FEC FORM 3X	AN	PORT OI D DISBU Other Than An	RSEM	ENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in fu		FEC MAILING LA		ample:If typing er the lines	ı, type			
	n PAC							
ADDRESS (number and	street)	50 West Grand Bo	ulevard					
Check if differ than previousl reported. (AC	/ I De	etroit					48202 	
2. FEC IDENTIFICAT	ION NUMBER	▼ _	CITY 🛕		S	STATE	ZIPCOE	DE 🔺
C00410670]	3. IS THIS REPORT		NEW (N) OR	AM (A)	ENDED	
July 15 Quarterly October Quarterly January 3 Quarterly July 31 M Report(N Year Onl	orts: Report(Q1) Report(Q2) I5 Report(Q3) B1 Report(YE) Iid-Year on-election	(d) 30-Day Post -Elec Report for t	he:		12C)	Sep 2	2G) in the State of	Special (30S)
 Covering Period I certify that I have exam Type or Print Name of T 		2 5 2 0 0 and to the best of a mes W Hoeberlin	my knowledge	through and belief it is	12 true, correct a	3 1 and complete.	2008	
Signature of Treasurer	Electronically	Filed by James	N Hoeberling		D	ate 01	13	2009
NOTE : Submission of t	alse, erroneous,	or incomplete infor	mation may su	bject the pers	on signing this	s Report to the		_
Office Use Only							FEC FOR (Rev. 12/200	

Image# 29990050943 FEC Form 3X (Rev. 02/2003) Write or Type Committee Name Health Alliance Plan PAC		SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
F	Report Covering the Period: From:	M M Z 5 Y Y Y Y Y 11 25 2008	To: M M D D D Y Y Y Y Y 1 2 3 1 2 0 0 8
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2008 Y Y		55581.58
	(b) Cash on Hand at Begining of Reporting Period	45772.48	
	(c) Total Receipts (from Line 19)		35869.40
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	49281.18	91450.98
7.	Total Disbursements (from Line 31)		42677.30
8.	Cash on Hand at Close of		
	Reporting Period (subtract Line 7 from Line 6(d))	48773.68	48773.68
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	

SUMMARY PAGE

X 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

FE6AN026

nage# 29990050944	DETAILED SUMMARY PAGE OF RECEIPTS	
FEC Form 3X (Rev. 06/2004)		Page 3
Write or Type Committee Name Health Alliance Plan PAC		
Report Covering the Period: From:	1 1 D D 2 5 2 0 0 8 To	b. M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From: (a) Individuals/Persons Other		
(a) Than Political Committees (i) Itemized (use Schedule A)		26486.04
(ii) Unitemized	39.00	9383.36
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2508.70	35869.40
(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) 	▶ 3508.70	35869.40
12. Transfers From Affiliated/Other Party Committees		0.00
13. 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)	0.00	0.00
 Refunds of Contributions Made to Federal candidates and Other Political Committees 	0.00	0.00
 Other Federal Receipts (Dividends, Interest, etc.) 	0.00	0,00
18. Transfers from Non-Federal and Levin Fu	unds	
(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))		35869.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3508.70	35869.40

Image# 29990050945

DETAILED SUMMARY PAGE

II. D	ISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
(a) Sha	g Expenditures:		
Acti (i)	vity (from Schedule H4) Federal Share	0.00	0.00
(ii)	Non-Federal Share	0.00	0.00
	er Federal Operating enditures	7.50	195.76
	al Operating Expenditures	7.50	195.76
Committe	s to Affiliated/Other Party	0.00	0.00
	ions to Candidates/Committees er Political Committees	0.00	18750.00
4. Independ	lent Expenditure edule E)	0.00	0.00
25. Coordina Committe	ted Expenditures Made by Party ees (2 U.S.C. 441a(d)) edule F)	0.00	0.00
,	payments Made	0.00	0.00
27. Loans M	ade	0.00	0.00
(a) Indi	of Contributions To: viduals/Persons Other n Political Committees	0.00	0.00
	tical Party Committees	0.00	0.00
(c) Oth	er Political Committees	0.00	0.00
(d) Tota	al Contribution Refunds	0.00	0.00
	sbursements	500.00	23731.54
30. Federal ((a) Shai	Election Activity (2 U.S.C 431(20)) red Federal Election Activity n Schedule H6)		
	ederal Share	0.00	0.00
(ii) '	'Levin" Share	0.00	0.00
()	eral Election Activity Paid Entirely	0.00	0.00
	l Federal Election Activity (add es 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	bursements (add Lines 21(c), 22, 25, 26, 27, 28(d), 29 and 30(c))	507.50	42677.30
32. Total Fe	deral Disbursements		
(subtrac	t Line 21(a)(ii) and Line 30(a)(ii)		

Image# 29990050946

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)			Page \$	
	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)	3508.70	35869.40	
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00	
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	3508.70	35869.40	
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	7.50	195.76	
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	7.50	195.76	

FE6AN026

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting commercial purposes, other than using the name and address of any political committee to solicit contributions from such of or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such of or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such of or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such of or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such of contributions from such of the purpose of soliciting committee. A. Full Name (Last, First, Middle Initial) Date of Receipt City State Zip Code Southfield MI 48034 FEC ID number of contributing federal political committee. Occupation Receipt Name of Employer Aggregate Year-to-Date ▼ Payroll Deduction: (10.0 / Die / V B. Souti Allen Date of Receipt Transaction ID: 90113.0 / Die / V Mailing Address 3066 Richmond Dr Transaction ID: 90113.0 / Die / V Transaction ID: 90113.0 / Die / V Full Name (Last, First, Middle Initial) Date of Receipt Transaction ID: 90113.0 / Die / V Transaction ID: 90113.0 / Die / V City State Zi	16 17 ntributions ommittee.
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name (Last, First, Middle Initial) Carol Allen Mailing Address 26160 Franklin Pointe Dr. City State Zip Code Southfield MI 48034 FEC ID number of contributing federal political committee. Occupation Ldr/Supv - Desktop Integration Receipt Receipt For: Primary General Other (specify) ▼ 260.00 Payroll Deduction; (10.0 /Bi-Weekly B. Full Name (Last, First, Middle Initial) Scott Atlen Date of Receipt Transaction ID: 90113.0 Annount of Each Receipt B. Full Name (Last, First, Middle Initial) Scott Atlen Date of Receipt Payroll Deduction; (10.0 /Bi-Weekly Mailing Address 3066 Richmond Dr Transaction ID: 90113.0 / 12 Oce City State Zip Code Amount of Each Receipt Clarkston MI 48348-5063 Amount of Each Receipt FEC ID number of contributing federal political committee. C Transaction ID: 90113.0 / 0.2 Amount of Each Receipt Mailing Address 3066 Richmond Dr MI 48348-5063 Amount of Each Receipt FEC ID number of contri	YYYY
A. Carol Allen Date of Receipt Mailing Address 26160 Franklin Pointe Dr. Image: Comparison of Compar	
City State Zip Code Southfield MI 48034 FEC ID number of contributing federal political committee. C Amount of Each Receipt the committee. Name of Employer Occupation Ldr/Supv - Desktop Integration Receipt Receipt For: Occupation Primary General Occupation Other (specify) C 260.00 Payroll Deduction: (10.0 //Bi-Weekly)) B. Scott Allen Date of Receipt Transaction ID: 90113.0 //Bi-Weekly) Mailing Address 3066 Richmond Dr MI 48348-5063 FEC ID number of contributing federal political committee. C Transaction ID: 90113.0 //Bi-Weekly Name of Employer Occupation MI 48348-5063 Amount of Each Receipt the federal political committee. Name of Employer Occupation Receipt Mate of Each Receipt the federal political committee.	
Southfield MI 48034 Amount of Each Receipt th FEC ID number of contributing federal political committee. C Receipt Receipt Name of Employer Health Alliance Plan Occupation Ldr/Supv - Desktop Integration Receipt Payroll Deduction: (10.0 /Bi-Weekly) (10.	2000
FEC ID number of contributing federal political committee. C Receipt Name of Employer Health Alliance Plan Occupation Ldr/Supv - Desktop Integration Receipt Receipt For: Aggregate Year-to-Date ▼ Payroll Deduction: (10.0 /Bi-Weekly)) (1	5627
federal political committee. C Name of Employer Health Alliance Plan Occupation Ldr/Supv - Desktop Integration Receipt Receipt For: Aggregate Year-to-Date ▼ Payroll Deduction: (10.0 /Bi-Weekly Payroll Deduction: (10.0 /Bi-Weekly B. Full Name (Last, First, Middle Initial) Scott Allen Date of Receipt Mailing Address 3066 Richmond Dr Mil City State Zip Code FEC ID number of contributing federal political committee. Mil 48348-5063 Name of Employer Occupation Receipt	nis Period
Name of Employer Occupation Health Alliance Plan Ldr/Supv - Desktop Integration Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 260.00 Full Name (Last, First, Middle Initial) Date of Receipt Scott Allen Date of Receipt Mailing Address 3066 Richmond Dr City State Zip Code City State Zip Code FEC ID number of contributing federal political committee. C Name of Employer Occupation	30.00
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 260.00 Full Name (Last, First, Middle Initial) 260.00 Scott Allen Date of Receipt Mailing Address 3066 Richmond Dr City State Zip Code Clarkston MI 48348-5063 FEC ID number of contributing federal political committee. C Name of Employer Occupation	
Primary General 260.00 Payroll Deduction: (10.0 //Bi-Weekly) B. Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 3066 Richmond Dr 12 02 City State Zip Code Transaction ID: 90113.0 Clarkston MI 48348-5063 Amount of Each Receipt the second	
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federal political committee. Image: Committee	nis Period
Name of Employer I Occupation I .	60.00
Health Alliance Plan Assoc Dir, Labor Affairs	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 520.00	0-
Full Name (Last, First, Middle Initial) Date of Receipt C. Vernal Teresa Blakley Date of Receipt	
Mailing Address 42573 Saddle Lane	2008
City State Zip Code Transaction ID: 90113.0	
Sterling Heights MI 48314 Amount of Each Receipt th	nis Period
FEC ID number of contributing federal political committee.	
Name of Employer Occupation Receipt Health Alliance Plan Director, Quality Management Receipt	37.50
Receipt For: Aggregate Year-to-Date ▼ Primary General 325.00 /Bi_Weekly (12.5)	37.50
Other (specify) ▼ /Bi ² Weekly)	
SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	

ZED RECEIPTS mation copied from such Reports and Stat nmercial purposes, other than using the name E OF COMMITTEE (In Full) th Alliance Plan PAC lame (Last, First, Middle Initial) a K. Branch g Address 81 Atkinson bit D number of contributing al political committee. e of Employer h Alliance Plan pt For: Primary General Other (specify) ▼ lame (Last, First, Middle Initial) ny Caporale g Address 1320 Shenandoah	for each category of the Detailed Summary Page tements may not be sold or used by any persame and address of any political committee t State Zip Code MI 48202 Occupation Dir - Customer Retention & Edu Aggregate Year-to-Date \$20.00	X 11a 11b 11c 12 13 14 15 16 17 son for the purpose of soliciting contributions to solicit contributions from such committee. Date of Receipt 12 0 2 2 0 8 Transaction ID: 90113.C5593 Amount of Each Receipt this Period 60.00 60.00 Receipt 2 0.00 8 10
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Primary General Other (specify) ▼ lame (Last, First, Middle Initial) ny Caporale		/Bi-Weekly)`
ny Caporale		Date of Receipt
g Address 1320 Shenandoah		
	1 2 0 2 2 0 0 8	
	State Zip Code	Transaction ID: 90113.C5594
nester Hills	MI 48306	Amount of Each Receipt this Period
D number of contributing al political committee.	C	24.00
e of Employer h Alliance Plan	Occupation Mgr - General Acctg	Receipt
pt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 208.00	Payroll Deduction: (8.00/- Bi-Weekly)
lame (Last, First, Middle Initial) rd Chaney	Date of Receipt	
g Address 16555 Shaftsbury Ave		M M / D D / Y Y Y Y 12 02 2008
	State Zip Code	Transaction ID: 90113.C5640
pit	MI 48219-4011	Amount of Each Receipt this Period
al political committee.	C	75.00
e of Employer h Alliance Plan	Occupation Vice President	
pt For:	Aggregate Year-to-Date ▼ 650.00	Payroll Deduction: (25.00- /Bi-Weekly)
Other (specify)		
	bit D number of contributing I political committee. of Employer Alliance Plan ot For: Primary General	State Zip Code bit MI 48219-4011 D number of contributing Image: Contributing Image: Contributing I political committee. Occupation of Employer Occupation I Alliance Plan Vice President ot For: Aggregate Year-to-Date Primary General

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 22 (check only one)			
or for commercial purposes, other than using	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC					
Full Name (Last, First, Middle Initial) Elizabeth Chavez					
Mailing Address 23706 Northstone V	'illage Drive	1 2 D D / Y Y Y Y 1 2 0 2 2 0 0 8			
City	State Zip Code	Transaction ID: 90113.C5596			
Taylor	MI 48180	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	36.00			
Name of Employer Health Alliance Plan	Occupation Supv - Claims	Receipt			
Receipt For:	Aggregate Year-to-Date V				
Other (specify)	300.00	Payroll Deduction: (12.00- /Bi-Weekly)			
Full Name (Last, First, Middle Initial) Jonathan W. Clement		Date of Receipt			
Mailing Address 923 Westchester		M M / D D / Y Y Y Y Y 12 02 2008			
City	State Zip Code	Transaction ID: 90113.C5632			
Grosse Pointe FEC ID number of contributing federal political committee.	MI 48230-1829	Amount of Each Receipt this Period 120.00			
Name of Employer Health Alliance Plan	Occupation VP - Underwriting & Rating	Receipt			
Receipt For:	Aggregate Year-to-Date ▼	-			
Other (specify)	1040.00	Payroll Deduction: (40.00- /Bi-Weekly)			
Full Name (Last, First, Middle Initial) Gwendolyn Davenport		Date of Receipt			
Mailing Address 11372 Whitehill		M M / D D / Y Y Y Y 12 02 2008			
City	State Zip Code	Transaction ID: 90113.C5597			
Detroit	MI 48224-1653	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	54.00			
Name of Employer Health Alliance Plan	Occupation Dir - Credentialing Services	- Receipt			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 468.00	Payroll Deduction: (18.00- /Bi-Weekly)			
SUBTOTAL of Receipts This Page (optional	·	210.00			
TOTAL This Period (last page this line numb	·				

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 22 (check only one) (check 112 X 11a 11b 11c 12 13 14 15 16 11
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any per ne name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
۷	Full Name (Last, First, Middle Initial) Donald Davis	Date of Receipt	
	Mailing Address 11417 Fellows Creek	Drive	12 / D D / Y Y Y Y 12 02 2008
	City	State Zip Code	Transaction ID: 90113.C5598
	Plymouth	MI 48170	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	231.00
	Name of Employer Health Alliance Plan	Occupation VP - Human Res & Cust Rel	Receipt
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	2002.00	Payroll Deduction: (77.00- /Bi-Weekly)
- 3.	Full Name (Last, First, Middle Initial) Jody L. Doherty		Date of Receipt
	Mailing Address 21115 Violet		M M / D D / Y Y Y Y 12 02 2008
	City	State Zip Code	Transaction ID: 90113.C5626
	Saint Clair Shores FEC ID number of contributing federal political committee.	MI 48082	Amount of Each Receipt this Period 51.93
	Name of Employer Health Alliance Plan	Occupation Director	Receipt
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) The second seco	450.06	Payroll Deduction: (17.31- /Bi-Weekly)
. –	Full Name (Last, First, Middle Initial) Michael A. Elinski		Date of Receipt
	Mailing Address 3434 Essex		12 / D D / Y Y Y Y 12 02 2008
	City	State Zip Code	Transaction ID: 90113.C5629
	Troy	MI 48084	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	75.00
	Name of Employer Health Alliance Plan	Occupation AVP - Technology & eBusiness D	Receipt
	Receipt For: Primary General Other (specify) v	Aggregate Year-to-Date ▼ 650.00	Payroll Deduction: (25.00- /Bi-Weekly)
Γ			357.93

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 22 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17			
	Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	n for the purpose of soliciting contributions solicit contributions from such committee.				
	Health Alliance Plan PAC					
Α.	Full Name (Last, First, Middle Initial) Vincenzo G. Ferri	Date of Receipt				
	Mailing Address 726 S. Renaud	Mailing Address 726 S. Renaud				
	City	State Zip Code	Transaction ID: 90113.C5625			
	Grosse Pointe Wood	MI 48236	_ Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		93.00			
	Name of Employer Health Alliance Plan	Occupation AVP - Bus Affiliations & Suppo	- Receipt			
	Receipt For:	Aggregate Year-to-Date V	-			
	 Primary General Other (specify) ▼ 	806.00	Payroll Deduction: (31.00- /Bi-Weekly)			
В.	Full Name (Last, First, Middle Initial) Howard Flasch		Date of Receipt			
	Mailing Address 1459 N Rochester Rd	M M / D D / Y Y Y Y 12 02 2008				
	City	State Zip Code	Transaction ID: 90113.C5630			
	Oakland	MI 48363-1630	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	114.00			
	Name of Employer Health Alliance Plan	Occupation VP - Product Development	- Receipt			
	Receipt For:	Aggregate Year-to-Date V				
	Other (specify) ▼	988.00	Payroll Deduction: (38.00- /Bi-Weekly)			
C.	Full Name (Last, First, Middle Initial) Michael M. Forhan		Date of Receipt			
0.	Mailing Address 1587 Anita		12 02 2008			
	City	State Zip Code	Transaction ID: 90113.C5600			
	Grosse Pointe Wood	MI 48236	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	36.00			
	Name of Employer Health Alliance Plan	Occupation Mgr - Comp & Benefits	- Receipt			
	Receipt For:	Aggregate Year-to-Date 🔻				
	Primary General Other (specify) ▼	312.00	Payroll Deduction: (12.00- /Bi-Weekly)			
	SUBTOTAL of Receipts This Page (optional)	····· •	243.00			
	TOTAL This Period (last page this line number of	only)				

	HEDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate for each cate Detailed Sum	gory of the	FOR LINE NUMBER: PAGE 11 / 22 (check only one) 11a X 11a 11b 11c 12 I3 14 15 16 17	
or for	nformation copied from such Reports and Sta commercial purposes, other than using the r AME OF COMMITTEE (In Full)	atements may not be sold or uname and address of any polit	used by any person ical committee to so	for the purpose of soliciting contributions	
) н	ealth Alliance Plan PAC				
	ull Name (Last, First, Middle Initial) eanette H. Girty	Date of Receipt			
Ma	ailing Address 18246 Stoepel			12 ⁰ ⁰ ² ² 008	
Ci	•	State Zip Code		Transaction ID: 90113.C5604	
<u>D</u>	etroit	MI 48221		Amount of Each Receipt this Period	
	EC ID number of contributing deral political committee.	C		51.93	
Na He	ame of Employer ealth Alliance Plan	Occupation Dir - Client Svcs Opera	ations	Receipt	
Re	eceipt For:	Aggregate Year-to-Date			
	Primary General Other (specify) ▼		450.06	Payroll Deduction: (17.31- /Bi-Weekly)	
	Ill Name (Last, First, Middle Initial) ark Hall	Date of Receipt			
	Mailing Address 25450 Constitution			12 02 Y Y Y Y 12 02	
Ci	ty	State Zip Code		Transaction ID: 90113.C5610	
<u>N</u>	ovi	MI 48375-176	3	Amount of Each Receipt this Period	
	EC ID number of contributing deral political committee.	C		115.41	
Na He	ame of Employer ealth Alliance Plan	Occupation AVP - NB Dist Channe	l Mgmt	Receipt	
Re	eceipt For:	Aggregate Year-to-Date	,		
	Primary General Other (specify)	ify) ▼		Payroll Deduction: (38.47- /Bi-Weekly)	
	III Name (Last, First, Middle Initial) obert Heitjan			Date of Receipt	
Ma	ailing Address 7429 Esper Blvd.			M M / D D / Y Y Y Y 12 02 2008	
Ci		State Zip Code		Transaction ID: 90113.C5599	
<u>D</u>	earborn	MI 48126		Amount of Each Receipt this Period	
	EC ID number of contributing deral political committee.	C		30.00	
Na He	ame of Employer ealth Alliance Plan	Occupation Ldr/Supv Appl Dev & S	Supp	Receipt	
Re	eceipt For:	Aggregate Year-to-Date	7		
-	Primary General Other (specify) ▼		260.00	Payroll Deduction: (10.00- /Bi-Weekly)	
SUB	I		b	197.34	
	AL This Period (last page this line number o				

				FOR LINE NUMBER: PAGE 12/22			
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 / 22 (check only one)			
	ITEMIZED RECEIPTS		for each category of the	X 11a $11b$ 11c 12			
			Detailed Summary Page				
	Any information copied from such Reports and Si	tatomonte may	v not be cold 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.			
	NAME OF COMMITTEE (In Full)						
	Health Alliance Plan PAC						
Α.	Full Name (Last, First, Middle Initial) Cynthia Hoffman	Date of Receipt					
<i>.</i>		Mailing Address 5768 Whitehaven Dr					
	maining / laar coo - 57.00 Whitehaven Di			12 02 2008			
	City	State	Zip Code	Transaction ID: 90113.C5617			
	Troy	MI	48085-3188	Amount of Each Receipt this Period			
	FEC ID number of contributing						
	federal political committee.	С		60.00			
				Receipt			
	Name of Employer Health Alliance Plan	Occupatio					
	i Mgr - eC		ommerce & Tech Plannin				
	Receipt For:	Aggregate	e Year-to-Date				
	Primary General		500.00	Payroll Deduction: (20.00- /Bi-Weekly)			
	Other (specify)			/DI-Weekiy)			
	Full Name (Last, First, Middle Initial)						
В.	Joyce M. James			Date of Receipt			
	Mailing Address 20810 Gardner St.			M M / D D / Y Y Y Y			
				12 02 2008			
	City	State	Zip Code	Transaction ID: 90113.C5602			
	Oak Park	MI	48237	Amount of Each Receipt this Period			
	FEC ID number of contributing			36.00			
	federal political committee.	С		38.00			
	Name of Employer	Occupatio	n	Receipt			
	Name of Employer Health Alliance Plan		vider Fin				
	Receipt For: Aggregat						
				Payroll Deduction: (12.00-			
	Other (specify)		312.00	/Bi-Weekly)			
				-			
_	Full Name (Last, First, Middle Initial)						
C.	Brian Jones			Date of Receipt			
	Mailing Address 22516 Milner			12 02 2008			
	City	State	Zip Code	Transaction ID: 90113.C5612			
	St Clr Shores	MI	48081-2079	Amount of Each Receipt this Period			
	FEC ID number of contributing						
	federal political committee.	C		30.00			
				Receipt			
	Name of Employer Health Alliance Plan	Occupatio					
		1 1	r, Oper Strat & Plan	_			
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General		265.00	Payroll Deduction: (10.00- /Bi-Weekly)			
	Other (specify)						
	SUBTOTAL of Receipts This Page (optional)			126.00			
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ITEMIZED RECEIPTS Use separate schedule(s) for each category of the Dataled Summary Page (check only one) Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for 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) Finance (Last, First, Middle Initial) Grave State Zip Code State Zip Code State Zip Code Name (Last, First, Middle Initial) Assoc Dir, Oper Strat & Plan Receipt Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 465.00 Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 39810 Karda City State Zip Code State Zip Code Transaction ID: 90113.C5693 Augregate Year-to-Date ▼ 02 / 2.0.08 Transaction ID: 90112.C5631 Amount of Each Receipt Im: Period Fell Name (Last, First, Middle Initial) Date of Receipt Danaid Keluk <				FOR LINE NUMBER: PAGE 13/22							
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City State Zip Code Transaction ID: 90113.C5605 Farmington Hills MI 48331-1651 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 57.00 Name of Employer Health Alliance Plan Occupation AVP Sales & Marketing Receipt Receipt For: Aggregate Year-to-Date ▼ Payroll Deduction: (19.00-//Bi-Weekly) Other (specify) ▼ 494.00 277.00	0.			M M / D D / Y Y Y Y							
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				FOR LINE NUMBER: PAGE 14/22							
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)							
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
			Detailed Summary Page	13 14 15 16 17							
		Any information copied from such Reports and Statements may not be sold or used by any person for the p or for commercial purposes, other than using the name and address of any political committee to solicit con									
	NAME OF COMMITTEE (In Full)										
	Health Alliance Plan PAC										
Α.	Full Name (Last, First, Middle Initial) Glen Koslakiewicz			Date of Receipt							
	Mailing Address 30431 John Hauk			1 2 / D D / Y Y Y Y 1 2 0 0 8							
	City	State	Zip Code	Transaction ID: 90113.C5607							
	Garden City	MI	48135	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		54.00							
	Name of Employer Health Alliance Plan	Occupatio		- Receipt							
	Receipt For:	1 1	Operations	-1							
	Primary General	Aggregate		Payroll Deduction: (18.00-							
	Other (specify)	168.00									
В.	Full Name (Last, First, Middle Initial) Ken Kreis			Date of Receipt							
	Mailing Address 31800 Shawn Dr			M M / D D / Y Y Y Y 12 02 2008							
	City	State	Zip Code	Transaction ID: 90113.C5603							
	Warren	MI	48088-2936	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		33.00							
	Name of Employer Health Alliance Plan	Occupatio Mgr - Ap	n pl Dev/Bus Supp/Proj M	- Receipt							
	Receipt For:	Aggregate	e Year-to-Date 🔻								
	Other (specify)		286.00	Payroll Deduction: (11.00- /Bi-Weekly)							
		0 0		,, , ,							
C.	Full Name (Last, First, Middle Initial) Mark Lafata			Date of Receipt							
	Mailing Address 377 Arthur			M M / D D / Y Y Y Y 12 02 2008							
	City	State	Zip Code	Transaction ID: 90113.C5595							
	<u>Plymouth</u>	MI	48170-1120	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		51.00							
	Name of Employer Health Alliance Plan	Occupatio Sr Finan	n ce Administrator/HMS	- Receipt							
	Receipt For:	Aggregate	e Year-to-Date 🔻								
	Other (specify)		357.00	Payroll Deduction: (17.00- /Bi-Weekly)							
	SUBTOTAL of Receipts This Page (optional)			138.00							
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	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 15/22									
	· · · ·		Use separate schedule(s) for each category of the	(check only one)									
	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12									
				13 14 15 16 17									
	Any information copied from such Reports and St or for commercial purposes, other than using the	name and ad	y 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.									
	Health Alliance Plan PAC												
Α.	Full Name (Last, First, Middle Initial) Rory Lafferty			Date of Receipt									
	Mailing Address 4414 Hunt Club Drive #2D			12 / D D / Y Y Y Y 12 / 02 / 2008									
	City	State	Zip Code	Transaction ID: 90113.C5606									
	<u>Ypsilanti</u>	MI	48197	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C		30.00									
	Name of Employer	Occupatio	n	- Receipt									
	Name of Employer Health Alliance Plan		ve Associate										
	Receipt For:	Aggregate	e Year-to-Date 🔻										
	Primary General		260.00	Payroll Deduction: (10.00-									
	Other (specify)	0 0		/Bi-Weekly)									
В.	Full Name (Last, First, Middle Initial) Virginia Lambert			Date of Receipt									
2.	Mailing Address 6014 Plainfield			M M / D D / Y Y Y Y 12 02 2008									
	City	State	Zip Code	Transaction ID: 90113.C5633									
	Dearborn Heights	MI	48127-2834	Amount of Each Receipt this Period									
	FEC ID number of contributing												
	federal political committee.	C		25.50									
	Name of Employer	Occupatio	n	- Receipt									
	Name of Employer Health Alliance Plan	· · ·	sbursements										
	Receipt For:		e Year-to-Date 🔻	-									
	Primary General		221.00	Payroll Deduction: (8.50/-									
	Other (specify)	0 0		Bi-Weekly) `									
C.	Full Name (Last, First, Middle Initial) Anita Landino			Date of Receipt									
	Mailing Address 43885 Boulder Dr			M M / D D / Y Y Y Y 12 02 2008									
	City	State	Zip Code	Transaction ID: 90113.C5601									
	Clinton Township	MI	48038-1423	Amount of Each Receipt this Period									
	FEC ID number of contributing	С		50.25									
	federal political committee.												
	Name of Employer Health Alliance Plan	Occupatio		- Receipt									
	Receipt For:	- I	ir - Advertising/Comm e Year-to-Date 🔻	-1									
	Primary General	Ayyreyale		Payroll Deduction: (16.75-									
	Other (specify)	0 0	435.50	/Bi-Weekly)									
	SUBTOTAL of Receipts This Page (optional)			105.75									
	TOTAL This Period (last page this line number of	only)	▶										

ľ	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 16 / 22 (check only one) I1a X 11a 11b 11c 12 13 14 15 16 17 n for the purpose of soliciting contributions 17 17
	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Vealth Alliance Plan PAC	he name and address of any political committee to	solicit contributions from such committee.
Z A.	Full Name (Last, First, Middle Initial) Sandra Ledesma Mailing Address 22429 Provincial St		Date of Receipt
			12 02 2008
	City	State Zip Code MI 48183	Transaction ID: 90113.C5608
	Trenton FEC ID number of contributing federal political committee.	MI 48183	Amount of Each Receipt this Period 33.00
	Name of Employer Health Alliance Plan	Occupation Manager IT	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 286.00	Payroll Deduction: (11.00- /Bi-Weekly)
— В.	Full Name (Last, First, Middle Initial) Irita Matthews Mailing Address 1305 Balfour St		Date of Receipt
			12 02 2008
	City Grosse Pointe Park	State Zip Code MI 48230-1021	Transaction ID: 90113.C5621
	FEC ID number of contributing federal political committee.	MI 48230-1021	Amount of Each Receipt this Period 42.00
	Name of Employer Health Alliance Plan	Occupation Assoc Counsel	Receipt
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 350.00	Payroll Deduction: (14.00- /Bi-Weekly)
	Full Name (Last, First, Middle Initial) Denise McKay		Date of Receipt
	Mailing Address 12319 Fordline St		M M / D D / Y Y Y Y 12 02 2008
	City	State Zip Code	Transaction ID: 90113.C5641
	Southgate	MI 48195-2303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00 Receipt
	Name of Employer Health Alliance Plan Receipt For:	Occupation Ldr/Supv Appl Dev & Supp Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	Payroll Deduction: (10.00- /Bi-Weekly)	
			105.00

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 17 / 22 (check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any pers	son for the purpose of soliciting contributions						
	Health Alliance Plan PAC								
Α.	Ryan C. Moore	Full Name (Last, First, Middle Initial) Ryan C. Moore							
	Mailing Address 723 Barclay Drive		1 2 / D D / Y Y Y Y 1 2 0 2 2 0 0 8						
	City Trov	State Zip Code MI 48085	Transaction ID: 90113.C5609 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.		31.74						
	Name of Employer Health Alliance Plan	Occupation Adm Manager, Office of COO	Receipt						
	Receipt For: Primary General Other (specify) ▼	Receipt For: Aggregate Year-to-Date ▼ Primary General							
в.	Full Name (Last, First, Middle Initial) Vincent Pawloske		Date of Receipt						
	Mailing Address 5450 Sandlewood Cour	t	M M / D D / Y Y Y Y 12 02 2008						
	City	State Zip Code	Transaction ID: 90113.C5634						
	Waterford FEC ID number of contributing	MI 48329	Amount of Each Receipt this Period						
	federal political committee.		60.00						
	Name of Employer Health Alliance Plan	Occupation Associate Director Finance	Receipt						
	Receipt For:	Aggregate Year-to-Date ▼							
	Other (specify) ▼	520.00	Payroll Deduction: (20.00- /Bi-Weekly)						
C.	Full Name (Last, First, Middle Initial) Christopher Pike		Date of Receipt						
	Mailing Address 1657 Wilmington Ct		12 02 2008						
	City	State Zip Code	Transaction ID: 90113.C5613						
	Rochester FEC ID number of contributing	MI 48309	Amount of Each Receipt this Period						
	federal political committee.		75.00						
	Name of Employer Health Alliance Plan	Occupation AVP - Information Tech Supp	Receipt						
	Receipt For:	Aggregate Year-to-Date 🔻							
	Other (specify) ▼	650.00	Payroll Deduction: (25.00- /Bi-Weekly)						
	SUBTOTAL of Receipts This Page (optional)		166.74						
	TOTAL This Period (last page this line number of	only)							

ę	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 22 (check only one)					
I	TEMIZED RECEIPTS		for each category of the	\overline{X} 11a 11b 11c 12					
-	-		Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$					
Γ	Any information copied from such Reports and	Statements may no	ot be sold or used by any perso						
	or for commercial purposes, other than using th								
Ν	NAME OF COMMITTEE (In Full)								
	Health Alliance Plan PAC								
Z	/								
Α.	Full Name (Last, First, Middle Initial) Rachel Powell			Date of Receipt					
~ ·	Mailing Address 543 Thurber								
				12 02 2008					
	City	State	Zip Code	Transaction ID: 90113.C5623					
	Troy	MI	48085-4827	Amount of Each Receipt this Period					
	FEC ID number of contributing			60.00					
	federal political committee.	C		00.00					
	Name of Employer	Occupation		Receipt					
	Name of Employer Health Alliance Plan		nter/Claim Accuracy						
	Receipt For:	I	ear-to-Date V						
	Primary General	Aggregate re		Payroll Deduction: (20.00-					
	Other (specify) 🔻		520.00	/Bi-Weekly)					
			<u> </u>						
	Full Name (Last, First, Middle Initial)								
В.	Patricia R. Richards			Date of Receipt					
	Mailing Address 23 Turnberry Ln.			12 D D Y Y Y Y 12 02 2008					
	City	State	Zip Code	Transaction ID: 90113.C5635					
	Dearborn	MI	48120	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		230.79					
				- Receipt					
	Name of Employer Health Alliance Plan	Occupation	voident & COO						
	Receipt For:	I ~ ~ ~ ~ ~ ~ ~ ~ ~	esident & COO	_					
	Primary General	Aggregate Ye	ear-to-Date 🔻	Devrell Deductions (70.00					
	Other (specify)		2000.18	Payroll Deduction: (76.93- /Bi-Weekly)					
		0 0 0	0 0 0 0 0 0						
_	Full Name (Last, First, Middle Initial)	-							
C.	Chrystal M. Roberts			Date of Receipt					
	Mailing Address 24601 Pinehurst Aver	nue		1 2 0 2 Y Y Y Y 1 2 0 2 2 0 0 8					
	City	State	Zip Code						
	City Oak Park	State	48237	Transaction ID: 90113.C5636					
				Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		51.93					
	·			Receipt					
	Name of Employer Health Alliance Plan	Occupation							
		Director		_					
	Receipt For:	Aggregate Ye	ear-to-Date 🔻						
	Primary General Other (specify) ▼		450.06	Payroll Deduction: (17.31- /Bi-Weekly)					
			0 0 0 0 0 0	1 · _ · · · · · · · · · · · · · · · · ·					
Г		1							
	SUBTOTAL of Receipts This Page (optional)			342.72					
F				-					
	TOTAL This Period (last page this line number	er only)							

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 22 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17					
	Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions					
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC								
Α.	Full Name (Last, First, Middle Initial) Dianna Ronan Mailing Address 2156 Cumberland			Date of Receipt					
				12 02 2008					
	City	State	Zip Code	Transaction ID: 90113.C5615					
	Brighton	MI	48114	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		231.00					
	Name of Employer Health Alliance Plan	Occupation VP - Fina	ncial Services	Receipt					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2002.00	Payroll Deduction: (77.00- /Bi-Weekly)					
в.	Full Name (Last, First, Middle Initial) Diane Slon			Date of Receipt					
	Mailing Address 31646 Robinhood Drive	е		12 02 Y Y Y Y 12 02 2008					
	City	State	Zip Code	Transaction ID: 90113.C5637					
	Franklin	MI	48025	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		60.00					
	Name of Employer Health Alliance Plan	Occupation Director,		- Receipt					
	Receipt For:	Aggregate	Year-to-Date 🔻						
	Other (specify) ▼	0 0	520.00	Payroll Deduction: (20.00- /Bi-Weekly)					
C.	Full Name (Last, First, Middle Initial) Patricia Slone			Date of Receipt					
	Mailing Address 1760 Broadstone			1 2 0 2 Y Y Y Y 1 2 0 2 2 0 0 8					
	City	State	Zip Code	Transaction ID: 90113.C5614					
	Grosse Pointe	MI	48236-1949	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		23.10					
	Name of Employer Health Alliance Plan	Occupation Mgr - Sys	stem Care Mgmt	- Receipt					
	Receipt For:	Aggregate	Year-to-Date 🔻						
	Other (specify) ▼	0 0	200.20	Payroll Deduction: (7.70/- Bi-Weekly)					
	SUBTOTAL of Receipts This Page (optional)			314.10					
	TOTAL This Period (last page this line number of	only)							

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedul for each category of th Detailed Summary Pa	$\begin{array}{c c c c c c c c c c c c c c c c c c c $				
A.	Full Name (Last, First, Middle Initial) Mary Clare Solky Mailing Address 30387 Windingbrook L	ane	Date of Receipt				
			12 02 2008				
	City	State Zip Code MI 48334	Transaction ID: 90113.C5616				
	Farmington FEC ID number of contributing federal political committee.	MI 48334	Amount of Each Receipt this Period 60.00				
	Name of Employer Health Alliance Plan	Occupation Director, CBHM	Receipt				
	Receipt For: Primary General Other (specify)	.00 Payroll Deduction: (20.00- /Bi-Weekly)					
в.	Full Name (Last, First, Middle Initial) Ronald R. Stallworth	I	Date of Receipt				
	Mailing Address 8121 Agnes		12 02 YYYY 12 02 2008				
	City	State Zip Code	Transaction ID: 90113.C5622				
	Detroit	MI 48214	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	120.00				
	Name of Employer Health Alliance Plan	Occupation VP - Government Affairs	Receipt				
	Receipt For: Primary General Other (specify) ▼	Primary General					
C.	Full Name (Last, First, Middle Initial) William Tierney	•	Date of Receipt				
	Mailing Address 12739 Herrod Drive		12 02 YYYY 12 02 2008				
	City	State Zip Code	Transaction ID: 90113.C5618				
	Sterling Heights	MI 48313-4145	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	34.62 Receipt				
	Name of Employer Health Alliance Plan Receipt For:	Occupation Sr. Project Manager Aggregate Year-to-Date					
	Primary General Other (specify) ▼	Aggregate Year-to-Date V	04 Payroll Deduction: (11.54- /Bi-Weekly)				
	SUBTOTAL of Receipts This Page (optional)		▶ 214.62				
	TOTAL This Period (last page this line number	only)					

SCHEDULE A (FEC)	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 22 (check only one) X X 11a 11b 11c 12 13 14 15 16 11
Any information copied from suc or for commercial purposes, other	h Reports and Statements ma er than using the name and ad	y not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Health Alliance Plan PA	,		
Full Name (Last, First, Middle Daniel Trim	e Initial)		Date of Receipt
Mailing Address 921 June	eau Rd.		12 ^{DD} /YYYY 122008
City	State	Zip Code	Transaction ID: 90113.C5628
Ypsilanti	MI	48198-6323	Amount of Each Receipt this Period
FEC ID number of contributir federal political committee.	C		120.00
Name of Employer Health Alliance Plan	Occupatio Mgr - Te	ⁿ ch Support/Comp Op	Receipt
Receipt For:	Aggregate	e Year-to-Date V	
Primary Gene Other (specify) ▼	eral	Payroll Deduction: (40.00- /Bi-Weekly)	
Full Name (Last, First, Middle Matthew Walsh	e Initial)		Date of Receipt
Mailing Address 889 Lang	gley Court		M M / D D / Y Y Y Y 12 02 2008
City	State	Zip Code	Transaction ID: 90113.C5638
Rochester Hills	MI	48309	Amount of Each Receipt this Period
FEC ID number of contributir federal political committee.	ng C		60.00
Name of Employer Health Alliance Plan	Occupatio Project D	ⁿ Dir, Purchaser Initiat	Receipt
Receipt For:	55 5	e Year-to-Date 🔻	
Primary Gene Other (specify) ▼		520.00	Payroll Deduction: (20.00- /Bi-Weekly)
Full Name (Last, First, Middle Deborah Withrow	e Initial)		Date of Receipt
Mailing Address 2646 Bir	ch Harbor Ln		M · M / D · D / Y · Y · Y · Y Y Y · Y Y
City	State	Zip Code	Transaction ID: 90113.C5642
West Bloomfield	MI	48324-1904	Amount of Each Receipt this Period
FEC ID number of contributir federal political committee.	ng C		105.00 Receipt
Name of Employer Health Alliance Plan	1	egic Relationships	
Receipt For: Primary Gene Other (specify) ▼		e Year-to-Date ▼ 910.00	Payroll Deduction: (35.00- /Bi-Weekly)
SUBTOTAL of Receipts This P	Page (optional)		285.00
	this line number only)		3469.70

SCHEDULE B (FEC Form 3X)				Use sepa	3			NUMBER:					PAG	PAGE 22/22					
	ITEMIZED DISBURSEMENTS		for each category of the Detailed Summary Page				heck on 21b	ly one)					24	П	25		26		
					Dotallou	ounnury rugo			27		28a		28b		28c	Х	29		30b
		y Information copied f for commercial purpo																	
	Ν	NAME OF COMMIT	TEE (In Full)																
	\backslash	Health Alliance P	lan PAC																
_		Full Name (Last, Fire	st, Middle Initial)								Trans	acti	on ID:	8	1128.	E22	25		
A. Hansen Clarke for Senate										Date of Disbursement									
		Mailing Address	PO Box 1821								[™] 1	M	D 2	5	/ Y	ž	0 ð 8	Y	
		City		S	State	Zip Code					Amou	nt o	Each	Dis	bursen	nent	this Pe	erioc	<u>, </u>
		East Lansing		1	ЛI	48826-1821	1					-				-		-	
		Purpose of Disburse DIRECT CONTRIBU									L.					5	00.00		
		Candidate Name					C	ateg Typ	jory/ e										
		Office Sought:	House	Disburser	nent For:	2010													
		_	Senate		Primary	X General													
			President		Other (spe	ecify) 🔻													
		State: D	istrict:																

SUBTOTAL of Dis	bursements This Page (optional)	•	500.00
TOTAL This Perio	d (last page this line number only)	►	500.00
FE6AN026			FEC Schedule B (Form 3X) (Revised 02/2003)