

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Health Alliance Plan PAC

ADDRESS (number and street) 2850 West Grand Boulevard
 Check if different than previously reported. (ACC)
Detroit MI 48202

2. **FEC IDENTIFICATION NUMBER** C00410670
3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 06 01 2010 through 06 30 2010

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 Ronald S. Siemiontkowski

Signature of Treasurer Electronically Filed by Ronald S. Siemiontkowski Date 07 14 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Health Alliance Plan PAC

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		52692.71
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	63506.82									
(c) Total Receipts (from Line 19)	2918.40	21468.90								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	66425.22	74161.61								
7. Total Disbursements (from Line 31)	2432.50	10168.89								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	63992.72	63992.72								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Health Alliance Plan PAC

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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)	2164.08	14533.76
(ii) Unitemized	754.32	6935.14
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2918.40	21468.90
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	2918.40	21468.90
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	2918.40	21468.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2918.40	21468.90

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	32.50	268.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	32.50	268.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	3500.00
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.....	900.00	6400.00
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))..	2432.50	10168.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2432.50	10168.89

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	2918.40	21468.90
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2918.40	21468.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	32.50	268.89
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	32.50	268.89

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A.	Full Name (Last, First, Middle Initial) Scott Allen	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 3066 Richmond Dr	Transaction ID: 00714.C7801
	City State Zip Code Clarkston MI 48348-5063	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (25.00- /Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation Assoc Dir, Labor Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

B.	Full Name (Last, First, Middle Initial) Jonathan W. Clement	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 923 Westchester	Transaction ID: 00714.C7759
	City State Zip Code Grosse Pointe MI 48230-1829	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (40.00- /Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation VP - Underwriting & Rating	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

C.	Full Name (Last, First, Middle Initial) Jody L. Doherty	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 21115 Violet	Transaction ID: 00714.C7790
	City State Zip Code Saint Clair Shores MI 48082	Amount of Each Receipt this Period 51.90
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (17.30- /Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.90	

SUBTOTAL of Receipts This Page (optional)	246.90
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Full Name (Last, First, Middle Initial)
Michael A. Elinski

Mailing Address 3434 Essex

City State Zip Code
Troy MI 48084

FEC ID number of contributing federal political committee. C

Name of Employer Health Alliance Plan Occupation AVP - Technology & eBusiness D

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 01 / 2010
Transaction ID: 00714.C7794

Amount of Each Receipt this Period 90.00

Receipt

Payroll Deduction: (30.00- /Bi-Weekly)

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

Mailing Address 19090 Parkwood Ln

City State Zip Code
Brownstown Twp MI 48183-6804

FEC ID number of contributing federal political committee. C

Name of Employer Health Alliance Plan Occupation Sr Member Advocate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 01 / 2010
Transaction ID: 00714.C7760

Amount of Each Receipt this Period 75.00

Receipt

Payroll Deduction: (25.00- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Howard Flasch

Mailing Address 1459 N Rochester Rd

City State Zip Code
Oakland MI 48363-1630

FEC ID number of contributing federal political committee. C

Name of Employer Health Alliance Plan Occupation VP - Product Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 01 / 2010
Transaction ID: 00714.C7762

Amount of Each Receipt this Period 120.00

Receipt

Payroll Deduction: (40.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) 285.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

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

Mailing Address 25450 Constitution

City State Zip Code
Novi MI 48375-1763

FEC ID number of contributing federal political committee. C

Name of Employer Health Alliance Plan Occupation AVP - NB Dist Channel Mgmt

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.48

Date of Receipt MM / DD / YYYY
06 / 01 / 2010

Transaction ID: 00714.C7787

Amount of Each Receipt this Period 230.88

Receipt

Payroll Deduction: (76.96- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Cynthia Hoffman

Mailing Address 5768 Whitehaven Dr

City State Zip Code
Troy MI 48085-3188

FEC ID number of contributing federal political committee. C

Name of Employer Health Alliance Plan Occupation Mgr - eCommerce & Tech Plannin

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt MM / DD / YYYY
06 / 01 / 2010

Transaction ID: 00714.C7781

Amount of Each Receipt this Period 90.00

Receipt

Payroll Deduction: (30.00- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mohammed Kanpurwala

Mailing Address 441 Sylvan Dr

City State Zip Code
Canton MI 48188-1596

FEC ID number of contributing federal political committee. C

Name of Employer Health Alliance Plan Occupation Dir - Underwriting/Ahl

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt MM / DD / YYYY
06 / 01 / 2010

Transaction ID: 00714.C7764

Amount of Each Receipt this Period 52.50

Receipt

Payroll Deduction: (17.50- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) 373.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A.	Full Name (Last, First, Middle Initial) Donald Kiefiuk		Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 39810 Karda		Transaction ID: 00714.C7761
	City Sterling Heights	State MI	Zip Code 48313
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
	Name of Employer Health Alliance Plan	Occupation AVP Claim Operation	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 440.00	Payroll Deduction: (40.00- /Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Glen Koslakiewicz		Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 30431 John Hauk		Transaction ID: 00714.C7770
	City Garden City	State MI	Zip Code 48135
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 54.00
	Name of Employer Health Alliance Plan	Occupation Dir - Fin Operations	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 234.00	Payroll Deduction: (18.00- /Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Melissa Kurtz		Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 2850 West Grand Boulevard		Transaction ID: 00714.C7795
	City Detroit	State MI	Zip Code 48202
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
	Name of Employer Health Alliance Plan	Occupation Manager	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	Payroll Deduction: (20.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	234.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A.	Full Name (Last, First, Middle Initial) Michelle Lang	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 48616 Dunn Court	Transaction ID: 00714.C7784
	City State Zip Code Macomb MI 48044	Amount of Each Receipt this Period 48.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (16.00- /Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation Dir - Coordination of Benefits	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

B.	Full Name (Last, First, Middle Initial) Sandra Ledesma	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 22429 Provincial St	Transaction ID: 00714.C7796
	City State Zip Code Trenton MI 48183	Amount of Each Receipt this Period 51.90
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (17.30- /Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation Manager IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.90	

C.	Full Name (Last, First, Middle Initial) Diane Pawlica	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 45568 Morningside	Transaction ID: 00714.C7774
	City State Zip Code Canton MI 48187	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (20.00- /Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation Dir - System Care Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	159.90
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Full Name (Last, First, Middle Initial)
Vincent Pawloske

Mailing Address 5450 Sandlewood Court

City Waterford State MI Zip Code 48329

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

Name of Employer Health Alliance Plan Occupation Associate Director Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 01 / 2010
Transaction ID: 00714.C7799
Amount of Each Receipt this Period 60.00
Receipt
Payroll Deduction: (20.00- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Christopher Pike

Mailing Address 1657 Wilmington Ct

City Rochester State MI Zip Code 48309

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt 06 / 01 / 2010
Transaction ID: 00714.C7776
Amount of Each Receipt this Period 240.00
Receipt
Payroll Deduction: (80.00- /Bi-Weekly)

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

Mailing Address 543 Thurber

City Troy State MI Zip Code 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 ▼ 234.00

Date of Receipt 06 / 01 / 2010
Transaction ID: 00714.C7785
Amount of Each Receipt this Period 54.00
Receipt
Payroll Deduction: (18.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 354.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A.	Full Name (Last, First, Middle Initial) Donna Reid	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 2850 W Grand Blvd	Transaction ID: 00714.C7780
	City State Zip Code Detroit MI 48202-2643	Amount of Each Receipt this Period 99.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Health Alliance Plan Occupation Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 363.00	Payroll Deduction: (33.00- /Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Chrystal M. Roberts	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 24601 Pinehurst Avenue	Transaction ID: 00714.C7800
	City State Zip Code Oak Park MI 48237	Amount of Each Receipt this Period 51.90
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Health Alliance Plan Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 224.90	Payroll Deduction: (17.30- /Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Dianna Ronan	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 2156 Cumberland	Transaction ID: 00714.C7779
	City State Zip Code Brighton MI 48114	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 - Financial Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1040.00	Payroll Deduction: (80.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	390.90
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 16
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<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 R. Stallworth		Date of Receipt
	Mailing Address 8121 Agnes		<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Detroit	MI	48214
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Health Alliance Plan		Occupation VP - Government Affairs	Transaction ID: 00714.C7783
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="520.00"/>	Amount of Each Receipt this Period <input type="text" value="120.00"/>
			Receipt Payroll Deduction: (40.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="120.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="2164.08"/>

**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 14 / 16

<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

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

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A.

Full Name (Last, First, Middle Initial)
Comerica Bank

Mailing Address P.O. Box 75000

City State Zip Code
Detroit MI 48275-

Purpose of Disbursement
May Operating Expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 200000324

Date of Disbursement

/ /

Amount of Each Disbursement this Period

MAY OPERATING EXPENSE

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 16

<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)
Candice Miller for Congress

Transaction ID: 200000325

Date of Disbursement

Mailing Address PO Box 182152

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	0

City State Zip Code
Utica MI 48318-2152

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
DIRECT CONTRIBUTION

Category/
Type

Candidate Name
CANDICE S. MILLER

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MI District: 10

DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ►

1500.00

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

1500.00

**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 16 / 16

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A.

Full Name (Last, First, Middle Initial)
Detroit Regional Chamber PAC

Transaction ID: 200000322

Date of Disbursement

Mailing Address PO Box 33840

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	0

City State Zip Code
Detroit MI 48232-5840

Amount of Each Disbursement this Period

700.00

Purpose of Disbursement
DIRECT CONTRIBUTION

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: 2010
 Primary General
 Other (specify) ▼
ANNUAL/OTHER

B.

Full Name (Last, First, Middle Initial)
Dave Flynn for County Commissioner

Transaction ID: 200000323

Date of Disbursement

Mailing Address 8641 Hickory Dr

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	0

City State Zip Code
Sterling Heights MI 48312-4773

Amount of Each Disbursement this Period

200.00

Purpose of Disbursement
DIRECT CONTRIBUTION

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

900.00

TOTAL This Period (last page this line number only)

900.00
