01/16/2007 12:46

Image# 27980014953

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORIWI 3X	For Other	Than An Autho	orized Comm	ittee		Office Use Only	
NAME OF COMMITTEE (in full)	USE FEC MA	AILING LABEL R PRINT 🗑	Example:If typ	ing, type			
Health Alliance Plan PAC							
	1 1 1 1						
ADDRESS (number and street)	2850 Wes	t Grand Boulevard			1 1 1		
Check if different than previously reported. (ACC)	Detroit				MI	48202	-
2. FEC IDENTIFICATION NUI	MBER ¥	CITY	A	;	STATEA	ZIPCO	DE 🛕
C00410670			THIS X	NEW (N) OR	A (A	MENDED A)	
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report(0) July 15 Quarterly Report(0) October 15 Quarterly Report(0) X January 31 Quarterly Report(1) July 31 Mid-Year Report(Non-elective Year Only) (MY) Termination Report(TER)	(c) (d) (d) (d) (d) (e)	on: Feb 2	General (	on (12C)	Sep	in the	Special (30S)
5. Covering Period 1		2006	throug		31	2006	
I certify that I have examined this  Type or Print Name of Treasurer		he best of my know Hoeberling	ledge and belief i	t is true, correct	and complete.		
	onically Filed by				Date 0 1	1 6	2 0 0 7 S.C 437g.
Office Use						FEC FOR	м зх

Image# 27980014954

# **SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name Health Alliance Plan PAC		
Report Covering the Period: From:	M M 28 2006 T	o:
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		13294.66
(b) Cash on Hand at Begining of Reporting Period	30554.29	
(c) Total Receipts (from Line 19)	10360.90	57806.33
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	40915.19	71100.99
7. Total Disbursements (from Line 31)	5012.47	35198.27
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	35902.72	35902.72
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
This Committee has qualified as a multi-	candidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission	

999 E street, NW Washington, DC 20463

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

# DETAILED SUMMARY PAGE OF RECEIPTS

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

Write or Type Committee Name Health Alliance Plan PAC

Report Covering the Period:

м м 1 1

From:

<sup>D</sup> 2 8

2006

n. 12

<sup>D</sup> 3 1

<sup>Y</sup> 2006

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	10114.96	46383.82
	(ii) Unitemized	195.94	10772.51
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	10310.90	57156.33
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	50.00	650.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	10360.90	57806.33
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Ο.	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))	10360.90	57806.33
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	10360.90	57806.33

### **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
. Operating Expenditures: ————————————————————————————————————	<u>'</u>	
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share		5.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	12.47	248.27
Expenditures(c) Total Operating Expenditures	12.77	240.27
(add 21(a)(i), (a)(ii) and (b))	12.47	248.27
. Transfers to Affiliated/Other Party	0.00	0.00
Committees	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	5000.00	11500.00
. Independent Expenditure	0.00	0.00
(use Schedule E)	0.00	3.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
. Loan repayments wave		
Loans Made	0.00	0.00
(a) Individuals/Persons Other	0.00	0.00
Than Political Committees		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds		0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
. Other Disbursements	0.00	23450.00
. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share		
(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	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))		
. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5012.47	35198.27
. Total Federal Disbursements		
(subtract Line 21(a)(ii) from Line 30(a)(ii)		
from Line 31)	5012.47	35198.27

# **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	10360.90	57806.33
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10360.90	57806.33
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	12.47	248.27
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	12.47	248.27

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 29				
ITEMIZED RECEIPTS		or each category of the	(check only one)				
"	LIVIIZED RECEIF 13	Detailed Summary Page	X   11a     11b     11c     12     15     16     17				
Δr	y information copied from such Reports and Statements ma	av not he sold or used by any perso					
or	for commercial purposes, other than using the name and ac	ddress of any political committee to	solicit contributions from such committee.				
$\setminus$	NAME OF COMMITTEE (In Full)						
$  \rangle$	Health Alliance Plan PAC						
$\angle$							
Α.	Full Name (Last, First, Middle Initial) Carol Allen		Date of Receipt				
۸.	Mailing Address 26160 Franklin Pointe Dr.		M M / D D / Y Y Y Y				
			12 04 2006				
	City State	Zip Code	Transaction ID: 70104.C2492				
	Southfield MI	48034	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee		20.00				
	federal political committee.						
	Name of Employer Health Alliance Plan  Occupation	on	Receipt				
	Health Alliance Plan Ldr/Sup	v - Desktop Integration					
	Receipt For: Aggregat	te Year-to-Date ▼					
	Primary General	230.00	Payroll Deduction: (10.00-				
	Other (specify) ▼		/Pay Period )				
	Full Name (Last, First, Middle Initial)						
В.	,		Date of Receipt				
	Mailing Address 29719 Sierra Pointe Circle		M M / D D / Y Y Y Y				
	0	12 04 2006					
	City State	Zip Code	Transaction ID: 70104.C2495				
	Farmington MI	48331	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.		44.00				
			Receipt				
	Name of Employer Health Alliance Plan  Occupation		Посырг				
	AVP - G	iM Consulting te Year-to-Date ▼	_				
	Receipt For: Aggregat Primary General	le real-lo-Dale ♥	Powell Deduction: (22.00				
	Other (specify)	514.00	Payroll Deduction: (22.00- /Pay Period )				
			'				
_	Full Name (Last, First, Middle Initial)		2. (2				
C.	Ronald W. Berry		Date of Receipt				
	Mailing Address 1043 Woods Lane		12 06 2006				
	City State	Zip Code	Transaction ID: 70104.C2432				
	Grosse Pointe MI	48236	Amount of Each Receipt this Period				
	FEC ID number of contributing		2000.00				
	federal political committee.		2000.00				
	Name of Employer Occupation	on	Receipt				
	Name of Employer Health Alliance Plan CFO						
	Receipt For: Aggregat	te Year-to-Date ▼	7				
	Primary General	4000.00	1				
	Other (specify) ▼	4000.00					
6	IIRTOTAL of Receipts This Page (optional)		2064.00				
$\vdash$	SUBTOTAL of Receipts This Page (optional)						
۱.	OTAL This Period (last page this line number only)		. L				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 29
ITEMIZED RECEIPTS			or each category of the	(check only one)
••			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
An	y information copied from such Reports and S	tatements may	not be sold or used by any pers	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	Health Alliance Plan PAC			
A.	Full Name (Last, First, Middle Initial) Angela K. Branch			Date of Receipt
	Mailing Address 81 Atkinson			12 04 7 2006
	City	State	Zip Code	Transaction ID: 70104.C2480
	Detroit	MI	48202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		35.00
	Name of Employer Health Alliance Plan	Occupation Dir - Cus	n tomer Retention & Edu	Receipt
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		464.50	Payroll Deduction: (17.50-/Pay Period)
				-
В.	Full Name (Last, First, Middle Initial) Kenneth A. Braun			Date of Receipt
	Mailing Address 6429 Houghten			12 04 2006
	City	State	Zip Code	Transaction ID: 70104.C2481
	Troy	MI	48098	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		34.00
		10	า	Receipt Receipt
	Name of Employer Health Alliance Plan	Occupation	or Affaira	
		Dir - Labo		
	Name of Employer Health Alliance Plan  Receipt For: Primary General	Dir - Labo	e Year-to-Date ▼	Payroll Deduction: (17 00-
	Receipt For:	Dir - Labo		Payroll Deduction: (17.00-/Pay Period )
	Receipt For: Primary General	Dir - Labo	e Year-to-Date ▼	Payroll Deduction: (17.00-/Pay Period )
	Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)	Dir - Labo	e Year-to-Date ▼	/Pay Period )
	Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  McKinley Broadus	Dir - Labo	e Year-to-Date ▼	Date of Receipt
<b>C</b> .	Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  McKinley Broadus  Mailing Address 3182 Woods Circle	Dir - Labo Aggregate	Year-to-Date ▼ 450.00	Date of Receipt  1 2 0 4 2 0 0 6
C.	Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) McKinley Broadus Mailing Address 3182 Woods Circle City	Dir - Labo Aggregate	Year-to-Date ▼  450.00  Zip Code	Date of Receipt    M M
 C.	Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) McKinley Broadus Mailing Address 3182 Woods Circle City Detroit FEC ID number of contributing	State MI  C  Occupation	Zip Code 48207	Date of Receipt    M M M
c.	Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) McKinley Broadus Mailing Address 3182 Woods Circle City Detroit FEC ID number of contributing federal political committee.	State MI  Occupation Dir - Fin S	Zip Code 48207	Date of Receipt    M M M
C.	Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) McKinley Broadus Mailing Address 3182 Woods Circle City Detroit FEC ID number of contributing federal political committee.  Name of Employer Health Alliance Plan	State MI  Occupation Dir - Fin S	Zip Code 48207	Date of Receipt    M M M
	Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) McKinley Broadus Mailing Address 3182 Woods Circle City Detroit FEC ID number of contributing federal political committee.  Name of Employer Health Alliance Plan  Receipt For: Primary General Other (specify)  Tennary General	State MI  C  Occupatior Dir - Fin S Aggregate	Zip Code 48207  Svcs Year-to-Date ▼ 425.00	Date of Receipt    M M M
	Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) McKinley Broadus Mailing Address 3182 Woods Circle  City Detroit  FEC ID number of contributing federal political committee.  Name of Employer Health Alliance Plan  Receipt For: Primary General	State MI  C  Occupatior Dir - Fin S Aggregate	Zip Code 48207  Svcs Year-to-Date ▼ 425.00	Date of Receipt    M M

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 29 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or f	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC			
Α.	Full Name (Last, First, Middle Initial) Kejuan Brown Mailing Address 15666 Carlisle City	State	Zip Code	Date of Receipt  1 2 0 4 2 0 0 6  Transaction ID: 70104.C2443
	Detroit  FEC ID number of contributing federal political committee.  Name of Employer Health Alliance Plan	<u> </u>	ffice Svcs	Amount of Each Receipt this Period  23.08  Receipt
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 303.50	Payroll Deduction: (11.54-/Pay Period)
3.	Full Name (Last, First, Middle Initial) John D. Calabria Mailing Address 2030 Brinston Drive			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Troy	State MI	Zip Code 48083	Transaction ID: 70104.C2444  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70000	62.00  Receipt
	Name of Employer Health Alliance Plan  Receipt For: Primary General Other (specify)	Occupation Assoc Me Aggregate		Payroll Deduction: (31.00-/Pay Period )
 C.	Full Name (Last, First, Middle Initial) Jonathan W. Clement			Date of Receipt
	Mailing Address 923 Westchester			12 04 2006
	City Grosse Pointe	State MI	Zip Code 48230-1829	Transaction ID: 70104.C2499  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Health Alliance Plan		erwriting & Rating	Receipt
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 880.00	Payroll Deduction: (40.00-/Pay Period)
SI	JBTOTAL of Receipts This Page (optional)			165.08
TO	OTAL This Period (last page this line number o	nly)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 29
ITEMIZED RECEIPTS		or each category of the	(check only one)
TI LIVIIZED TILOLIF 13		Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		7,1111111111111111111111111111111111111	
Health Alliance Plan PAC			
/ 1.64.1.7.1.1.60.1.1.4.1.7.1.6			
Full Name (Last, First, Middle Initial)			
A. Roger Combs			Date of Receipt
Mailing Address 17160 Merryweather St			12 21 2006
City	State	Zip Code	Transaction ID: 70104.C2440
Clinton Township	MI	48038-2839	Amount of Each Receipt this Period
•		40000 2000	Amount of Lacif Necelpt this Period
FEC ID number of contributing federal political committee.	C		200.00
			Receipt
Name of Employer Health Alliance Plan	Occupation		ricocipi
		r/Supervisor Mct	
Receipt For:  Primary  General	Aggregate	Year-to-Date ▼	
Other (specify)	' '	400.00	
Carlot (openity)	0 0	1 1 1 1 1 1 1	1
Full Name (Last, First, Middle Initial)			
B. Harry Dalsey			Date of Receipt
Mailing Address 5477 Sunnycrest Dr			M M / D D / Y Y Y Y
01:		7. 0.	12 11 2006
City	State	Zip Code	Transaction ID: 70104.C2437
West Bloomfield	MI	48323-3863	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		550.00
rederal political committee.			D
Name of Employer Health Alliance Plan	Occupation	า	Receipt
	Assoc. V	ice President	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General	' '	550.00	1
Other (specify) ▼	0 0		J
Full Name (Last, First, Middle Initial)			
C. Gwendolyn Davenport			Date of Receipt
Mailing Address 11372 Whitehill			M M / D D / Y Y Y Y
			12 04 2006
City	State	Zip Code	Transaction ID: 70104.C2449
<u>Detroit</u>	MI	48224-1653	Amount of Each Receipt this Period
FEC ID number of contributing	С		32.70
federal political committee.			
Name of Employer Health Alliance Plan	Occupation	1	Receipt
Health Alliance Plan	Dir - Cred	dentialing Services	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General		433.75	Payroll Deduction: (16.35-
Other (specify) ▼		+00.70	/Páy Period )`
CURTOTAL of Receipts This Dags (antique)		_	782.70
SUBTOTAL of Receipts This Page (optional)			
		······································	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 29
ITEMIZED RECEIPTS			or each category of the	(check only one)
••			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Δr	y information copied from such Reports and State	omonte may	not be cold or used by any perc	<del> </del>
or	for commercial purposes, other than using the na	me and add	lress of any political committee to	o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	Health Alliance Plan PAC			
Α.	Full Name (Last, First, Middle Initial) Donald Davis			Date of Receipt
	Mailing Address 11417 Fellows Creek Driv			12 04 2006
	City	State	Zip Code	Transaction ID: 70104.C2450
	Plymouth	MI	48170	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		154.00
	Name of Employer Health Alliance Plan	Occupation VP - Hum	n nan Res & Cust Rel	Receipt
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1925.00	Payroll Deduction: (77.00-
	Other (specify) ▼	0 0	1925.00	/Páy Period )՝
В.	Full Name (Last, First, Middle Initial) Dana DeFlorio			Date of Receipt
	Mailing Address 2077 18th			12 04 2006
	City	State	Zip Code	Transaction ID: 70104.C2500
	Wyandotte	MI	48192	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Health Alliance Plan	Occupation	1	Receipt
			stem Care Mgmt	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		440.00	Payroll Deduction: (20.00- /Pay Period )
— С.	Full Name (Last, First, Middle Initial) Michael A. Elinski			Date of Receipt
J.	Mailing Address 3434 Essex			M M / D D / Y Y Y Y
				12 04 2006
	City	State	Zip Code	Transaction ID: 70104.C2496
	Troy	MI	48084	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Health Alliance Plan	Occupation AVP - Tec	n chnology & eBusiness D	Receipt
	Receipt For:		Year-to-Date ▼	
	Primary General		575.00	Payroll Deduction: (25.00-
	Other (specify) ▼	0 0	3,3.30	/Pay Period )
s	UBTOTAL of Receipts This Page (optional)			244.00
  -	OTAL This Period (last page this line number on	w)	·	

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER:   PAGE 11 / 29   (check only one)
ITEMIZED RECEIPTS	or each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	on 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)  A. Vincenzo G. Ferri		Date of Receipt
Mailing Address 726 S. Renaud		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 70104.C2483
Grosse Pointe Wood	MI 48236	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer Health Alliance Plan	Occupation AVP - Bus Affiliations & Suppo	Receipt
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 546.00	Payroll Deduction: (21.00-/Pay Period )
Full Name (Last, First, Middle Initial) <b>B.</b> Howard Flasch		Date of Receipt
Mailing Address 1459 N Rochester Rd		12 04 2006
City	State Zip Code	Transaction ID: 70104.C2497
<u>Oakland</u>	MI 48363-1630	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer Health Alliance Plan	Occupation VP - Product Development	Receipt
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	880.00	Payroll Deduction: (40.00-/Pay Period)
Full Name (Last, First, Middle Initial)  C. Michael M. Forhan		Date of Receipt
Mailing Address 1587 Anita		12 04 YYYYY 12006
City	State Zip Code	Transaction ID: 70104.C2452
Grosse Pointe Wood	MI 48236	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	24.00
Name of Employer Health Alliance Plan	Occupation Mgr - Comp & Benefits	Receipt
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 317.00	Payroll Deduction: (12.00-/Pay Period )
SUBTOTAL of Receipts This Page (optional) .	· · · · · · · · · · · · · · · · · · ·	146.00
TOTAL This Period (last nage this line number	•	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:   PAGE 12 / 29   (check only one)
IT	EMIZED RECEIPTS	or each category of the Detailed Summary Page	X   11a
Ar or	ny information copied from such Reports and Statements m for commercial purposes, other than using the name and a	ay not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
Α.	Full Name (Last, First, Middle Initial) Maurice A. Foster		Date of Receipt
	Mailing Address 18202 Oak Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State	Zip Code	Transaction ID: 70104.C2448
	<u>Detroit</u> <u>MI</u>	48221	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		26.48
	Name of Employer Health Alliance Plan  Occupation Supv - S		Receipt
		te Year-to-Date ▼	
	Primary General Other (specify) ▼	344.24	Payroll Deduction: (13.24- /Pay Period )
В.	Full Name (Last, First, Middle Initial) Angela H. Gardner		Date of Receipt
	Mailing Address 4136 Bishop		12 04 2006
	City State	Zip Code	Transaction ID: 70104.C2451
	<u>Detroit</u> <u>MI</u>	48224-2318	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		32.00
	Name of Employer Health Alliance Plan  Occupati	on arketing Comm Group	Receipt
	Receipt For: Aggrega	te Year-to-Date ▼	
	Primary General Other (specify) ▼	400.00	Payroll Deduction: (16.00-/Pay Period)
<u> </u>	Full Name (Last, First, Middle Initial) Jeanette H. Girty		Date of Receipt
	Mailing Address 18246 Stoepel		1 2 0 4 2 0 0 6
	City State	Zip Code	Transaction ID: 70104.C2456
	<u>Detroit</u> <u>MI</u>	48221	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		34.62
	Name of Employer Health Alliance Plan  Occupati	on ent Svcs Operations	Receipt
		te Year-to-Date ▼	
	Primary General Other (specify) ▼	432.75	Payroll Deduction: (17.31- /Pay Period )
s	UBTOTAL of Receipts This Page (optional)		93.10
Н	OTAL This Period (last nage this line number only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 29
	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED MESEN 13		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Ar	ny information copied from such Reports and Statement	ts may	not be sold or used by any perso	
or	for commercial purposes, other than using the name ar	nd add	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$ \rangle$	Health Alliance Plan PAC			
$\angle$	E HALL ALL EL LANGE LE LOS DE			
Α.	Full Name (Last, First, Middle Initial) Mark Hall			Date of Receipt
	Mailing Address 25450 Constitution			M M / D D / Y Y Y Y
				12 04 2006
	City Sta		Zip Code	Transaction ID: 70104.C2461
	Novi MI		48375-1763	Amount of Each Receipt this Period
	FEC ID number of contributing	,		61.54
	federal political committee.			
	Name of Employer Health Alliance Plan	upatio	1	Receipt
	Health Alliance Plan AVP	- NE	B Dist Channel Mgmt	
		regate	Year-to-Date ▼	
	Primary General		769.25	Payroll Deduction: (30.77-/Pay Period)
	Other (specify) ▼	0		/Fay Feriod )
_	Full Name (Last, First, Middle Initial)			
В.	Cynthia Hart			Date of Receipt
	Mailing Address 232 Cedar Bend Rd			M M / D D / Y Y Y Y
	0.1		7' 0 1	12 04 2006
	City Sta		Zip Code	Transaction ID: 70104.C2462
	Lake Orion MI	_	48362-3284	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			36.00
				Receipt
	Health Alliance Plan	upatio		Ποσειρί
	DIL -		tem Care Mgmt	_
	Receipt For: Aggr	regate	Year-to-Date ▼	Daywell Dadwetian (10.00
	Other (specify)		450.00	Payroll Deduction: (18.00- /Pay Period )
_	Full Name (Last, First, Middle Initial)			
C.	L. Elaine Helms			Date of Receipt
	Mailing Address 4418 Robinwood			12 06 2006
	City Sta	ate	Zip Code	Transaction ID: 70104.C2435
	Royal Oak MI		48073	Amount of Each Receipt this Period
	FEC ID number of contributing	-		550,00
	federal political committee.			550.00
	Name of Employer Occur	ınatio	า	Receipt
Name of Employer Health Alliance Plan  Receipt For:  Occupati AVP  Aggrega			•	
			Year-to-Date ▼	1
	Primary General	-	FF0.00	1
	Other (specify) ▼	0	550.00	
_	NIDTOTAL of December This December 1			647.54
$\vdash^{s}$	SUBTOTAL of Receipts This Page (optional)			
_	OTAL This Period (last page this line number only)		<b>b</b>	
	· · · · · · · · · · · · · · · ·		······	

# SCHEDULE A (FEC Form 3X)

SI	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 14 / 29
	-		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may lame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	Health Alliance Plan PAC			
۹.	Full Name (Last, First, Middle Initial) Cynthia Hoffman			Date of Receipt
	Mailing Address 5768 Whitehaven Dr			12 04 2006
	City	State	Zip Code	Transaction ID: 70104.C2446
	Troy	MI	48085-3188	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer Health Alliance Plan	Occupation	n ommerce & Tech Plannin	Receipt
	Receipt For:		Year-to-Date V	+
	Primary General	7.99.094.0		Payroll Deduction: (20.00-
	Other (specify) ▼	0 0	480.00	/Pay Period )
3.	Full Name (Last, First, Middle Initial) Mumtaz A. Ibrahim			Date of Receipt
	Mailing Address 21833 Sheffield Drive	12 06 2006		
	City	State	Zip Code	Transaction ID: 70104.C2431
	Farmington	MI	48335	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		800.00
	Name of Employer Health Alliance Plan	Occupation Sr. Assoc	n c. Med Director	Receipt
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		800.00	
				1
Э.	Full Name (Last, First, Middle Initial) Michael Jakubic			Date of Receipt
	Mailing Address 7308 Silver Cove			12 04 2006
	City	State	Zip Code	Transaction ID: 70104.C2470
	Linden	MI	48451-8798	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer Health Alliance Plan	Occupation Project M		Receipt
	Receipt For:		Year-to-Date ▼	7
	Primary General Other (specify) ▼	0 0	240.00	Payroll Deduction: (10.00-/Pay Period)
s	UBTOTAL of Receipts This Page (optional)			860.00
_				
T	OTAL This Period (last page this line number or	nly)	<b>)</b>	

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 15/29				
	EMIZED RECEIPTS	or each category of the	(check only one)				
"	EIVIIZED NECEIP 13	Detailed Summary Page	X 11a 11b 11c 12				
	. information and distance by December and Oldstein and		13 14 15 16 17				
or	ny information copied from such Reports and Statements ma for commercial purposes, other than using the name and a	ay not be sold or used by any perso ddress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)						
$ \rangle$	Health Alliance Plan PAC						
_	Full Name (Last, First, Middle Initial)						
Α.	Joyce M. James		Date of Receipt				
	Mailing Address 20810 Gardner St.		12 04 2006				
	City State	Zip Code					
	Oak Park MI	48237	Transaction ID: 70104.C2454				
		40237	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.		34.00				
	reacrai political committee.		Pagaint				
	Name of Employer Health Alliance Plan Occupati		Receipt				
	IMgr - Pi	ovider Fin					
		te Year-to-Date ▼					
	Primary General	442.00	Payroll Deduction: (17.00-				
	Other (specify) ▼	112.00	/Páy Period )`				
	Full Name (Last, First, Middle Initial)						
В.	, , , , , , , , , , , , , , , , , , , ,		Date of Receipt				
	Mailing Address 18061 Coyle		M M / D D / Y Y Y Y				
			12 04 2006				
	City State	Zip Code	Transaction ID: 70104.C2455				
	<u>Detroit</u> MI	48235	Amount of Each Receipt this Period				
	FEC ID number of contributing		16.00				
	federal political committee.		10.00				
	Name of Employer Occupati	on	Receipt				
	Hoolth Alliania Dlan	Office Svcs					
	- · · · · · · · · · · · · · · · · · · ·	te Year-to-Date ▼					
	Primary General		Payroll Deduction: (8.00/-				
	Other (specify) ▼	212.50	Pay Period )				
_	Full Name (Last, First, Middle Initial)		5. (5. ).				
C.	Deborah Jenkins		Date of Receipt				
	Mailing Address 6811 Ravines Circle		12 04 2006				
	City State	Zip Code	Transaction ID: 70104.C2501				
	West Bloomfield MI	48322	Amount of Each Receipt this Period				
	FFC ID number of contribution	1 1 1 1 1					
	federal political committee.		30.00				
Name of Employer Health Alliance Plan  Mgr - S			Receipt				
			11000101				
		ystem Care Mgmt	_				
	Receipt For: Aggrega Primary General	te Year-to-Date ▼	I De all Del alter (45.00				
	Other (specify)	320.00	Payroll Deduction: (15.00- /Pay Period )				
	5 a.i.o. (opea.i)) •		,				
	L						
s	SUBTOTAL of Receipts This Page (optional)						
1							
$\vdash$	ODITAL OF HEOGIPES THIS Flags (optional)		-				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 / 29
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
	., ., ., ., ., ., ., ., ., ., ., ., ., .			13 14 15 16 17
or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and ado	not be sold or used by any persitress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	Health Alliance Plan PAC			
A.	Full Name (Last, First, Middle Initial) Thomas Jepsen			Date of Receipt
	Mailing Address 1510 Fairholme			12 04 2006
	City	State	Zip Code	Transaction ID: 70104.C2457
	Grosse Pointe Wood	MI	48236	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		32.00
	Name of Employer Health Alliance Plan	Occupation Dir - Sup		Receipt
	Receipt For:		Year-to-Date ▼	
	Primary General		425.00	Payroll Deduction: (16.00-
	Other (specify) ▼	0 0	425.00	/Páy Period )`
В.	Full Name (Last, First, Middle Initial) Mohammed Kanpurwala			Date of Receipt
	Mailing Address 441 Sylvan Dr	12 04 YYYY 12 04 2006		
	City	State	Zip Code	Transaction ID: 70104.C2465
	Canton	MI	48188-1596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer	Occupation	 1	Receipt
	Name of Employer Health Alliance Plan		erwriting/Ahl	
	Receipt For:		Year-to-Date ▼	
	Primary General		050.00	Payroll Deduction: (10.00-
	Other (specify) ▼	0 0	250.00	/Páy Period )
c.	Full Name (Last, First, Middle Initial) Sooman Kansal			Date of Receipt
	Mailing Address 3340 Rocky Crest Dr			12 04 2006
	City	State	Zip Code	Transaction ID: 70104.C2498
	Rochester Hills	MI	48306-3749	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		26.08
	Name of Employer Health Alliance Plan	Occupation Mgr - Tal	n ent Management	Receipt
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	302.68	Payroll Deduction: (13.04-/Pay Period )
[	UBTOTAL of Receipts This Page (optional)			78.08
ιT	<b>OTAL</b> This Period (last page this line number of	niv)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 17 / 29
	EMIZED RECEIPTS		or each category of the	(check only one)
••	EMIZED HEOLII 10		Detailed Summary Page	X 11a 11b 11c 12
Γ.	ny information copied from such Reports and St	atamanta mai	reat he cold or used by one pare	13 14 15 16 17
or	for commercial purposes, other than using the	name and add	dress of any political committee to	osolicit contributions from such committee.
$\setminus$	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			12 04 2006
	City	State	Zip Code	Transaction ID: 70104.C2459
	Garden City	MI	48135	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		31.00
	Name of Employer Health Alliance Plan	Occupation	n Operations	Receipt
	Receipt For:		e Year-to-Date ▼	
	Primary General		400.00	Payroll Deduction: (15.50-
	Other (specify) ▼	0 0	400.00	/Páy Period )`
В.	Full Name (Last, First, Middle Initial) Mark Lafata			Date of Receipt
	Mailing Address 377 Arthur			12 04 2006
	City	State	Zip Code	Transaction ID: 70104.C2460
	Plymouth	MI	48170-1120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		31.00
	Name of Employer Health Alliance Plan	Occupation Sr Finance	n ce Administrator/HMS	Receipt
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General  Other (specify) ▼		409.50	Payroll Deduction: (15.50-/Pay Period)
	Full Name (Last, First, Middle Initial)			
C.	Anita Landino			Date of Receipt
	Mailing Address 43885 Boulder Dr			12 04 2006
	City	State	Zip Code	Transaction ID: 70104.C2453
	Clinton Township	MI	48038-1423	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Health Alliance Plan	Occupation Assoc Di	n r - Advertising/Comm	Receipt
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	385.00	Payroll Deduction: (15.00-/Pay Period )
	SUBTOTAL of Receipts This Page (optional)			92.00
T	<b>OTAL</b> This Period (last page this line number of	nlv)		

SCHEDULE A (FEC Form 3X)  ITEMIZED RECEIPTS  Use separate schedule(s) or each category of the Detailed Summary Page  Use separate schedule(s) or each category of the Detailed Summary Page  It is separate schedule(s) or each category of the Detailed Summary Page    X	12 16 17
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such Commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes.  NAME OF COMMITTEE (In Full)	16 17
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes.  NAME OF COMMITTEE (In Full)	
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such common NAME OF COMMITTEE (In Full)	DUTIONS
	nittee.
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
/ House Figure 1 (a) Figure 1 (	
Full Name (Last, First, Middle Initial)  A. Michelle Lang  Date of Receipt	
12 04 2	006
City State Zip Code Transaction ID: 70104.C24	87
Macomb MI 48044 Amount of Each Receipt this F	Period
FEC ID number of contributing federal political committee.	34.00
Name of Employer Health Alliance Plan  Occupation  Dir - Coordination of Benefits	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Payroll Deduction: (17.00-	
Other (specify) ▼ 459.00 /Pay Period )`	
Full Name (Last, First, Middle Initial)  B. Robert Leger Date of Receipt	
	006
City State Zip Code Transaction ID: 70104.C24	66
Wixom MI 48393-1667 Amount of Each Receipt this F	Period
FEC ID number of contributing federal political committee.	22.00
Name of Employer Health Alliance Plan  Occupation Assoc Dir, Building Services	
Receipt For:  Aggregate Year-to-Date ▼	
Primary General Payroll Deduction: (11.00-	
Other (specify) ▼ 275.00 /Pay Period )	
Full Name (Last, First, Middle Initial)  C. Rhonda Mabene  Date of Receipt	
	006
City State Zip Code Transaction ID: 70104.C24	76
Detroit MI 48238-2489 Amount of Each Receipt this F	Period
FEC ID number of contributing federal political committee.	16.00
Name of Employer Health Alliance Plan  Occupation Supv - Claims	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼  215.00  Payroll Deduction: (8.00/- Pay Period )	
SUBTOTAL of Receipts This Page (optional)	72.00
TOTAL This Period (last page this line number only)	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 19 / 29 (check only one)		
			Detailed Summary Page	X   11a   11b   11c   12   15   16   17		
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC					
۹.	Full Name (Last, First, Middle Initial) Deborah Marine			Date of Receipt		
	Mailing Address 40054 Crosswinds	01-1-	7'- 0-4-	12 04 2006		
	City Novi	State MI	Zip Code 48375	Transaction ID: 70104.C2484  Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	10000	30.00		
	Name of Employer Health Alliance Plan	Occupation Complian	n nce/Privacy Officer	Receipt		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 380.00	Payroll Deduction: (15.00-/Pay Period )		
3.	Full Name (Last, First, Middle Initial) Irita Matthews			Date of Receipt		
	Mailing Address 1305 Balfour St			12 04 2006		
	City Grosse Pointe Park	State MI	Zip Code 48230-1021	Transaction ID: 70104.C2489		
	FEC ID number of contributing federal political committee.	C	40200-1021	Amount of Each Receipt this Period  26.10		
	Name of Employer Health Alliance Plan	Occupation Assoc Co	ounsel	Receipt		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 328.20	Payroll Deduction: (13.05-/Pay Period )		
<b>)</b> .	Full Name (Last, First, Middle Initial) Colleen McClorey			Date of Receipt		
	Mailing Address 48188 Andover Dr.			12 04 2006		
	City Detroit	State MI	Zip Code 48374	Transaction ID: 70104.C2490  Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		80.00		
	Name of Employer Health Alliance Plan	Occupation VP - Asso	n oc General Counsel	Receipt		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1015.55	Payroll Deduction: (40.00-/Pay Period )		
SI	SUBTOTAL of Receipts This Page (optional)					
TO	OTAL This Period (last page this line number or	nly)	<b>)</b>			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 29 (check only one)  X 11a 11b 11c 12
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	lress of any political committee to	solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC			
۹.	Full Name (Last, First, Middle Initial) Bill Oliver			Date of Receipt
	Mailing Address 5893 Christina		7.0.1	12 04 2006
	City West Bloomfield	State MI	Zip Code	Transaction ID: 70104.C2493
	FEC ID number of contributing federal political committee.	C	48324-3102	Amount of Each Receipt this Period  50.00
	Name of Employer Health Alliance Plan	Occupation		Receipt
	Receipt For:		ormation Tech Supp Year-to-Date ▼	_
	Primary General Other (specify) ▼	Aggregate	575.00	Payroll Deduction: (25.00-/Pay Period )
3.	Full Name (Last, First, Middle Initial) Balakrishna Pai			Date of Receipt
	Mailing Address 1977 Long Point Drive			12 / 11 / 2006
	City	State	Zip Code	Transaction ID: 70104.C2436
	Bloomfield Hills	MI	48302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		800.00  Receipt
	Name of Employer Health Alliance Plan		c. Med Director	Посырі
	Receipt For:  Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		800.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) Karen Parenteau			Date of Receipt
	Mailing Address 53978 Blakely Ct		7. 0.1	12 04 2006
	City New Baltimore	State MI	Zip Code 48047-5532	Transaction ID: 70104.C2474  Amount of Each Receipt this Period
	FEC ID number of contributing		10047 0002	
	federal political committee.	C		Heceipt 40.00
	Name of Employer Health Alliance Plan	Occupation AVP - Bu	n siness Dev & Mkt Ops	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		500.00	Payroll Deduction: (20.00- /Pay Period )
SI	UBTOTAL of Receipts This Page (optional)			890.00
T	OTAL This Period (last page this line number or	nly)	<b>)</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 29		
ITEMIZED RECEIPTS		or each category of the	(check only one)			
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12		
Δr	y information copied from such Reports and Stateme	nte may	not he sold or used by any nerso	n for the purpose of soliciting contributions		
or	for commercial purposes, other than using the name	and add	ress of any political committee to	solicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)					
$  \rangle$	Health Alliance Plan PAC					
$\angle$				1		
Δ	Full Name (Last, First, Middle Initial) Francine Parker			Date of Receipt		
Λ.	Mailing Address 22700 Gordon Switch			M M / D D / Y Y Y Y		
	22700 Gordon Switch			12 21 2006		
	City	tate	Zip Code	Transaction ID: 70104.C2441		
	Saint Clair Shores M	<u>/II</u>	48081-0000	Amount of Each Receipt this Period		
	FEC ID number of contributing			1000.00		
	federal political committee.					
	Name of Employer Health Alliance Plan	cupation	1	Receipt		
	Health Alliance Plan	esident				
		gregate	Year-to-Date ▼			
	Primary General	1	1000.00			
	Other (specify)	0 0	1000.00			
	Full Name (Last, First, Middle Initial)					
В.	Diane Pawlica			Date of Receipt		
	Mailing Address 45568 Morningside			M M / D D / Y Y Y Y		
	0::	12 04 2006				
	•	state	Zip Code	Transaction ID: 70104.C2464		
		<u>/II                                   </u>	48187	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	;		32.00		
				Receipt		
	Health Alliance Plan	cupation		Ticocipi		
	Ulr		em Care Mgmt	_		
	Receipt For: Ag	gregale	Year-to-Date ▼	Devirell Deductions (10.00		
	Other (specify)		425.00	Payroll Deduction: (16.00-/Pay Period)		
_	Full Name (Last, First, Middle Initial)					
C.	Joyce Poole			Date of Receipt		
	Mailing Address 18830 Lincoln Drive			12 04 2006		
	City	tate	Zip Code	Transaction ID: 70104.C2477		
	<u>Lathrup Village</u> M	<b>/</b> II	48076	Amount of Each Receipt this Period		
	FEC ID number of contributing			23.06		
	federal political committee.	<u> </u>		23.00		
	Name of Employer Oc.	cupation	<u> </u>	Receipt		
	Hoolth Alliance Dlan	-	ims Quality/Complianc			
			Year-to-Date ▼	1		
	Primary General	1 1	205 00	Payroll Deduction: (11.53-		
	Other (specify)		305.89	/Pay Period )`		
_	LIPTOTAL of Popoints This Page (antique)			1055.06		
$\vdash$	UBTOTAL of Receipts This Page (optional)		······			
<sub>T</sub>	TOTAL This Period (last page this line number only)					

SCHEDULE A (FEC Form 3X)	)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 22/29
ITEMIZED RECEIPTS		or each category of the	(check only one)  X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
Health Alliance Plan PAC			
Full Name (Last, First, Middle Initial)  A. Rachel Powell			Date of Receipt
Mailing Address 543 Thurber			12 04 2006
City	State MI	Zip Code	Transaction ID: 70104.C2478
Troy	IVII	48085-4827	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		36.00
Name of Employer Health Alliance Plan	Occupatio		Receipt
Receipt For:		counter/Claim Accuracy e Year-to-Date ▼	$\dashv$
Primary General	7.199.094.1		Payroll Deduction: (18.00-
Other (specify) ▼	0 0	450.00	/Páy Period )`
Full Name (Last, First, Middle Initial)  3. Sheila Powell	•		Date of Receipt
Mailing Address 11681 Lansdowne S	ailing Address 11681 Lansdowne St		
City	State	Zip Code	Transaction ID: 70104.C2438
Detroit	MI	48224-1648	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		225.00
Name of Employer Health Alliance Plan	Occupatio Sr. Acct		Receipt
Receipt For:		e Year-to-Date <b>V</b>	_
Primary General		225.00	1
Other (specify) ▼	0 0	223.00	
Full Name (Last, First, Middle Initial) Dianna Ronan			Date of Receipt
Mailing Address 2156 Cumberland			12 04 2006
City	State	Zip Code	Transaction ID: 70104.C2467
Brighton	MI	48114	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		154.00
Name of Employer Health Alliance Plan	Occupatio VP - Fina	n ancial Services	Receipt
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	2000.00	Payroll Deduction: (77.00-/Pay Period)
SUBTOTAL of Receipts This Page (optional)			415.00
TOTAL This Period (last page this line numb	er only)		
I IIIO I CITOG (1831 Page tillo IIII IIIIIII)	o. o y /	···········	

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 29
ITEMIZED RECEIPTS		or each category of the	(check only one)
"	EIVIIZED NECEIP 13	Detailed Summary Page	X 11a 11b 11c 12
Δr	ny information copied from such Reports and Statements	may not be sold or used by any perso	n 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)		
$  \rangle$	Health Alliance Plan PAC		
$\angle$			
Α.	Full Name (Last, First, Middle Initial) Susan Schwandt		Date of Receipt
۸.	Mailing Address 2007 Rector Court		M M / D D / Y Y Y Y
	Maining / Idai 333 2007 Flector Court		12 21 2006
	City State	Zip Code	Transaction ID: 70104.C2434
	<u>Canton</u> MI	48188	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee		400.00
	federal political committee.		100.00
	Name of Employer Health Alliance Plan  Occup	ation	Receipt
	Health Alliance Plan Public	Relatins Director	
	Receipt For: Aggree	gate Year-to-Date 🔻	
	Primary General	800.00	
	Other (specify) ▼	800.00	
	Full Name of Land Final Advising Latinal		_
В.	Full Name (Last, First, Middle Initial) Patricia Slone		Date of Receipt
	Mailing Address 1760 Broadstone		M M / D D / Y Y Y Y
			12 04 2006
	City State	Zip Code	Transaction ID: 70104.C2503
	Grosse Pointe MI	48236-1949	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee		20.00
	federal political committee.		
	Name of Employer Health Alliance Plan	ation	Receipt
	Health Alliance Plan Mgr -	System Care Mgmt	
		gate Year-to-Date ▼	
	Primary General Other (specify) ▼	210.00	Payroll Deduction: (10.00- /Pay Period )
	Other (specify)		) ay r enou
_	Full Name (Last, First, Middle Initial)		
C.	Mary Clare Solky		Date of Receipt
	Mailing Address 30387 Windingbrook Lane		M M / D D / Y Y Y Y Y Y A 2 0 0 6
	City State	Zip Code	12 04 2006
	Farmington MI	48334	Transaction ID: 70104.C2468
		40004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			40.00
			Receipt
Name of Employer Occupa Health Alliance Plan			1.000.6
	Direct	or, CBHM gate Year-to-Date ▼	-
	Primary General Aggree	gato I dai to Date 🔻	Payroll Deduction: (20.00-
	Other (specify) ▼	525.00	/Pay Period )
_			
	<u> </u>		100.00
s	UBTOTAL of Receipts This Page (optional)	······	460.00
Г			
T	OTAL This Period (last page this line number only)	<b>&gt;</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 29 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	tements may ame and ado	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC			
	Full Name (Last, First, Middle Initial) Jamie Spriet Mailing Address 885 Bishop Road  City Grosse Pointe  FEC ID number of contributing federal political committee.	State MI	Zip Code 48230	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Health Alliance Plan  Receipt For:  Primary General  Other (specify) ▼		& Marketing Year-to-Date ▼  2000.00	neceipi
3.	Full Name (Last, First, Middle Initial) Ronald R. Stallworth Mailing Address 8121 Agnes City	State	Zip Code	Date of Receipt  1 2 0 4 2 0 0 6  Transaction ID: 70104.C2447
	Detroit  FEC ID number of contributing federal political committee.  Name of Employer Health Alliance Plan		ernment Affairs	Amount of Each Receipt this Period  80.00  Receipt
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1568.00	Payroll Deduction: (40.00-/Pay Period)
	Full Name (Last, First, Middle Initial) Angela M. Strickland Mailing Address 34372 Orsini City Sterling Heights	State MI	Zip Code 48312	Date of Receipt  1 2 0 4 2 0 0 6  Transaction ID: 70104.C2469  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.  Name of Employer Health Alliance Plan	C		26.00  Receipt
	Receipt For: Primary General Other (specify)		stem Care Mgmt Year-to-Date ▼ 342.65	Payroll Deduction: (13.00-/Pay Period)
SI	JBTOTAL of Receipts This Page (optional)			1106.00
т	OTAL This Period (last page this line number or	nly)	<b>)</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 29										
	EMIZED RECEIPTS		or each category of the	(check only one)										
••	LIMIZED REGEN 13		Detailed Summary Page	X   11a   11b   11c   12   15   16   17										
۸۰	ny information copied from such Reports and S	totomonto mov	r not be cold or used by any nore											
or	for commercial purposes, other than using the	name and add	lress of any political committee to	osolicit contributions from such committee.										
$\setminus$	NAME OF COMMITTEE (In Full)													
$\rangle$	Health Alliance Plan PAC													
Α.				Date of Receipt										
	Mailing Address 39218 Rivercrest			12 04 2006										
	City	State	Zip Code	Transaction ID: 70104.C2504										
	Harrison Township	MI	48045	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C		27.30										
	Name of Employer Health Alliance Plan	Occupation Sr Assoc	n - Medicare	Receipt										
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		305.40	Payroll Deduction: (13.65- /Pay Period )										
_	Full Name (Last, First, Middle Initial)			Date of Descirt										
В.	Ronald M Torakis  Mailing Address 19031 Wayne Rd.			Date of Receipt										
	Mailing Address 19031 Wayne Rd.			12 21 2006										
	City	State	Zip Code	Transaction ID: 70104.C2439										
	Livonia	MI	48152	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C		500.00										
	Name of Employer Health Alliance Plan	Occupation AVP-Labo	n or Relations	Receipt										
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		1050.00	]										
<u> </u>	Full Name (Last, First, Middle Initial) Daniel Trim			Date of Receipt										
	Mailing Address 921 Juneau Rd.			12 04 YYYY 12006										
	City	State	Zip Code	Transaction ID: 70104.C2494										
	<u>Ypsilanti</u>	MI	48198-6323	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		60.00										
	Name of Employer Health Alliance Plan	Occupation Mgr - Tec	n ch Support/Comp Op	Receipt										
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼	Payroll Deduction: (30.00- /Pay Period )												
s	UBTOTAL of Receipts This Page (optional)			587.30										
T	OTAL This Period (last page this line number	onlv)												

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

FOR LINE NUMBER: PAGE 26/29 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name (Last, First, Middle Initial) Matthew Walsh Date of Receipt Mailing Address 889 Langley Court 12 0 4 2006 City State Zip Code Transaction ID: 70104.C2472 Rochester Hills MI 48309 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Receipt Name of Employer Health Alliance Plan Occupation Project Dir, Purchaser Initiat Receipt For: Aggregate Year-to-Date ▼ Primary General Payroll Deduction: (20.00-/Pay Period ) 520.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	40.00
TOTAL This Period (last page this line number only)	<b>•</b>	10114.96

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

FOR LINE NUMBER: PAGE 27/29 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Alliance Plan PAC Full Name (Last, First, Middle Initial) Date of Receipt Sachin Varma Mailing Address 24540 Ridgeview Dr 1.1 29 2006 City State Zip Code Transaction ID: 70104.C2430 Farmington Hills MI 48336-1903 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Receipt Name of Employer Health Alliance Plan Occupation Supervisor - U&R Receipt For: Aggregate Year-to-Date ▼ Primary General 100.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	50.00
TOTAL This Period (last page this line number only)	<b>•</b>	50.00

### Image# 27980014980

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S	CHEDULE B (FEC Form 3X)	Use sene	erate schedule(s)		NUMBER: PAGE 28 / 29
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check onlocation (check onlocation) 27	y one)  22 23 24 25 26 28a 28b 28c 29 30b
	y Information copied from such Reports and Si for commercial purposes, other than using the	•			· ·
\	NAME OF COMMITTEE (In Full)				
/	Health Alliance Plan PAC				
	Full Name (Last, First, Middle Initial)				Transaction ID: 70116.E109
٩.	Comerica Bank				Date of Disbursement
	Mailing Address P.O. Box 75000				12 M / D 0 4 / Y 2 0 0 6 Y
	City	State	Zip Code		Amount of Each Disbursement this Period
	Detroit	MI	48275-		
	Purpose of Disbursement OPERATING EXPENSE				12.47
	Candidate Name			Category/ Type	
	1.00.00	bursement For:	Canard		OPERATING EXPENSE
	Senate   President	Other (spe	General		
	State: District:	Other (spe	.c.iry <i>)</i> ₩		
	2.51.101.				

			 	-	
SUBTOTAL of Disbursements This Page (optional)	<u> </u>		 		12.47
		-	 		
TOTAL This Period (last page this line number only)	•	L			12.47

### Image# 27980014981

S	CHEDULE B (FEC Form 3)	X) Use s	Use seperate schedule(s)				—	E NUMBER: PAGE 29 / 29							29		
ITEMIZED DISBURSEMENTS			for each category of the Detailed Summary Page			(cr	neck on 21b 27	ly o	ne) 22 28a	X	23 28b		24 28c		25 29		26 30b
	y Information copied from such Reports a for commercial purposes, other than using															s	
$\rangle$	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC																
۹.	Full Name (Last, First, Middle Initial) Transfund PAC  Mailing Address P.O. Box 39841								Trans	of D	isburse	_	-		o ŏ 6	S Y	
	City Detroit Purpose of Disbursement DIRECT CONTRIBUTION	State MI		Zip Code 48202-			_		Amou	nt o	f Each	Dis	burser	-	this I		od
	Candidate Name					ateg Typ	ory/										
	Office Sought: House Senate President	Disbursement Fo Primary X Other (s	y	2006 General					DIRE	CT	CON <sup>-</sup>	ΓRI	BUTI	NC			
	State: District:	Annual/other															

		5000	00
SUBTOTAL of Disbursements This Page (optional)		5000.	ייי
			-
TOTAL This Period (last page this line number only)	•	5000.	00