

# 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 28 2006 through 12 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer James W Hoeberling

Signature of Treasurer Electronically Filed by James W Hoeberling Date 01 16 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Health Alliance Plan PAC

Report Covering the Period: From: 

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		13294.66
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	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 <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	10114.96	46383.82
(i) Itemized (use Schedule A) .....		
(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
(d) Total Contributions (add Lines 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
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)) .....	10360.90	57806.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	10360.90	57806.33

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	12.47	248.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	12.47	248.27
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	11500.00
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.....	0.00	23450.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5012.47	35198.27
32. 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

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
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10360.90	57806.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	12.47	248.27
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	12.47	248.27

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Carol Allen		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6	
Mailing Address 26160 Franklin Pointe Dr.		Transaction ID: 70104.C2492	
City State Zip Code Southfield MI 48034		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Health Alliance Plan Occupation Ldr/Supv - Desktop Integration		Payroll Deduction: (10.00- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Patricia Marine Barrett		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6	
Mailing Address 29719 Sierra Pointe Circle		Transaction ID: 70104.C2495	
City State Zip Code Farmington MI 48331		Amount of Each Receipt this Period 44.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Health Alliance Plan Occupation AVP - GM Consulting		Payroll Deduction: (22.00- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 514.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ronald W. Berry		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 6	
Mailing Address 1043 Woods Lane		Transaction ID: 70104.C2432	
City State Zip Code Grosse Pointe MI 48236		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Health Alliance Plan Occupation CFO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2064.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Angela K. Branch		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6
Mailing Address 81 Atkinson		<b>Transaction ID:</b> 70104.C2480
City Detroit	State MI	Zip Code 48202
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 35.00
Name of Employer Health Alliance Plan	Occupation Dir - Customer Retention & Edu	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 464.50	Payroll Deduction: (17.50- /Pay Period )

Full Name (Last, First, Middle Initial) <b>B.</b> Kenneth A. Braun		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6
Mailing Address 6429 Houghten		<b>Transaction ID:</b> 70104.C2481
City Troy	State MI	Zip Code 48098
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 34.00
Name of Employer Health Alliance Plan	Occupation Dir - Labor Affairs	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	Payroll Deduction: (17.00- /Pay Period )

Full Name (Last, First, Middle Initial) <b>C.</b> McKinley Broadus		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6
Mailing Address 3182 Woods Circle		<b>Transaction ID:</b> 70104.C2442
City Detroit	State MI	Zip Code 48207
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 32.00
Name of Employer Health Alliance Plan	Occupation Dir - Fin Svcs	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	Payroll Deduction: (16.00- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	101.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Kejuan Brown		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6	
Mailing Address 15666 Carlisle		Transaction ID: 70104.C2443	
City State Zip Code Detroit MI 48205	Amount of Each Receipt this Period 23.08		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Health Alliance Plan	Occupation Supv - Office Svcs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 303.50		
		Payroll Deduction: (11.54- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>B.</b> John D. Calabria		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6	
Mailing Address 2030 Brinston Drive		Transaction ID: 70104.C2444	
City State Zip Code Troy MI 48083	Amount of Each Receipt this Period 62.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Health Alliance Plan	Occupation Assoc Med Dir		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 805.00		
		Payroll Deduction: (31.00- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>C.</b> Jonathan W. Clement		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6	
Mailing Address 923 Westchester		Transaction ID: 70104.C2499	
City State Zip Code Grosse Pointe MI 48230-1829	Amount of Each Receipt this Period 80.00		
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) ▼	Aggregate Year-to-Date ▼ 880.00		
		Payroll Deduction: (40.00- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	165.08
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

**A.** Full Name (Last, First, Middle Initial)  
Roger Combs

Mailing Address 17160 Merryweather St

City State Zip Code  
Clinton Township MI 48038-2839

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

Name of Employer Health Alliance Plan Occupation Team Ldr/Supervisor Mct

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 6

Transaction ID: 70104.C2440

Amount of Each Receipt this Period  
200.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Harry Dalsey

Mailing Address 5477 Sunnycrest Dr

City State Zip Code  
West Bloomfield MI 48323-3863

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

Name of Employer Health Alliance Plan Occupation Assoc. Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 6

Transaction ID: 70104.C2437

Amount of Each Receipt this Period  
550.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Gwendolyn Davenport

Mailing Address 11372 Whitehill

City State Zip Code  
Detroit MI 48224-1653

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

Name of Employer Health Alliance Plan Occupation Dir - Credentialing Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 433.75

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 6

Transaction ID: 70104.C2449

Amount of Each Receipt this Period  
32.70

Receipt

Payroll Deduction: (16.35- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **782.70**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) <b>A. Donald Davis</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6	
Mailing Address 11417 Fellows Creek Drive		<b>Transaction ID: 70104.C2450</b>	
City State Zip Code Plymouth MI 48170		Amount of Each Receipt this Period 154.00	
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 1925.00	
		Payroll Deduction: (77.00- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>B. Dana DeFlorio</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6	
Mailing Address 2077 18th		<b>Transaction ID: 70104.C2500</b>	
City State Zip Code Wyandotte MI 48192		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Health Alliance Plan		Occupation Mgr - System Care Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 440.00	
		Payroll Deduction: (20.00- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>C. Michael A. Elinski</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6	
Mailing Address 3434 Essex		<b>Transaction ID: 70104.C2496</b>	
City State Zip Code Troy MI 48084		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 575.00	
		Payroll Deduction: (25.00- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	244.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Vincenzo G. Ferri		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6
Mailing Address 726 S. Renaud		Transaction ID: 70104.C2483
City State Zip Code Grosse Pointe Wood MI 48236	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 42.00
Name of Employer Health Alliance Plan	Occupation AVP - Bus Affiliations & Suppo	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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 M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6
Mailing Address 1459 N Rochester Rd		Transaction ID: 70104.C2497
City State Zip Code Oakland MI 48363-1630	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 80.00
Name of Employer Health Alliance Plan	Occupation VP - Product Development	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	Payroll Deduction: (40.00- /Pay Period )

Full Name (Last, First, Middle Initial) <b>C.</b> Michael M. Forhan		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6
Mailing Address 1587 Anita		Transaction ID: 70104.C2452
City State Zip Code Grosse Pointe Wood MI 48236	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 24.00
Name of Employer Health Alliance Plan	Occupation Mgr - Comp & Benefits	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 317.00	Payroll Deduction: (12.00- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	146.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) <b>A. Maurice A. Foster</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6
Mailing Address 18202 Oak Drive		<b>Transaction ID: 70104.C2448</b>
City State Zip Code Detroit MI 48221	Amount of Each Receipt this Period 26.48	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Health Alliance Plan Occupation Supv - Security	Payroll Deduction: (13.24- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 344.24	

Full Name (Last, First, Middle Initial) <b>B. Angela H. Gardner</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6
Mailing Address 4136 Bishop		<b>Transaction ID: 70104.C2451</b>
City State Zip Code Detroit MI 48224-2318	Amount of Each Receipt this Period 32.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Health Alliance Plan Occupation Dir - Marketing Comm Group	Payroll Deduction: (16.00- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Jeanette H. Girty</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6
Mailing Address 18246 Stoepel		<b>Transaction ID: 70104.C2456</b>
City State Zip Code Detroit MI 48221	Amount of Each Receipt this Period 34.62	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Health Alliance Plan Occupation Dir - Client Svcs Operations	Payroll Deduction: (17.31- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 432.75	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	93.10
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 / 29
<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

<b>A.</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. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 70104.C2461 Amount of Each Receipt this Period 61.54 Receipt Payroll Deduction: (30.77- /Pay Period )
Name of Employer Health Alliance Plan Occupation AVP - NB Dist Channel Mgmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 769.25		

<b>B.</b> Full Name (Last, First, Middle Initial) Cynthia Hart Mailing Address 232 Cedar Bend Rd City State Zip Code Lake Orion MI 48362-3284 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 70104.C2462 Amount of Each Receipt this Period 36.00 Receipt Payroll Deduction: (18.00- /Pay Period )
Name of Employer Health Alliance Plan Occupation Dir - System Care Mgmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		

<b>C.</b> Full Name (Last, First, Middle Initial) L. Elaine Helms Mailing Address 4418 Robinwood City State Zip Code Royal Oak MI 48073 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6 <b>Transaction ID:</b> 70104.C2435 Amount of Each Receipt this Period 550.00 Receipt
Name of Employer Health Alliance Plan Occupation AVP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>647.54</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

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

Mailing Address 5768 Whitehaven Dr

City State Zip Code  
Troy MI 48085-3188

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

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

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 6

Transaction ID: 70104.C2446

Amount of Each Receipt this Period  
40.00

Receipt

Payroll Deduction: (20.00- /Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
Mumtaz A. Ibrahim

Mailing Address 21833 Sheffield Drive

City State Zip Code  
Farmington MI 48335

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

Name of Employer Health Alliance Plan Occupation Sr. Assoc. Med Director

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 6

Transaction ID: 70104.C2431

Amount of Each Receipt this Period  
800.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Michael Jakubic

Mailing Address 7308 Silver Cove

City State Zip Code  
Linden MI 48451-8798

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

Name of Employer Health Alliance Plan Occupation Project Manager

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 6

Transaction ID: 70104.C2470

Amount of Each Receipt this Period  
20.00

Receipt

Payroll Deduction: (10.00- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>860.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Joyce M. James		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6
Mailing Address 20810 Gardner St.		<b>Transaction ID:</b> 70104.C2454
City State Zip Code Oak Park MI 48237	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 34.00
Name of Employer Health Alliance Plan	Occupation Mgr - Provider Fin	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 442.00	Payroll Deduction: (17.00- /Pay Period )

Full Name (Last, First, Middle Initial) <b>B.</b> Kenneth B. Jarriell		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6
Mailing Address 18061 Coyle		<b>Transaction ID:</b> 70104.C2455
City State Zip Code Detroit MI 48235	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 16.00
Name of Employer Health Alliance Plan	Occupation Supv - Office Svcs	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.50	Payroll Deduction: (8.00- Pay Period )

Full Name (Last, First, Middle Initial) <b>C.</b> Deborah Jenkins		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6
Mailing Address 6811 Ravines Circle		<b>Transaction ID:</b> 70104.C2501
City State Zip Code West Bloomfield MI 48322	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 30.00
Name of Employer Health Alliance Plan	Occupation Mgr - System Care Mgmt	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	Payroll Deduction: (15.00- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	80.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Thomas Jepsen		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6
Mailing Address 1510 Fairholme		Transaction ID: 70104.C2457
City State Zip Code Grosse Pointe Wood MI 48236	Amount of Each Receipt this Period 32.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Health Alliance Plan Occupation Dir - Support Svcs	Payroll Deduction: (16.00- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mohammed Kanpurwala		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6
Mailing Address 441 Sylvan Dr		Transaction ID: 70104.C2465
City State Zip Code Canton MI 48188-1596	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Health Alliance Plan Occupation Dir - Underwriting/Ahl	Payroll Deduction: (10.00- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Sooman Kansal		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6
Mailing Address 3340 Rocky Crest Dr		Transaction ID: 70104.C2498
City State Zip Code Rochester Hills MI 48306-3749	Amount of Each Receipt this Period 26.08	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Health Alliance Plan Occupation Mgr - Talent Management	Payroll Deduction: (13.04- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 302.68	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	78.08
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Glen Koslakiewicz		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6
Mailing Address 30431 John Hauk		Transaction ID: 70104.C2459
City Garden City	State MI	Zip Code 48135
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.00
Name of Employer Health Alliance Plan	Occupation Dir - Fin Operations	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	Payroll Deduction: (15.50- /Pay Period )

Full Name (Last, First, Middle Initial) <b>B.</b> Mark Lafata		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6
Mailing Address 377 Arthur		Transaction ID: 70104.C2460
City Plymouth	State MI	Zip Code 48170-1120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.00
Name of Employer Health Alliance Plan	Occupation Sr Finance Administrator/HMS	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 409.50	Payroll Deduction: (15.50- /Pay Period )

Full Name (Last, First, Middle Initial) <b>C.</b> Anita Landino		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6
Mailing Address 43885 Boulder Dr		Transaction ID: 70104.C2453
City Clinton Township	State MI	Zip Code 48038-1423
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Health Alliance Plan	Occupation Assoc Dir - Advertising/Comm	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	Payroll Deduction: (15.00- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	92.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) <b>A. Michelle Lang</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6	
Mailing Address 48616 Dunn Court		<b>Transaction ID: 70104.C2487</b>	
City State Zip Code Macomb MI 48044	Amount of Each Receipt this Period 34.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Health Alliance Plan Occupation Dir - Coordination of Benefits	Payroll Deduction: (17.00- /Pay Period )		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 459.00		

Full Name (Last, First, Middle Initial) <b>B. Robert Leger</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6	
Mailing Address 1554 Waters Edge Ct		<b>Transaction ID: 70104.C2466</b>	
City State Zip Code Wixom MI 48393-1667	Amount of Each Receipt this Period 22.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Health Alliance Plan Occupation Assoc Dir, Building Services	Payroll Deduction: (11.00- /Pay Period )		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) <b>C. Rhonda Mabene</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6	
Mailing Address 14046 Northlawn St		<b>Transaction ID: 70104.C2476</b>	
City State Zip Code Detroit MI 48238-2489	Amount of Each Receipt this Period 16.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Health Alliance Plan Occupation Supv - Claims	Payroll Deduction: (8.00- /Pay Period )		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	72.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) <b>A. Deborah Marine</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6	
Mailing Address 40054 Crosswinds		<b>Transaction ID: 70104.C2484</b>	
City State Zip Code Novi MI 48375	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Health Alliance Plan Occupation Compliance/Privacy Officer	Payroll Deduction: (15.00- /Pay Period )		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

Full Name (Last, First, Middle Initial) <b>B. Irita Matthews</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6	
Mailing Address 1305 Balfour St		<b>Transaction ID: 70104.C2489</b>	
City State Zip Code Grosse Pointe Park MI 48230-1021	Amount of Each Receipt this Period 26.10		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Health Alliance Plan Occupation Assoc Counsel	Payroll Deduction: (13.05- /Pay Period )		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 328.20		

Full Name (Last, First, Middle Initial) <b>C. Colleen McClorey</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6	
Mailing Address 48188 Andover Dr.		<b>Transaction ID: 70104.C2490</b>	
City State Zip Code Detroit MI 48374	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Health Alliance Plan Occupation VP - Assoc General Counsel	Payroll Deduction: (40.00- /Pay Period )		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1015.55		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	136.10
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 29
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Bill Oliver Mailing Address 5893 Christina City State Zip Code West Bloomfield MI 48324-3102 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 70104.C2493 Amount of Each Receipt this Period 50.00 Receipt Payroll Deduction: (25.00- /Pay Period )
Name of Employer Health Alliance Plan Occupation AVP - Information Tech Supp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 575.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Balakrishna Pai Mailing Address 1977 Long Point Drive City State Zip Code Bloomfield Hills MI 48302 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6 <b>Transaction ID:</b> 70104.C2436 Amount of Each Receipt this Period 800.00 Receipt
Name of Employer Health Alliance Plan Occupation Sr. Assoc. Med Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Karen Parenteau Mailing Address 53978 Blakely Ct City State Zip Code New Baltimore MI 48047-5532 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 70104.C2474 Amount of Each Receipt this Period 40.00 Receipt Payroll Deduction: (20.00- /Pay Period )
Name of Employer Health Alliance Plan Occupation AVP - Business Dev & Mkt Ops Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>890.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

**A.** Full Name (Last, First, Middle Initial)  
Francine Parker

Mailing Address 22700 Gordon Switch

City State Zip Code  
Saint Clair Shores MI 48081-0000

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

Name of Employer Health Alliance Plan Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 6

Transaction ID: 70104.C2441

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Diane Pawlica

Mailing Address 45568 Morningside

City State Zip Code  
Canton MI 48187

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 6

Transaction ID: 70104.C2464

Amount of Each Receipt this Period  
32.00

Receipt

Payroll Deduction: (16.00- /Pay Period )

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

Mailing Address 18830 Lincoln Drive

City State Zip Code  
Lathrup Village MI 48076

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 305.89

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 6

Transaction ID: 70104.C2477

Amount of Each Receipt this Period  
23.06

Receipt

Payroll Deduction: (11.53- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1055.06
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Rachel Powell		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6	
Mailing Address 543 Thurber		Transaction ID: 70104.C2478	
City State Zip Code Troy MI 48085-4827	Amount of Each Receipt this Period 36.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Health Alliance Plan	Occupation Dir - Encounter/Claim Accuracy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		
		Payroll Deduction: (18.00- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>B.</b> Sheila Powell		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6	
Mailing Address 11681 Lansdowne St		Transaction ID: 70104.C2438	
City State Zip Code Detroit MI 48224-1648	Amount of Each Receipt this Period 225.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Health Alliance Plan	Occupation Sr. Acct Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dianna Ronan		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6	
Mailing Address 2156 Cumberland		Transaction ID: 70104.C2467	
City State Zip Code Brighton MI 48114	Amount of Each Receipt this Period 154.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Health Alliance Plan	Occupation VP - Financial Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		
		Payroll Deduction: (77.00- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	415.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

**A.** Full Name (Last, First, Middle Initial)  
Susan Schwandt

Mailing Address 2007 Rector Court

City State Zip Code  
Canton MI 48188

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

Name of Employer Health Alliance Plan Occupation Public Relatins Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 6

Transaction ID: 70104.C2434

Amount of Each Receipt this Period  
400.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Patricia Slone

Mailing Address 1760 Broadstone

City State Zip Code  
Grosse Pointe MI 48236-1949

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 6

Transaction ID: 70104.C2503

Amount of Each Receipt this Period  
20.00

Receipt

Payroll Deduction: (10.00- /Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
Mary Clare Solky

Mailing Address 30387 Windingbrook Lane

City State Zip Code  
Farmington MI 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 ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 6

Transaction ID: 70104.C2468

Amount of Each Receipt this Period  
40.00

Receipt

Payroll Deduction: (20.00- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	460.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Jamie Spriet		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 1 / 2 0 0 6
Mailing Address 885 Bishop Road		Transaction ID: 70104.C2433
City State Zip Code Grosse Pointe MI 48230	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Health Alliance Plan	Occupation VP Sales & Marketing	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ronald R. Stallworth		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6
Mailing Address 8121 Agnes		Transaction ID: 70104.C2447
City State Zip Code Detroit MI 48214	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 80.00
Name of Employer Health Alliance Plan	Occupation VP - Government Affairs	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1568.00	Payroll Deduction: (40.00- /Pay Period )

Full Name (Last, First, Middle Initial) <b>C.</b> Angela M. Strickland		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6
Mailing Address 34372 Orsini		Transaction ID: 70104.C2469
City State Zip Code Sterling Heights MI 48312	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 26.00
Name of Employer Health Alliance Plan	Occupation Mgr - System Care Mgmt	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.65	Payroll Deduction: (13.00- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1106.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Carolyn R. Tokarz		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6
Mailing Address 39218 Rivercrest		Transaction ID: 70104.C2504
City State Zip Code Harrison Township MI 48045	Amount of Each Receipt this Period 27.30	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Health Alliance Plan Occupation Sr Assoc - Medicare	Payroll Deduction: (13.65- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.40	

Full Name (Last, First, Middle Initial) <b>B.</b> Ronald M Torakis		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address 19031 Wayne Rd.		Transaction ID: 70104.C2439
City State Zip Code Livonia MI 48152	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Health Alliance Plan Occupation AVP-Labor Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Daniel Trim		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6
Mailing Address 921 Juneau Rd.		Transaction ID: 70104.C2494
City State Zip Code Ypsilanti MI 48198-6323	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 Mgr - Tech Support/Comp Op	Payroll Deduction: (30.00- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	587.30
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 26 / 29	
	(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"/> 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)  
Matthew Walsh

Mailing Address 889 Langley Court

City State Zip Code  
Rochester Hills MI 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  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	6

Transaction ID: 70104.C2472

Amount of Each Receipt this Period  
40.00

Receipt

Payroll Deduction: (20.00- /Pay Period )

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 29
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
Sachin Varma

Mailing Address 24540 Ridgeview Dr

City Farmington Hills State MI Zip Code 48336-1903

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

Name of Employer Health Alliance Plan Occupation Supervisor - U&R

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	9	/	2	0	0	6

Transaction ID: 70104.C2430

Amount of Each Receipt this Period  
50.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	50.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	50.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 29

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

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

**A.** Comerica Bank

Mailing Address P.O. Box 75000

City State Zip Code  
Detroit MI 48275-

Purpose of Disbursement  
OPERATING EXPENSE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 70116.E109

Date of Disbursement

/   /

Amount of Each Disbursement this Period

12.47

OPERATING EXPENSE

**SUBTOTAL** of Disbursements This Page (optional) .....

12.47

**TOTAL** This Period (last page this line number only) .....

12.47

# 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 29 / 29

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

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NAME OF COMMITTEE (In Full)  
Health Alliance Plan PAC

Full Name (Last, First, Middle Initial)

**A.** Transfund PAC

Mailing Address P.O. Box 39841

City State Zip Code  
Detroit MI 48202-

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Annual/other

Transaction ID: 70104.E108

Date of Disbursement

/   /

Amount of Each Disbursement this Period

DIRECT CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....