

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, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2006 through 09 30 2006

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 11 02 2006

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**

Write or Type Committee Name
Health Alliance Plan PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		13294.66
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	31149.79									
(c) Total Receipts (from Line 19)	7927.70	42193.63								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	39077.49	55488.29								
7. Total Disbursements (from Line 31)	5265.00	21675.80								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	33812.49	33812.49								
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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	6848.88	31542.94
(i) Itemized (use Schedule A)	1078.82	10050.69
(ii) Unitemized	7927.70	41593.63
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	600.00
(c) Other Political Committees (such as PACs)	7927.70	42193.63
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
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))	7927.70	42193.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7927.70	42193.63

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.....	15.00	225.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	15.00	225.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	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.....	4750.00	14950.00
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))..	5265.00	21675.80
32. 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

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)	7927.70	42193.63
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7927.70	42193.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	15.00	225.80
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	15.00	225.80

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 / 26
	<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. Patricia Marine Barrett		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006
Mailing Address 29719 Sierra Pointe Circle		Transaction ID: 100001817
City State Zip Code Farmington MI 48331	Amount of Each Receipt this Period 132.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Health Alliance Plan Occupation AVP - GM Consulting	Payroll Deduction: (22.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 382.00	

Full Name (Last, First, Middle Initial) B. Angela K. Branch		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006
Mailing Address 81 Atkinson		Transaction ID: 100001801
City State Zip Code Detroit MI 48202	Amount of Each Receipt this Period 105.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Health Alliance Plan Occupation Dir - Customer Retention & Edu	Payroll Deduction: (17.50- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 359.50	

Full Name (Last, First, Middle Initial) C. Kenneth A. Braun		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006
Mailing Address 6429 Houghten		Transaction ID: 100001802
City State Zip Code Troy MI 48098	Amount of Each Receipt this Period 102.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Health Alliance Plan Occupation Dir - Labor Affairs	Payroll Deduction: (17.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 348.00	

SUBTOTAL of Receipts This Page (optional) ▶	339.00
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 7 / 26
	<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. McKinley Broadus		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006	
Mailing Address 3182 Woods Circle		Transaction ID: 100001761	
City State Zip Code Detroit MI 48207	Amount of Each Receipt this Period 96.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Alliance Plan	Occupation Dir - Fin Svcs	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 ▼ 329.00		

Full Name (Last, First, Middle Initial) B. Kejuan Brown		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006	
Mailing Address 15666 Carlisle		Transaction ID: 100001762	
City State Zip Code Detroit MI 48205	Amount of Each Receipt this Period 69.24		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Alliance Plan	Occupation Supv - Office Svcs	Payroll Deduction: (11.54- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.26		

Full Name (Last, First, Middle Initial) C. John D. Calabria		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006	
Mailing Address 2030 Brinston Drive		Transaction ID: 100001763	
City State Zip Code Troy MI 48083	Amount of Each Receipt this Period 186.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Alliance Plan	Occupation Assoc Med Dir	Payroll Deduction: (31.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 619.00		

SUBTOTAL of Receipts This Page (optional) ▶	351.24
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 / 26
	<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 ▼ 640.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 17 / 2006

Transaction ID: 100001821

Amount of Each Receipt this Period
240.00

Receipt

Payroll Deduction: (40.00- /Pay Period)

B. 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 ▼ 335.65

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 17 / 2006

Transaction ID: 100001768

Amount of Each Receipt this Period
98.10

Receipt

Payroll Deduction: (16.35- /Pay Period)

C. Full Name (Last, First, Middle Initial)
Donald Davis

Mailing Address 11417 Fellows Creek Drive

City State Zip Code
Plymouth MI 48170

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

Name of Employer Health Alliance Plan Occupation VP - Human Res & Cust Rel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1463.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 17 / 2006

Transaction ID: 100001769

Amount of Each Receipt this Period
462.00

Receipt

Payroll Deduction: (77.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	800.10
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 / 26
	<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. Dana DeFlorio		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006	
Mailing Address 2077 18th		Transaction ID: 100001822	
City Wyandotte	State MI	Zip Code 48192	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 Mgr - System Care Mgmt		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		
		Payroll Deduction: (20.00- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Kenny Dodson		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006	
Mailing Address 11236 Meadow Brook Dr.		Transaction ID: 100001804	
City Warren	State MI	Zip Code 48093	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 Mgr - Claims		
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)	

Full Name (Last, First, Middle Initial) C. Michael A. Elinski		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006	
Mailing Address 3434 Essex		Transaction ID: 100001818	
City Troy	State MI	Zip Code 48084	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Alliance Plan	Occupation AVP - Technology & eBusiness D		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		
		Payroll Deduction: (25.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	390.00
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 10 / 26
	<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. Vincenzo G. Ferri		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006
Mailing Address 726 S. Renaud		Transaction ID: 100001805
City State Zip Code Grosse Pointe Wood MI 48236	Amount of Each Receipt this Period 126.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Health Alliance Plan	Occupation AVP - Bus Affiliations & Suppo	Payroll Deduction: (21.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) B. Howard Flasch		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006
Mailing Address 1459 N Rochester Rd		Transaction ID: 100001819
City State Zip Code Oakland MI 48363-1630	Amount of Each Receipt this Period 240.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Health Alliance Plan	Occupation VP - Product Development	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 ▼ 640.00	

Full Name (Last, First, Middle Initial) C. Michael M. Forhan		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006
Mailing Address 1587 Anita		Transaction ID: 100001771
City State Zip Code Grosse Pointe Wood MI 48236	Amount of Each Receipt this Period 72.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Health Alliance Plan	Occupation Mgr - Comp & Benefits	Payroll Deduction: (12.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

SUBTOTAL of Receipts This Page (optional) ▶	438.00
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 / 26
	<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. Maurice A. Foster		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006	
Mailing Address 18202 Oak Drive		Transaction ID: 100001767	
City State Zip Code Detroit MI 48221	Amount of Each Receipt this Period 79.44		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Health Alliance Plan	Occupation Supv - Security	Payroll Deduction: (13.24- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 264.80		

Full Name (Last, First, Middle Initial) B. Angela H. Gardner		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006	
Mailing Address 4136 Bishop		Transaction ID: 100001770	
City State Zip Code Detroit MI 48224-2318	Amount of Each Receipt this Period 96.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Health Alliance Plan	Occupation Dir - Marketing Comm Group	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 ▼ 304.00		

Full Name (Last, First, Middle Initial) C. Jeanette H. Girty		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006	
Mailing Address 18246 Stoepel		Transaction ID: 100001775	
City State Zip Code Detroit MI 48221	Amount of Each Receipt this Period 103.86		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Health Alliance Plan	Occupation Dir - Client Svcs Operations	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 ▼ 328.89		

SUBTOTAL of Receipts This Page (optional) ▶	279.30
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 / 26
	<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. Mark Hall		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006
Mailing Address 25450 Constitution		Transaction ID: 100001781
City State Zip Code Novi MI 48375-1763	Amount of Each Receipt this Period 184.62	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Health Alliance Plan Occupation AVP - NB Dist Channel Mgmt	Payroll Deduction: (30.77- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 584.63	

Full Name (Last, First, Middle Initial) B. Cynthia Hart		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006
Mailing Address 232 Cedar Bend Rd		Transaction ID: 100001782
City State Zip Code Lake Orion MI 48362-3284	Amount of Each Receipt this Period 108.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Health Alliance Plan Occupation Dir - System Care Mgmt	Payroll Deduction: (18.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	

Full Name (Last, First, Middle Initial) C. Cynthia Hoffman		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006
Mailing Address 5768 Whitehaven Dr		Transaction ID: 100001765
City State Zip Code Troy MI 48085-3188	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 Mgr - eCommerce & Tech Plannin	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 ▼ 360.00	

SUBTOTAL of Receipts This Page (optional) ▶	412.62
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 / 26
	<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. Joyce M. James		Date of Receipt MM / DD / YYYY 07 / 17 / 2006
Mailing Address 20810 Gardner St.		Transaction ID: 100001773
City Oak Park	State MI	Zip Code 48237
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 102.00
Name of Employer Health Alliance Plan	Occupation Mgr - Provider Fin	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	Payroll Deduction: (17.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. Deborah Jenkins		Date of Receipt MM / DD / YYYY 07 / 17 / 2006
Mailing Address 6811 Ravines Circle		Transaction ID: 100001823
City West Bloomfield	State MI	Zip Code 48322
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Health Alliance Plan	Occupation Mgr - System Care Mgmt	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	Payroll Deduction: (15.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. Thomas Jepsen		Date of Receipt MM / DD / YYYY 07 / 17 / 2006
Mailing Address 1510 Fairholme		Transaction ID: 100001776
City Grosse Pointe Wood	State MI	Zip Code 48236
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 96.00
Name of Employer Health Alliance Plan	Occupation Dir - Support Svcs	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 329.00	Payroll Deduction: (16.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	288.00
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 14 / 26
	<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. Sooman Kansal		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006	
Mailing Address 3340 Rocky Crest Dr		Transaction ID: 100001820	
City State Zip Code Rochester Hills MI 48306-3749	Amount of Each Receipt this Period 78.24		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Alliance Plan	Occupation Mgr - Talent Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.44		
		Payroll Deduction: (13.04- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Glen Koslakiewicz		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006	
Mailing Address 30431 John Hauk		Transaction ID: 100001778	
City State Zip Code Garden City MI 48135	Amount of Each Receipt this Period 93.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Alliance Plan	Occupation Dir - Fin Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.00		
		Payroll Deduction: (15.50- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Mark Lafata		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006	
Mailing Address 377 Arthur		Transaction ID: 100001779	
City State Zip Code Plymouth MI 48170-1120	Amount of Each Receipt this Period 93.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Alliance Plan	Occupation Sr Finance Administrator/HMS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 316.50		
		Payroll Deduction: (15.50- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	264.24
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 15 / 26
	<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)
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 ▼ 295.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 17 / 2006

Transaction ID: 100001772

Amount of Each Receipt this Period
90.00

Receipt

Payroll Deduction: (15.00- /Pay Period)

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

Mailing Address 48616 Dunn Court

City State Zip Code
Macomb MI 48044

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 357.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 17 / 2006

Transaction ID: 100001809

Amount of Each Receipt this Period
102.00

Receipt

Payroll Deduction: (17.00- /Pay Period)

C. Full Name (Last, First, Middle Initial)
Robert Leger

Mailing Address 1554 Waters Edge Ct

City State Zip Code
Wixom MI 48393-1667

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

Name of Employer Health Alliance Plan Occupation Assoc Dir, Building Services

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 209.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 17 / 2006

Transaction ID: 100001786

Amount of Each Receipt this Period
66.00

Receipt

Payroll Deduction: (11.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	258.00
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 / 26
	<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. Therese Makowski		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006	
Mailing Address 3747 Wakefield		Transaction ID: 100001780	
City State Zip Code Berkley MI 48072	Amount of Each Receipt this Period 72.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Health Alliance Plan Occupation Mgr - CBHM/PHP	Payroll Deduction: (12.00- /Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.00		

Full Name (Last, First, Middle Initial) B. Deborah Marine		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006	
Mailing Address 40054 Crosswinds		Transaction ID: 100001806	
City State Zip Code Novi MI 48375	Amount of Each Receipt this Period 90.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Health Alliance Plan Occupation Compliance/Privacy Officer	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 ▼ 290.00		

Full Name (Last, First, Middle Initial) C. Irita Matthews		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006	
Mailing Address 1305 Balfour St		Transaction ID: 100001811	
City State Zip Code Grosse Pointe Park MI 48230-1021	Amount of Each Receipt this Period 78.30		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Health Alliance Plan Occupation Assoc Counsel	Payroll Deduction: (13.05- /Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.90		

SUBTOTAL of Receipts This Page (optional) ▶	240.30
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 17 / 26
	<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. Colleen McClorey		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 48188 Andover Dr.		Transaction ID: 100001812	
City State Zip Code Detroit MI 48374	Amount of Each Receipt this Period 240.00		
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 ▼ 775.55		
		Payroll Deduction: (40.00- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Bill Oliver		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 5893 Christina		Transaction ID: 100001815	
City State Zip Code West Bloomfield MI 48324-3102	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Health Alliance Plan	Occupation AVP - Information Tech Supp		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		
		Payroll Deduction: (25.00- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Karen Parenteau		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 53978 Blakely Ct		Transaction ID: 100001795	
City State Zip Code New Baltimore MI 48047-5532	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 AVP - Business Dev & Mkt Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		
		Payroll Deduction: (20.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	510.00
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 18 / 26
	<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)
Diane Pawlica

Mailing Address 45568 Morningside

City State Zip Code
Canton MI 48187

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 329.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 17 / 2006

Transaction ID: 100001784

Amount of Each Receipt this Period
96.00

Receipt

Payroll Deduction: (16.00- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Joyce Poole

Mailing Address 18830 Lincoln Drive

City State Zip Code
Lathrup Village MI 48076

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

Name of Employer Health Alliance Plan Occupation Mgr - Claims Quality/Complianc

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 236.71

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 17 / 2006

Transaction ID: 100001798

Amount of Each Receipt this Period
69.18

Receipt

Payroll Deduction: (11.53- /Pay Period)

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

Mailing Address 543 Thurber

City State Zip Code
Troy MI 48085-4827

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 342.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 17 / 2006

Transaction ID: 100001799

Amount of Each Receipt this Period
108.00

Receipt

Payroll Deduction: (18.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	273.18
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 / 26
	<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 07 / 17 / 2006	
Mailing Address 2156 Cumberland		Transaction ID: 100001787	
City State Zip Code Brighton MI 48114	Amount of Each Receipt this Period 462.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Health Alliance Plan	Occupation VP - Financial Services	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 ▼ 1538.00		

Full Name (Last, First, Middle Initial) B. Mary Clare Solky		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 30387 Windingbrook Lane		Transaction ID: 100001788	
City State Zip Code Farmington MI 48334	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 Director, CBHM	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 ▼ 405.00		

Full Name (Last, First, Middle Initial) C. Ronald R. Stallworth		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 8121 Agnes		Transaction ID: 100001766	
City State Zip Code Detroit MI 48214	Amount of Each Receipt this Period 240.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Health Alliance Plan	Occupation VP - Government Affairs	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 ▼ 785.00		

SUBTOTAL of Receipts This Page (optional) ▶	822.00
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 / 26
	<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. Ronald R. Stallworth		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006	
Mailing Address 8121 Agnes		Transaction ID: 61002.C1960	
City Detroit	State MI	Amount of Each Receipt this Period 543.00	
Zip Code 48214		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer Health Alliance Plan	Occupation VP - Government Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1328.00		

Full Name (Last, First, Middle Initial) B. Angela M. Strickland		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 34372 Orsini		Transaction ID: 100001789	
City Sterling Heights	State MI	Amount of Each Receipt this Period 78.00	
Zip Code 48312		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer Health Alliance Plan	Occupation Mgr - System Care Mgmt		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 264.65		
		Payroll Deduction: (13.00- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Carolyn R. Tokarz		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 39218 Rivercrest		Transaction ID: 100001826	
City Harrison Township	State MI	Amount of Each Receipt this Period 81.90	
Zip Code 48045		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer Health Alliance Plan	Occupation Sr Assoc - Medicare		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 223.50		
		Payroll Deduction: (13.65- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	702.90
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 21 / 26
	<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) Ronald Tomas		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006	
Mailing Address 6581 Merrick		Transaction ID: 100001791	
City State Zip Code Troy MI 48098	Amount of Each Receipt this Period 180.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Alliance Plan	Occupation Assoc Med Dir	Payroll Deduction: (30.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

B. Full Name (Last, First, Middle Initial) Daniel Trim		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006	
Mailing Address 921 Juneau Rd.		Transaction ID: 100001816	
City State Zip Code Ypsilanti MI 48198-6323	Amount of Each Receipt this Period 180.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Health Alliance Plan	Occupation Mgr - Tech Support/Comp Op	Payroll Deduction: (30.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00		

C. Full Name (Last, First, Middle Initial) Matthew Walsh		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006	
Mailing Address 889 Langley Court		Transaction ID: 100001793	
City State Zip Code Rochester Hills MI 48309	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 Project Dir, Purchaser Initiat	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 ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) ▶	480.00
TOTAL This Period (last page this line number only) ▶	6848.88

**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 22 / 26

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) A. Comerica Bank		Transaction ID: 200000086 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 6
Mailing Address P.O. Box 75000		Amount of Each Disbursement this Period 5.00
City Detroit State MI Zip Code 48275-	Category/ Type	
Purpose of Disbursement MERCHANT FEE JULY 2006		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MERCHANT FEE JULY 2006

Full Name (Last, First, Middle Initial) B. Comerica Bank		Transaction ID: 61002.E93 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6
Mailing Address P.O. Box 75000		Amount of Each Disbursement this Period 5.00
City Detroit State MI Zip Code 48275-	Category/ Type	
Purpose of Disbursement MERCHANT FEE AUG 2006		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MERCHANT FEE AUG 2006

Full Name (Last, First, Middle Initial) C. Comerica Bank		Transaction ID: 61002.E97 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address P.O. Box 75000		Amount of Each Disbursement this Period 5.00
City Detroit State MI Zip Code 48275-	Category/ Type	
Purpose of Disbursement MERCHANT FEE SEPT 2006		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MERCHANT FEE SEPT 2006

SUBTOTAL of Disbursements This Page (optional) ▶	15.00
TOTAL This Period (last page this line number only) ▶	15.00

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 23 / 26

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Full Name (Last, First, Middle Initial)
John D. Dingell for Congress Committee

Mailing Address 607 14th Street NW

City Washington State DC Zip Code 20005-2000

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name
JOHN D DINGELL

Office Sought: House
 Senate
 President

State: MI District: 15

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: 61002.E89

Date of Disbursement

07 / 28 / 2006

Amount of Each Disbursement this Period

500.00

DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00

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)

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<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. Jennifer M. Granholm for Governor		Transaction ID: 61002.E98 Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address PO Box 17127		Amount of Each Disbursement this Period 2000.00	
City Lansing State MI Zip Code 48901-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jennifer M. Granholm for Governor		Transaction ID: 61002.E95 Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2006	
Mailing Address PO Box 17127		Amount of Each Disbursement this Period 500.00	
City Lansing State MI Zip Code 48901-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Committee to Elect Mike Greiner		Transaction ID: 61002.E88 Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2006	
Mailing Address 12000 Lutz Ave		Amount of Each Disbursement this Period 400.00	
City Warren State MI Zip Code 48093-7019	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2900.00
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)

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<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. Committee to Elect Jim Perna		Transaction ID: 61002.E87 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 38180 Saddle Lane		Amount of Each Disbursement this Period 400.00
City Clinton Township State MI Zip Code 48036-1777	Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. Return Triette Reeves to Lansing		Transaction ID: 61002.E90 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address 13530 W Outer Drive		Amount of Each Disbursement this Period 400.00
City Redford State MI Zip Code 48239-1380	Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. Committee to Elect Shelley Goodman Taub		Transaction ID: 61002.E92 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 1959 Shore Hill Dr		Amount of Each Disbursement this Period 1000.00
City Bloomfield Hills State MI Zip Code 48302-1255	Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1800.00
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)

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<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. Friends of Keith Williams		Transaction ID: 61002.E94 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 19161 Schaefer Hwy Ste 210 Suite 210		Amount of Each Disbursement this Period -500.00
City Detroit State MI Zip Code 48235-1208		
Purpose of Disbursement VOID Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. FTE Stephanie A. Young		Transaction ID: 61002.E91 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address 6829 Faust Street		Amount of Each Disbursement this Period 400.00
City Detroit State MI Zip Code 48228-3496		
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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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