

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 11 25 2008 through 12 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer James W Hoerberling
Signature of Treasurer Electronically Filed by James W Hoerberling Date 01 13 2009

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Health Alliance Plan PAC

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		55581.58
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	45772.48									
(c) Total Receipts (from Line 19)	3508.70	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)	507.50	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									

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
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	3469.70	26486.04
(i) Itemized (use Schedule A)	39.00	9383.36
(ii) Unitemized	3508.70	35869.40
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 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	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))	3508.70	35869.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3508.70	35869.40

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	7.50	195.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	7.50	195.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	18750.00
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.....	500.00	23731.54
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))..	507.50	42677.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	507.50	42677.30

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	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

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 / 22
	<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) Carol Allen		Date of Receipt MM / DD / YYYY 12 / 02 / 2008
	Mailing Address 26160 Franklin Pointe Dr.		Transaction ID: 90113.C5627
	City Southfield	State MI	Zip Code 48034
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer Health Alliance Plan	Occupation Ldr/Supv - Desktop Integration	Receipt Payroll Deduction: (10.00- /Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	

B.	Full Name (Last, First, Middle Initial) Scott Allen		Date of Receipt MM / DD / YYYY 12 / 02 / 2008
	Mailing Address 3066 Richmond Dr		Transaction ID: 90113.C5639
	City Clarkston	State MI	Zip Code 48348-5063
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
	Name of Employer Health Alliance Plan	Occupation Assoc Dir, Labor Affairs	Receipt Payroll Deduction: (20.00- /Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00	

C.	Full Name (Last, First, Middle Initial) Vernal Teresa Blakley		Date of Receipt MM / DD / YYYY 12 / 02 / 2008
	Mailing Address 42573 Saddle Lane		Transaction ID: 90113.C5611
	City Sterling Heights	State MI	Zip Code 48314
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 37.50
	Name of Employer Health Alliance Plan	Occupation Director, Quality Management	Receipt Payroll Deduction: (12.50- /Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	▶	127.50
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 / 22

(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)

Angela K. Branch

Mailing Address 81 Atkinson

City State Zip Code
Detroit MI 48202

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

Name of Employer Occupation
Health Alliance Plan Dir - Customer Retention & Edu

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00

Date of Receipt

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

Transaction ID: 90113.C5593

Amount of Each Receipt this Period

60.00

Receipt

Payroll Deduction: (20.00-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Anthony Caporale

Mailing Address 1320 Shenandoah

City State Zip Code
Rochester Hills MI 48306

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

Name of Employer Occupation
Health Alliance Plan Mgr - General Acctg

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 208.00

Date of Receipt

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

Transaction ID: 90113.C5594

Amount of Each Receipt this Period

24.00

Receipt

Payroll Deduction: (8.00/-
Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Richard Chaney

Mailing Address 16555 Shaftsbury Ave

City State Zip Code
Detroit MI 48219-4011

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

Name of Employer Occupation
Health Alliance Plan Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt

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

Transaction ID: 90113.C5640

Amount of Each Receipt this Period

75.00

Receipt

Payroll Deduction: (25.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶

159.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 22
	<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) Elizabeth Chavez		Date of Receipt MM / DD / YYYY 12 / 02 / 2008
	Mailing Address 23706 Northstone Village Drive		Transaction ID: 90113.C5596
	City State Zip Code Taylor MI 48180	Amount of Each Receipt this Period 36.00	
	FEC ID number of contributing federal political committee. C	Receipt	
	Name of Employer: Health Alliance Plan Occupation: Supv - Claims Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 300.00	Payroll Deduction: (12.00- /Bi-Weekly)	

B.	Full Name (Last, First, Middle Initial) Jonathan W. Clement		Date of Receipt MM / DD / YYYY 12 / 02 / 2008
	Mailing Address 923 Westchester		Transaction ID: 90113.C5632
	City State Zip Code Grosse Pointe MI 48230-1829	Amount of Each Receipt this Period 120.00	
	FEC ID number of contributing federal political committee. C	Receipt	
	Name of Employer: Health Alliance Plan Occupation: VP - Underwriting & Rating Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 1040.00	Payroll Deduction: (40.00- /Bi-Weekly)	

C.	Full Name (Last, First, Middle Initial) Gwendolyn Davenport		Date of Receipt MM / DD / YYYY 12 / 02 / 2008
	Mailing Address 11372 Whitehill		Transaction ID: 90113.C5597
	City State Zip Code Detroit MI 48224-1653	Amount of Each Receipt this Period 54.00	
	FEC ID number of contributing federal political committee. C	Receipt	
	Name of Employer: Health Alliance Plan Occupation: Dir - Credentialing Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> 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 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 / 22
	<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 Davis	Date of Receipt MM / DD / YYYY 12 / 02 / 2008
	Mailing Address 11417 Fellows Creek Drive	Transaction ID: 90113.C5598
	City State Zip Code Plymouth MI 48170	Amount of Each Receipt this Period 231.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Health Alliance Plan Occupation VP - Human Res & Cust Rel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2002.00	Payroll Deduction: (77.00- /Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Jody L. Doherty	Date of Receipt MM / DD / YYYY 12 / 02 / 2008
	Mailing Address 21115 Violet	Transaction ID: 90113.C5626
	City State Zip Code Saint Clair Shores MI 48082	Amount of Each Receipt this Period 51.93
	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 ▼ 450.06	Payroll Deduction: (17.31- /Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Michael A. Elinski	Date of Receipt MM / DD / YYYY 12 / 02 / 2008
	Mailing Address 3434 Essex	Transaction ID: 90113.C5629
	City State Zip Code Troy MI 48084	Amount of Each Receipt this Period 75.00
	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 ▼ 650.00	Payroll Deduction: (25.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	357.93
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 10 / 22
(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)
Vincenzo G. Ferri

Mailing Address 726 S. Renaud

City State Zip Code
Grosse Pointe Wood MI 48236

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

Name of Employer Health Alliance Plan Occupation AVP - Bus Affiliations & Suppo

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 806.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 2 / 2 0 0 8

Transaction ID: 90113.C5625

Amount of Each Receipt this Period
93.00

Receipt

Payroll Deduction: (31.00- /Bi-Weekly)

B. 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 ▼ 988.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 2 / 2 0 0 8

Transaction ID: 90113.C5630

Amount of Each Receipt this Period
114.00

Receipt

Payroll Deduction: (38.00- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Michael M. Forhan

Mailing Address 1587 Anita

City State Zip Code
Grosse Pointe Wood MI 48236

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

Name of Employer Health Alliance Plan Occupation Mgr - Comp & Benefits

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 2 / 2 0 0 8

Transaction ID: 90113.C5600

Amount of Each Receipt this Period
36.00

Receipt

Payroll Deduction: (12.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **243.00**

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 11 / 22

(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)

Jeanette H. Girty

Mailing Address 18246 Stoepel

City State Zip Code
Detroit MI 48221

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

Name of Employer Occupation
Health Alliance Plan Dir - Client Svcs Operations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.06

Date of Receipt

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

Transaction ID: 90113.C5604

Amount of Each Receipt this Period

51.93

Receipt

Payroll Deduction: (17.31-
/Bi-Weekly)

B.

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 Occupation
Health Alliance Plan AVP - NB Dist Channel Mgmt

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.22

Date of Receipt

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

Transaction ID: 90113.C5610

Amount of Each Receipt this Period

115.41

Receipt

Payroll Deduction: (38.47-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Robert Heitjan

Mailing Address 7429 Esper Blvd.

City State Zip Code
Dearborn MI 48126

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

Name of Employer Occupation
Health Alliance Plan Ldr/Supv Appl Dev & Supp

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

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

Transaction ID: 90113.C5599

Amount of Each Receipt this Period

30.00

Receipt

Payroll Deduction: (10.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶

197.34

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 / 22
	<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) Cynthia Hoffman	Date of Receipt MM / DD / YYYY 12 / 02 / 2008
	Mailing Address 5768 Whitehaven Dr	Transaction ID: 90113.C5617
	City State Zip Code Troy MI 48085-3188	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 Mgr - eCommerce & Tech Plannin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Joyce M. James	Date of Receipt MM / DD / YYYY 12 / 02 / 2008
	Mailing Address 20810 Gardner St.	Transaction ID: 90113.C5602
	City State Zip Code Oak Park MI 48237	Amount of Each Receipt this Period 36.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (12.00- /Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation Mgr - Provider Fin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00	

C.	Full Name (Last, First, Middle Initial) Brian Jones	Date of Receipt MM / DD / YYYY 12 / 02 / 2008
	Mailing Address 22516 Milner	Transaction ID: 90113.C5612
	City State Zip Code St Clr Shores MI 48081-2079	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (10.00- /Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation Assoc Dir, Oper Strat & Plan	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00	

SUBTOTAL of Receipts This Page (optional)	126.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 22
(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)
Brian Jones

Mailing Address 22516 Milner

City State Zip Code
St Clr Shores MI 48081-2079

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

Name of Employer Health Alliance Plan Occupation Assoc Dir, Oper Strat & Plan

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 465.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 8

Transaction ID: 90113.C5693

Amount of Each Receipt this Period
200.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Donald Kiefiuk

Mailing Address 39810 Karda

City State Zip Code
Sterling Heights MI 48313

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

Name of Employer Health Alliance Plan Occupation AVP Claim Operation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 2 / 2 0 0 8

Transaction ID: 90113.C5631

Amount of Each Receipt this Period
120.00

Receipt

Payroll Deduction: (40.00-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Barbara Kopasz

Mailing Address 38412 Kingsway Ct

City State Zip Code
Farmington Hills MI 48331-1651

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

Name of Employer Health Alliance Plan Occupation AVP Sales & Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 2 / 2 0 0 8

Transaction ID: 90113.C5605

Amount of Each Receipt this Period
57.00

Receipt

Payroll Deduction: (19.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **377.00**

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 14 / 22
	<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) Glen Koslakiewicz	Date of Receipt MM / DD / YYYY 12 / 02 / 2008
	Mailing Address 30431 John Hauk	Transaction ID: 90113.C5607
	City State Zip Code Garden City MI 48135	Amount of Each Receipt this Period 54.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (18.00- /Bi-Weekly)
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 ▼ 468.00	

B.	Full Name (Last, First, Middle Initial) Ken Kreis	Date of Receipt MM / DD / YYYY 12 / 02 / 2008
	Mailing Address 31800 Shawn Dr	Transaction ID: 90113.C5603
	City State Zip Code Warren MI 48088-2936	Amount of Each Receipt this Period 33.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (11.00- /Bi-Weekly)
Name of Employer Health Alliance Plan	Occupation Mgr - Appl Dev/Bus Supp/Proj M	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 286.00	

C.	Full Name (Last, First, Middle Initial) Mark Lafata	Date of Receipt MM / DD / YYYY 12 / 02 / 2008
	Mailing Address 377 Arthur	Transaction ID: 90113.C5595
	City State Zip Code Plymouth MI 48170-1120	Amount of Each Receipt this Period 51.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (17.00- /Bi-Weekly)
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 ▼ 357.00	

SUBTOTAL of Receipts This Page (optional)	138.00
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 15 / 22
(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)
Rory Lafferty

Mailing Address 4414 Hunt Club Drive #2D

City Ypsilanti State MI Zip Code 48197

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

Name of Employer Health Alliance Plan Occupation Legislative Associate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 02 / 2008

Transaction ID: 90113.C5606

Amount of Each Receipt this Period 30.00

Receipt

Payroll Deduction: (10.00- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Virginia Lambert

Mailing Address 6014 Plainfield

City Dearborn Heights State MI Zip Code 48127-2834

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

Name of Employer Health Alliance Plan Occupation Mgr - Disbursements

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 221.00

Date of Receipt 12 / 02 / 2008

Transaction ID: 90113.C5633

Amount of Each Receipt this Period 25.50

Receipt

Payroll Deduction: (8.50- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Anita Landino

Mailing Address 43885 Boulder Dr

City Clinton Township State MI Zip Code 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 ▼ 435.50

Date of Receipt 12 / 02 / 2008

Transaction ID: 90113.C5601

Amount of Each Receipt this Period 50.25

Receipt

Payroll Deduction: (16.75- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 105.75

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 16 / 22
(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)
Sandra Ledesma

Mailing Address 22429 Provincial St

City State Zip Code
Trenton MI 48183

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

Name of Employer Health Alliance Plan Occupation Manager IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 286.00

Date of Receipt
MM / DD / YYYY
12 / 02 / 2008

Transaction ID: 90113.C5608

Amount of Each Receipt this Period
33.00

Receipt

Payroll Deduction: (11.00- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Irita Matthews

Mailing Address 1305 Balfour St

City State Zip Code
Grosse Pointe Park MI 48230-1021

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

Name of Employer Health Alliance Plan Occupation Assoc Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
12 / 02 / 2008

Transaction ID: 90113.C5621

Amount of Each Receipt this Period
42.00

Receipt

Payroll Deduction: (14.00- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Denise McKay

Mailing Address 12319 Fordline St

City State Zip Code
Southgate MI 48195-2303

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

Name of Employer Health Alliance Plan Occupation Ldr/Supv Appl Dev & Supp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
12 / 02 / 2008

Transaction ID: 90113.C5641

Amount of Each Receipt this Period
30.00

Receipt

Payroll Deduction: (10.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **105.00**

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 17 / 22
(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) Ryan C. Moore		Date of Receipt MM / DD / YYYY 12 / 02 / 2008
Mailing Address 723 Barclay Drive		Transaction ID: 90113.C5609
City Troy	State MI	Zip Code 48085
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.74
Name of Employer Health Alliance Plan	Occupation Adm Manager, Office of COO	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.08	Payroll Deduction: (10.58- /Bi-Weekly)

B.

Full Name (Last, First, Middle Initial) Vincent Pawloske		Date of Receipt MM / DD / YYYY 12 / 02 / 2008
Mailing Address 5450 Sandlewood Court		Transaction ID: 90113.C5634
City Waterford	State MI	Zip Code 48329
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Health Alliance Plan	Occupation Associate Director Finance	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	Payroll Deduction: (20.00- /Bi-Weekly)

C.

Full Name (Last, First, Middle Initial) Christopher Pike		Date of Receipt MM / DD / YYYY 12 / 02 / 2008
Mailing Address 1657 Wilmington Ct		Transaction ID: 90113.C5613
City Rochester	State MI	Zip Code 48309
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Health Alliance Plan	Occupation AVP - Information Tech Supp	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	Payroll Deduction: (25.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	166.74
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 18 / 22
(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)
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 ▼ 520.00

Date of Receipt 12 / 02 / 2008

Transaction ID: 90113.C5623

Amount of Each Receipt this Period 60.00

Receipt

Payroll Deduction: (20.00- /Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Patricia R. Richards

Mailing Address 23 Turnberry Ln.

City State Zip Code
Dearborn MI 48120

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

Name of Employer Health Alliance Plan Occupation Sr. Vice President & COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.18

Date of Receipt 12 / 02 / 2008

Transaction ID: 90113.C5635

Amount of Each Receipt this Period 230.79

Receipt

Payroll Deduction: (76.93- /Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Chrystal M. Roberts

Mailing Address 24601 Pinehurst Avenue

City State Zip Code
Oak Park MI 48237

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

Name of Employer Health Alliance Plan Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.06

Date of Receipt 12 / 02 / 2008

Transaction ID: 90113.C5636

Amount of Each Receipt this Period 51.93

Receipt

Payroll Deduction: (17.31- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **342.72**

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 19 / 22
	<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) Dianna Ronan	Date of Receipt MM / DD / YYYY 12 / 02 / 2008
	Mailing Address 2156 Cumberland	Transaction ID: 90113.C5615
	City State Zip Code Brighton MI 48114	Amount of Each Receipt this Period 231.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Health Alliance Plan	Occupation VP - Financial Services	Payroll Deduction: (77.00- /Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2002.00	

B.	Full Name (Last, First, Middle Initial) Diane Slon	Date of Receipt MM / DD / YYYY 12 / 02 / 2008
	Mailing Address 31646 Robinhood Drive	Transaction ID: 90113.C5637
	City State Zip Code Franklin MI 48025	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Health Alliance Plan	Occupation Director, MBI	Payroll Deduction: (20.00- /Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

C.	Full Name (Last, First, Middle Initial) Patricia Slone	Date of Receipt MM / DD / YYYY 12 / 02 / 2008
	Mailing Address 1760 Broadstone	Transaction ID: 90113.C5614
	City State Zip Code Grosse Pointe MI 48236-1949	Amount of Each Receipt this Period 23.10
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Health Alliance Plan	Occupation Mgr - System Care Mgmt	Payroll Deduction: (7.70/- Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.20	

SUBTOTAL of Receipts This Page (optional)	314.10
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 20 / 22
(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)
Mary Clare Solky
Mailing Address 30387 Windingbrook Lane
City Farmington State MI Zip Code 48334
FEC ID number of contributing federal political committee. **C**
Name of Employer Health Alliance Plan Occupation Director, CBHM
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00
Date of Receipt 12 / 02 / 2008
Transaction ID: 90113.C5616
Amount of Each Receipt this Period 60.00
Receipt
Payroll Deduction: (20.00- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ronald R. Stallworth
Mailing Address 8121 Agnes
City Detroit State MI Zip Code 48214
FEC ID number of contributing federal political committee. **C**
Name of Employer Health Alliance Plan Occupation VP - Government Affairs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 12 / 02 / 2008
Transaction ID: 90113.C5622
Amount of Each Receipt this Period 120.00
Receipt
Payroll Deduction: (40.00- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
William Tierney
Mailing Address 12739 Herrod Drive
City Sterling Heights State MI Zip Code 48313-4145
FEC ID number of contributing federal political committee. **C**
Name of Employer Health Alliance Plan Occupation Sr. Project Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.04
Date of Receipt 12 / 02 / 2008
Transaction ID: 90113.C5618
Amount of Each Receipt this Period 34.62
Receipt
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 Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 22
(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)
Daniel Trim

Mailing Address 921 Juneau Rd.

City Ypsilanti State MI Zip Code 48198-6323

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

Name of Employer Health Alliance Plan Occupation Mgr - Tech Support/Comp Op

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 12 / 02 / 2008

Transaction ID: 90113.C5628

Amount of Each Receipt this Period 120.00

Receipt

Payroll Deduction: (40.00- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Matthew Walsh

Mailing Address 889 Langley Court

City Rochester Hills State MI Zip Code 48309

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

Name of Employer Health Alliance Plan Occupation Project Dir, Purchaser Initiat

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 02 / 2008

Transaction ID: 90113.C5638

Amount of Each Receipt this Period 60.00

Receipt

Payroll Deduction: (20.00- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Deborah Withrow

Mailing Address 2646 Birch Harbor Ln

City West Bloomfield State MI Zip Code 48324-1904

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

Name of Employer Health Alliance Plan Occupation VP-Strategic Relationships

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt 12 / 02 / 2008

Transaction ID: 90113.C5642

Amount of Each Receipt this Period 105.00

Receipt

Payroll Deduction: (35.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 285.00

TOTAL This Period (last page this line number only) ► 3469.70

**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 / 22

<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)
Hansen Clarke for Senate

Transaction ID: 81128.E225
Date of Disbursement

Mailing Address PO Box 1821

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

City East Lansing State MI Zip Code 48826-1821

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
DIRECT CONTRIBUTION

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

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

500.00
