUTION
	Senate	X Primary General		
	President	Other (specify)		
	State: MI District: 15			

SUBTOTAL of Disbursements This Page (optional)	•	500.00
TOTAL This Period (last page this line number only)	→	500.00

TEMIZED DISDUDGEMENTS	Use seperate schedule(s)		heck or				[F	AGE	24 / 2	.0	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	<u></u>	´ —	23 28b	24 28c	X	25 29	П	26 30b
Any Information copied from such Reports and Stat										5	
or for commercial purposes, other than using the na	ine and address of any political co	HIIII	liee to s	OIICIL C	OHIHO	JUONS III	om such	COITII	iiillee		
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC											
Full Name (Last, First, Middle Initial)				Tr	ansac	tion ID:	61002.	E98			
Jennifer M. Granholm for Governor					ate of	Disburs		V V	· V	V	
Mailing Address PO Box 17127					9 "	1	D /	<u>'</u> 2	0 Ď 6		
City	State Zip Code			Α	mount	of Each	Disburs	emen	t this P	erio	t
Lansing Purpose of Disbursement	MI 48901-			- [2	2000.0	00	7
DIRECT CONTRIBUTION					-			-	•	-	_
Candidate Name		Cate Ty	gory/ pe								
Senate	rsement For: 2006 Primary X General										
President State: District:	Other (specify)										
Full Name (Last, First, Middle Initial)				т.		tion ID	61000				
Jennifer M. Granholm for Governor				D	ate of	Disburs			Y	Y	
Mailing Address PO Box 17127					8 8	1	6 /	2	0 Ď 6		
City Lansing	State Zip Code MI 48901-			A	mount	of Each	Disburs	emen		-	i L
Purpose of Disbursement DIRECT CONTRIBUTION								_	500.0	00	_
Candidate Name		Cate Ty	gory/ pe								
Senate President	rsement For: 2006 Primary X General Other (specify) ▼										
State: District:											
Full Name (Last, First, Middle Initial) Committee to Elect Mike Greiner						tion ID: Disburs	: 61002. ement	E88			
Mailing Address 12000 Lutz Ave					7	[/] 2	25	Ý Ž	0 0 6	Y	
City Warren	State Zip Code MI 48093-7019			A	mount	of Each	Disburs	emen	t this P	erio	t
Purpose of Disbursement DIRECT CONTRIBUTION									400.0	00	_
Candidate Name		Cate Ty	gory/ pe								
Senate President	rsement For: 2006 X Primary General Other (specify) ▼										
State: District:				_							_
SUBTOTAL of Disbursements This Page (options	l)		<u> </u>					2	900.0	0	
TOTAL This Period (last page this line number or	lv)		•								7

SCHEDOLL B (I LOT OHII 3X)	Use seperate schedule(s)	(check onl	: NUMBER:	l	PAGE 25/2	26
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 28a	→ 🛏	24 25 28c X 29	26 30b
Any Information copied from such Reports and Stater						s
or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)	e and address of any political co	onninillee to so	JIICIL COMINDO	JUONS HOIN SU		
Health Alliance Plan PAC						
Full Name (Last, First, Middle Initial)				tion ID: 6100	-	
Committee to Elect Jim Perna				Disbursement		Y
Mailing Address 38180 Saddle Lane			0 7 M	24	ž 0 0 6	5
City Clinton Township	State Zip Code MI 48036-1777		Amount	of Each Disbu	rsement this F	Period
Purpose of Disbursement	40030-1777				400.0	00
DIRECT CONTRIBUTION						
Candidate Name		Category/ Type				
	ement For: 2006 Primary General					
President	Other (specify)					
State: District:						
Full Name (Last, First, Middle Initial) Return Triette Reeves to Lansing				tion ID: 6100 Disbursement		
			M M M 0 7	/ D D /	2006	Y
Mailing Address 13530 W Outer Drive			0 7	20	2000	
City Redford	State Zip Code MI 48239-1380		Amount	of Each Disbu	ırsement this F	Period
Purpose of Disbursement	10230 1000				400.0	00
DIRECT CONTRIBUTION Candidate Name		Category/				
Caldidate Name		Type				
°	ement For: 2006					
Senate X President	Primary General Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial) Committee to Elect Shelley Goodman Tau	h			tion ID: 6100 Disbursement		
	-		08	/ D D /	2006	Y
Mailing Address 1959 Shore Hill Dr			0.0	Ů I	2000	
City Bloomfield Hills	State Zip Code MI 48302-1255		Amount	of Each Disbu	ursement this F	Period
Purpose of Disbursement DIRECT CONTRIBUTION	11	•			1000.0	00
Candidate Name		Category/ Type				
· —	ement For: 2006					
Senate X President	Primary General Other (specify) ▼					
State: District:						
SUBTOTAL of Disbursements This Page (optional)					1800.0	00
TOTAL This Period (last page this line number only)						
I WIAL THIS I GHOU (IAST PAYE THIS HITE HUTTIDE OF OTHY)						

C		v \				
	CHEDULE B (FEC Form 3)	' Use seperate schedule(s	FOR LINE (check only	-	PAGE 26/26	
IT	EMIZED DISBURSEMENT		21b	y one, □ 22 □ 23 □ 24	□ 25 □ 26	
		Detailed Summary Page	27	28a 28b 28c	\square	
	y Information copied from such Reports a					
or	for commercial purposes, other than using	g the name and address of any politica	l committee to so	icit contributions from sucr	n committee	
	NAME OF COMMITTEE (In Full)					
1/	Health Alliance Plan PAC					
<u></u>	Full Name (Last, First, Middle Initial)					
Α.	Friends of Keith Williams			Transaction ID: 61002.E94 Date of Disbursement		
	THERES OF NEUTI WILLIAMS					
	Mailing Address 19161 Schaefer Suite 210	08 11 7 2006				
	City	State Zip Code		Amount of Each Disburs	sement this Period	
	Detroit	MI 48235-1208				
	Purpose of Disbursement VOID				-500.00	
	Candidate Name		Category/ Type			
	Office Sought: House Senate President	Disbursement For: 2006 Primary X General Other (specify)				
	State: District:					
ь	Full Name (Last, First, Middle Initial)			Transaction ID: 61002.E91		
В.	FTE Stephanie A. Young	Date of Disbursement				
	Mailing Address 6829 Faust Stree	$\begin{bmatrix} 0 & 7 & M \end{bmatrix}$ $\begin{bmatrix} 0 & 2 & 8 \\ 2 & 8 \end{bmatrix}$ $\begin{bmatrix} 0 & 2 & 4 \\ 2 & 2 & 0 & 6 \end{bmatrix}$				
	City Detroit	State Zip Code MI 48228-3496		Amount of Each Disburs		
	Purpose of Disbursement DIRECT CONTRIBUTION				400.00	
	Candidate Name		Category/ Type			
	Office Sought: House	Disbursement For: 2006				
	Senate	X Primary General				
	President	Other (specify)				
	State: District:					

SUBTOTAL of Disbursements This Page (optional)	•	-100.00
TOTAL This Period (last page this line number only)		4600.00
TOTAL This Period (last page this line number only)	•	4000.00