FEC FORM 3X	AN	ID DISE	OF REC SURSEM An Authorize	ENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in fi		EFEC MAILING TYPE OR PRIN		ample:If typing er the lines	, type			
	n PAC							
ADDRESS (number and	street)	850 West Grand	Boulevard					
Check if differ than previousl reported. (ACC	У г	 Petroit 			· · · · ·		48202	-
2. FEC IDENTIFICAT	ION NUMBER	¥	CITY 🛋		S	STATE	ZIPCO	DE 🔺
C00410670			3. IS THIS REPOR		N) <b>OR</b>	A (/	MENDED A)	
<ul> <li>4. TYPE OF REPO (Choose One)</li> <li>(a) Quarterly Rep</li> </ul>		(b) Monthly Report Due On:	Feb 20 (M2 Mar 20 (M3	)	May 20 (M5) Jun 20 (M6)	Sep	g 20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
July 15 Quarterly October Quarterly January 3	Report(Q3)	(c) 12-Day <b>PRE</b> -El Report	ection	) Primary (12P Convention (		General		Jan 31 (YE) Runoff (12R)
Year Onl	on-election	(d) 30-Day <b>Post</b> -E Report	Election X	General (30G		Runoff ( 2 0 1 0	30R) in the State of	Special (30S) of
5. Covering Period	10	14 2	010	through	11	22	2010	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Nancy Cushman								
Signature of Treasurer	Signature of Treasurer Electronically Filed by Nancy Cushman Date 11 24 2010							
NOTE : Submission of t	alse, erroneous	s, or incomplete i	nformation may s	ubject the perso	on signing this	s Report to th	e penalties of 2 U.	S.C 437g.
Office Use Only							FEC FOR (Rev. 12/20	

Image#	10931831981	
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### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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2	1	21

	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	2 / 21
	e or Type Committee Name lealth Alliance Plan PAC		
Repo	ort Covering the Period: From:	M M 10 14 2010 To	M M 22 2010
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a	) Cash on Hand January 1 2010 <sup>Y Y Y</sup>		52692.71
(b	) Cash on Hand at Begining of Reporting Period	55662.32	
(c	) Total Receipts (from Line 19)	3136.40	31664.90
(d	) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	58798.72	84357.61
7. To	tal Disbursements (from Line 31)	2837.50	28396.39
Re	ash on Hand at Close of eporting Period ubtract Line 7 from Line 6(d))	55961.22	55961.22
the	bbts and Obligations owed <b>TO</b> committee (Itemize all on hedule C and/or Schedule D)	0.00	
	bts and Obligations owed <b>BY</b> e committee (Itemize all on		
	hedule C and/or Schedule D)	0.00	

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

### For further information contact:

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

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

FE6AN026

Image#	10931831982
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DETAILED SUMMARY PAGE OF RECEIPTS

3 / 21 FEC Form 3X (Rev. 06/2004) Write or Type Committee Name Health Alliance Plan PAC 1<sup>D</sup>4 м м 10 м°м 11 2<sup>D</sup>2 D 2010 D 2010 To: Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period Calendar Year-to-Date** 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 3043.85 23590.40 (i) Itemized (use Schedule A) ..... 92.55 8074.50 (ii) Unitemized ..... (iii) TOTAL (add 3136.40 31664.90 Lines 11(a)(i) and (ii) ..... 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs) ..... (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 3136.40 31664.90 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 3136.40 31664.90 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 3136.40 31664.90 (subtract Line 18(c) from Line 19) .....

#### Image# 10931831983

## **DETAILED SUMMARY PAGE**

	FEC Form 3X (Rev. 02/2003)		
	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures: — (a) Shared Federal/Non-Federal —		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	07.50	440.00
	Expenditures	37.50	446.39
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	37.50	446.39
22.	Transfers to Affiliated/Other Party		
	Committees	0.00	0.00
23.	Contributions to Federal Candidates/Committees and Other Political Committees	0.00	10250.00
24.	and Other Political Committees	0.00	10230.00
	(use Schedule E)	0.00	0.00
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))	0.00	0.00
	(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	0.00	0.00
	(such as PACs)	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
29.	Other Disbursements	2800.00	17700.00
	less less less less less less less less		
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	0.00	0.00
	With Federal Funds		
	(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))	2837.50	28396.39
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	2837.50	28396.39

# **DETAILED SUMMARY PAGE**

of Disbursements

5 / 21

	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)	3136.40	31664.90
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	3136.40	31664.90
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	37.50	446.39
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	37.50	446.39

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SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 6 / 21         (check only one)       (check only one)         X       11a       11b       11c       12         13       14       15       16       17
or for commercial purposes, other than usir	and Statements may not be sold or used by any person ng the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Alliance Plan PAC		
Full Name (Last, First, Middle Initial) Scott Allen		Date of Receipt
Mailing Address 3066 Richmond D	)r	10 <sup>//</sup> 18 <sup>//</sup> 2010
City	State Zip Code	Transaction ID: 01124.C8217
Clarkston	MI 48348-5063	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer Health Alliance Plan	Occupation Assoc Dir, Labor Affairs	Receipt
Receipt For:	Aggregate Year-to-Date V	
Primary     General       Other (specify) ▼	575.00	Payroll Deduction: (25.00- /Bi-Weekly )
Full Name (Last, First, Middle Initial) Vernal Brand		Date of Receipt
Mailing Address 2850 W Grand Bl		M M         /         D         /         Y
City	State Zip Code	Transaction ID: 01124.C8194
Detroit	MI 48202-2643	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	37.50
Name of Employer Health Alliance Plan	Occupation Manager	Receipt
Receipt For:	Aggregate Year-to-Date 🔻	
Primary     General       Other (specify) ▼	237.50	Payroll Deduction: (12.50- /Bi-Weekly)
Full Name (Last, First, Middle Initial) Marcie Brunell		Date of Receipt
Mailing Address 2850 West Grand	Boulevard	10 <sup>//</sup> 18 <sup>/</sup> 2010
City	State Zip Code	Transaction ID: 01124.C8207
Detroit	MI 48202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Health Alliance Plan	Occupation Manager	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	Payroll Deduction: (10.00- /Bi-Weekly )
SUBTOTAL of Receipts This Page (option	nal)	142.50
	mber only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 7/21         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	Health Alliance Plan PAC		
Α.	Full Name (Last, First, Middle Initial) Elizabeth A. Caldwell		Date of Receipt
	Mailing Address 24307 Cunningham		10 18 Y Y Y Y 10 18
	City	State Zip Code	Transaction ID: 01124.C8208
	Warren	MI 48091	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	34.65
	Name of Employer Health Alliance Plan	Occupation Supervisor	- Receipt
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	265.65	Payroll Deduction: (11.55- /Bi-Weekly )
в.	Full Name (Last, First, Middle Initial) Elizabeth Chavez		Date of Receipt
	Mailing Address 23706 Northstone Villa	age Drive	M M / D D / Y Y Y Y 10 18 2010
	City	State Zip Code	Transaction ID: 01124.C8174
		MI 48180	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		37.50
	Name of Employer Health Alliance Plan	Occupation Supv - Claims	Receipt
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	275.00	Payroll Deduction: (12.50- /Bi-Weekly)
с.	Full Name (Last, First, Middle Initial) Jonathan W. Clement		Date of Receipt
	Mailing Address 923 Westchester		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: 01124.C8175
	Grosse Pointe	MI 48230-1829	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		Receipt
	Name of Employer Health Alliance Plan	Occupation VP - Underwriting & Rating	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	Payroll Deduction: (40.00- /Bi-Weekly )
	SUBTOTAL of Receipts This Page (optional)		192.15
	TOTAL This Period (last page this line number	only)	

Π	CHEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any pers	FOR LINE NUMBER:       PAGE 8 / 21         (check only one)       (check only one)         X       11a       11b       11c       12         13       14       15       16       17         on for the purpose of soliciting contributions
	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)         Vealth Alliance Plan PAC	e name and address of any political committee to	o solicit contributions from such committee.
Z a.	Full Name (Last, First, Middle Initial) Kenny Dodson		Date of Receipt
	Mailing Address 11236 Meadow Brook	¢ Dr.	10 <sup>M</sup> 18 <sup>Y</sup> 2010
	City	State Zip Code	Transaction ID: 01124.C8189
	Warren	MI 48093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	51.00
	Name of Employer Health Alliance Plan	Occupation Mgr - Claims	Receipt
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify) ▼	340.00	Payroll Deduction: (17.00- /Bi-Weekly )
— В.	Full Name (Last, First, Middle Initial) Jody L. Doherty		Date of Receipt
	Mailing Address 21115 Violet		M · M         /         D · D         Y         Y · Y · Y         Y           10         18         2010
	City	State Zip Code	Transaction ID: 01124.C8206
	Saint Clair Shores	MI 48082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	51.90
	Name of Employer Health Alliance Plan	Occupation Director	Receipt
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify) ▼	397.90	Payroll Deduction: (17.30- /Bi-Weekly )
— C.	Full Name (Last, First, Middle Initial) Jeanne Dunk		Date of Receipt
	Mailing Address 1429 Iroquois		M · M         /         D · D         Y         Y · Y · Y         Y           10         27         2010
	City	State Zip Code	Transaction ID: 01124.C8171
	Detroit	MI 48214	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Health Alliance Plan	Occupation VP - Assoc General Counsel	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
	SUBTOTAL of Receipts This Page (optional)	·	352.90
	TOTAL This Period (last page this line number		

Leaded and the synth and Statements by any period for burgets of soliciting contributions if or commercial purposes of soliciting contributions from such committee.         Any information cogined from such Reports and Statements may not be address of any political committee to solicit contributions from such committee.         NAME OF COMMITTEE (in Full)         Heatth Alliance Plan PAC         Full Name (Last, First, Middle Initial)         Micrael A. Elinish         Mailing Address 3434 Essex         City         State         Provide contributing         City         Name of Employer         Part of contributing         City         Name of Employer         Part of contributing         City         Receipt For:         Part of Receipt         Mailing Address 19990 Parkwood Ln         City         State         Provide region in the contributing         Feel D number of contributing         City         State         Part of Receipt         Mailing Address 19990 Parkwood Ln         City         State         Part of Receipt         Mailing Address 1458 N Rochester Rd         City       State         Part of Receipt For:		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 9/21 (check only one) X 11a 11b 11c 12
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         Au       State Cap Code         Transaction ID: 01124 C6210         Aming of Engloyge         Mealth Alliance Plan PAC         FEC: ID number of contributing federal political committee.         Occupation Maning of Engloyge         Mailing Address 19090 Parkwood Ln         City       State         City       State         City       State         Paryoll Deduction: (30.00- /Bi-Weekly v         Ball mane (Last, First, Middle Initial)         Jamie of Engloyge         Mailing Address 19090 Parkwood Ln         City       State         Paryoll Deduction: (25.00- /Bi-Weekly v         Name of Engloyge         Mailing Address 1459 N Rochester Rd         City       State         Paryoll Deduction: (25.00- /Bi-Weekly v         City       State         Paryoll Deduction: (25.00- /Bi-Weekly v         City       State			Detailed Summary Page	
A.       Health Alliance Plan PAC         Full Name (Last, First, Middle Initial)       Date of Receipt         Mailing Address       3434 Essex         City       State       Zip Code         Troy       Mill       48084         FED ID number of contributing lederal political committee       C       Amount of Each Receipt This Period         Period       Part of Employee Primary       General       Occupation         Aggregate Year-to-Date       Payroll Deduction; (30.00-         Period       Tas       2.0.1.0         Transaction ID: 01124.C8210       Receipt For:       90.00         Payroll Deduction; (30.00-       Payroll Deduction; (30.00-       Payroll Deduction; (30.00-         Receipt For:       Aggregate Year-to-Date V       Payroll Deduction; (30.00-         Biownistown Twp       Mill 4813-8804       For         FEU ID number of contributing federal political committee       C       Transaction ID: 01124.C8176         Name of Employeer       Aggregate Year-to-Date V       Payroll Deduction; (25.00-         Painary       General       Occupation       S25.00       Payroll Deduction; (25.00-         Receipt For:       Aggregate Year-to-Date V       Payroll Deduction; (25.00-       Payroll Deduction; (25.00-         City       State		Any information copied from such Reports and s or 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	n for the purpose of soliciting contributions solicit contributions from such committee.
A.       Full Name (Last, First, Middle Initial)         Malling Address 3434 Essox       Image: Control Contencont Control Control Control Control Contro	Γ			
A.       Methad A Elinski       Date of Receipt         Mailing Address       3434 Essex       Date of Receipt         City       State       ZD 10         Trow       Mil       48084         FEC ID number of contributing       C       Amount of Each Receipt this Period         Receipt For:       Auron of Each Receipt this Period       Payroll Deduction; (30.00-/(El-Weekly)         B.       Call Name (Last, First, Middle Initial)       Aggregate Year-to-Date       Payroll Deduction; (30.00-/(El-Weekly)         3.       Laura Eory       Mil       48183-6804       Amount of Each Receipt this Period         Total respective       C       Payroll Deduction; (30.00-/(El-Weekly)       Transaction ID: 01124.C8176         Amount of Each Receipt this Period       Test State       Zip Code       Payroll Deduction; (25.00-/(El-Weekly)         City       State       Zip Code       Payroll Deduction; (25.00-/(El-Weekly)       Payroll Deduction; (25.00-/(El-Weekly)         Name of Employer       Sor Member Advocate       Payroll Deduction; (25.00-/(El-Weekly)       Payroll Deduction; (25.00-/(El-Weekly)         Primary       General       Occupation       Sor Member Advocate       Transaction ID: 01124.C8176         Amount of Each Receipt this Period       Sor Member Advocate       Payroll Deduction; (25.00-/(El-Weekly)		Health Alliance Plan PAC		
City       State       Zip Code         Troy       Mil       48084         FEC ID number of contributing       C       Amount of Each Receipt this Period         Name of Employer       Occupation       AVP - Technology & eBusiness D         Name of Employer       Agregate Year-to-Date ▼       Payroll Deduction; (30.00-//Bi-Weekly         B.       Laura Eary       General       Agregate Year-to-Date ▼         Part of the respective       Agregate Year-to-Date ▼       Payroll Deduction; (30.00-//Bi-Weekly         B.       Laura Eary       General       Agregate Year-to-Date ▼         Part of the respective       Maling Address 19090 Parkwood Ln       Date of Receipt         City       State       Zip Code       Amount of Each Receipt this Period         Receipt       Transaction ID: 01124.CB176       Amount of Each Receipt this Period         Name of Employer       Maling Address 19090 Parkwood Ln       Transaction ID: 01124.CB176         Name of Employer       Maling Address 19090 Parkwood Ln       Payroll Deduction; (25.00-//Bi-Weekly         Period For:       Occupation       Sr Member Advocate       Payroll Deduction; (25.00-//Bi-Weekly         Period Fasch       Maling Address 1459 N Rochester Rd       Transaction ID: 01124.CB178       Amount of Each Receipt this Period         City <th>ے A.</th> <th></th> <th></th> <th>Date of Receipt</th>	ے A.			Date of Receipt
Troy       MI       48094       Amount of Each Receipt this Period         FEC ID number of contributing federal policial committee.       C       90.00       Receipt         Name of Employer Receipt For:       Occupation       Aggregate Year-to-Date ▼       Payroll Deduction; (30.00-//Bi-Weekly         B.       Laura Eoy       Main address 19090 Parkwood Ln       Date of Receipt       Date of Receipt         City       State       Zip Code       Transaction ID: 01124.C8176         Main address 19090 Parkwood Ln       C       75.00         City       State       Zip Code         Primary       General       Occupation         Primary       General       Occupation         Main address 19090 Parkwood Ln       Transaction ID: 01124.C8176         Amount of Each Receipt this Period       Transaction ID: 01124.C8176         Amount of Each Receipt this Period       75.00         Receipt For:       Occupation         Primary       General       Size 526.00         Ohr (specify) ▼       State       Zip Code         Main address 1459 N Rochester Rd       Transaction ID: 01124.C8178         City       State       Zip Code         Name of Employer       Occupation         Neeceipt For:       Payroll Deduct		Mailing Address 3434 Essex		
FEC ID number of contributing federal political committee.       C       90.00         Name of Employer Health Allance Plan       Occupation AVP - Technology & eBusiness D       Receipt         Receipt For: PrimaryGeneral       Aggregate Year-to-Date ▼       Payroll Deduction; (30.00-// Payroll Deduction; (20.00-// Payroll Deduction; (40.00-// Payroll Deduction		City		Transaction ID: 01124.C8210
federal political committee.       G		Troy	MI 48084	Amount of Each Receipt this Period
Heating Alliando Bran       AVP - Technology & eBusiness D         APP - Technology & eBusiness D         Agregate Year-to-Date ▼         Primary       General         City       State         City       State         Prownstown Twp       MI         Agregate Year-to-Date ▼         Primary       General         City       State         Brownstown Twp       MI         Agregate Year-to-Date ▼         Primary       C         Annount of Each Receipt for:         Primary       Occupation         State       Zip Code         Annount of Each Receipt for:       Agregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Occupation         State       Zip Code         Name of Employer       Occupation         Primary       General         Other (specify) ▼       State         State       Zip Code         Mailing Address       1459 N Rochester Rd         Other (specify) ▼       State         City       State         Okaland       Mil 4383-1630         FEC ID number of contributing       C         Feceipt For:			C	90.00
Receipt For:		Name of Employer Health Alliance Plan		- Receipt
Primary       General       Date of Receipt         B.       Maiing Address       19090 Parkwood Ln       Transaction ID: 01124.C8176       Transaction ID: 01124.C8176         City       State       Zip Code       Mount of Each Receipt His Period       Transaction ID: 01124.C8176         Payroll Deduction: (25.00-       Maine of Employer       Occupation       St. Member Advocate       Payroll Deduction: (25.00-//Bi-Weekly         Name of Employer       General       Occupation       St. Member Advocate       Payroll Deduction: (25.00-//Bi-Weekly       Payroll Deduction: (25.00-//Bi-Weekly         C.       Howard Flasch       Date of Receipt       Date of Receipt       Payroll Deduction: (25.00-//Bi-Weekly         C.       Howard Flasch       Date of Receipt       Transaction ID: 01124.C8178       Amount of Each Receipt His Period         City       State       Zip Code       Mil       48363-1630       Amount of Each Receipt His Period         FEC ID number of contributing federal political committee.       C       Transaction ID: 01124.C8178       Amount of Each Receipt His Period         FEC ID number of contributing federa		Receipt For:		
3.       Laura Eory       Mailing Address 19090 Parkwood Ln       Date of Receipt         City       State       Zip Code         Brownstown Twp       MI       48183-6804         FEC ID number of contributing federal political committee.       C       Transaction ID: 01124.C8176         Name of Employer Health Alliance Plan       Sr Member Advocate       Receipt For:         Primary       General       Occupation       Sr Member Advocate         Other (specify) ▼       Aggregate Year-to-Date ▼       Payroll Deduction: (25.00-//Bi-Weekly )         C.       Full Name (Last, First, Middle Initial)       Date of Receipt         Howard Flasch       MI       48363-1630         Maiing Address       1459 N Rochester Rd       Transaction ID: 01124.C8178         City       State       Zip Code       Transaction ID: 01124.C8178         Amount of Each Receipt Imital       MI       48363-1630       Transaction ID: 01124.C8178         Amount of Each Receipt Imital       MI       48363-1630       Receipt         Payroll Deduction:       V • 0       18       Z 0 1 0         Transaction ID: 01124.C8178       Amount of Each Receipt Imital       Mi         Mailing Address       1459 N Rochester Rd       Payroll Deduction: (40.00-         Name of Employer<				Payroll Deduction: (30.00- /Bi-Weekly )
Mailing Address       19090 Parkwood Ln         City       State       Zip Code         Brownstown Twp       MI       48183-6804         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer Health Alliance Plan       Occupation Sr Member Advocate       Receipt         Receipt For:       Aggregate Year-to-Date ▼       Payroll Deduction: (25.00- /Bi-Weekly)         C       Mailing Address       1459 N Rochester Rd         City       State       Zip Code         Oakland       MI       48363-1630         FEC ID number of contributing federal political committee.       Date of Receipt         Mailing Address       1459 N Rochester Rd       MI         City       State       Zip Code         Oakland       MI       48363-1630         FEC ID number of contributing federal political committee.       C         Name of Employer Health Alliance Plan       VP - Product Development         Receipt For:       Aggregate Year-to-Date ▼       Payroll Deduction: (40.00- /Bi-Weekly)         Name of Employer Health Alliance Plan       Aggregate Year-to-Date ▼       Payroll Deduction: (40.00- /Bi-Weekly)         Subtrottal of Receipts This Page (optional)       880.00       Payroll Deduction: (40.00-	– B.			Date of Receipt
Brownstown Twp       MI       48183-6804       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       75.00         Name of Employer Health Alliance Plan       Occupation Sr Member Advocate       Receipt         Receipt For:				M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee.       C       75.00         Name of Employer Health Alliance Plan       Occupation Sr Member Advocate       Receipt         Receipt For: Other (specify) ♥       Aggregate Year-to-Date ♥       Payroll Deduction: (25.00- (Bi-Weekly ))         Full Name (Last, First, Middle Initial) Howard Flasch       Date of Receipt         Mailing Address       1459 N Rochester Rd       Date of Receipt         City       State       Zip Code         Oakland       MI       48363-1630         FEC ID number of contributing federal political committee.       Occupation VP - Product Development         Name of Employer Health Alliance Plan       Occupation VP - Product Development         Receipt For: Primary       General Other (specify) ♥       Occupation VP - Product Development         Receipt For: Primary       General Other (specify) ♥       Aggregate Year-to-Date ♥         SUBTOTAL of Receipts This Page (optional)       \$80.00       Payroll Deduction: (40.00- (Bi-Weekly )		City	State Zip Code	Transaction ID: 01124.C8176
federal political committee.       7.3.00         Name of Employer Health Alliance Plan       Occupation Sr Member Advocate         Receipt For: Primary       General Other (specify) ♥       Aggregate Year-to-Date ♥         Payroll Deduction: (25.00-//Bi-Weekly)       Payroll Deduction: (25.00-//Bi-Weekly)         Full Name (Last, First, Middle Initial) Howard Flasch       Date of Receipt         Mailing Address       1459 N Rochester Rd       Date of Receipt         City       State       Zip Code         Oakland       MI       48363-1630         FEC ID number of contributing federal political committee.       Occupation VP - Product Development         Name of Employer Health Alliance Plan       Occupation VP - Product Development         Receipt For: Primary       General       Occupation VP - Product Development         Receipt For: Primary       Aggregate Year-to-Date ♥       Payroll Deduction: (40.00-//Bi-Weekly         SUBTOTAL of Receipts This Page (optional)       \$80.00       285.00		Brownstown Twp	MI 48183-6804	Amount of Each Receipt this Period
Heading of Employer       Occupation         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Date of Receipt         Heading Address       1459 N Rochester Rd         City       State       Zip Code         Oakland       Mil       48363-1630         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         VP - Product Development       Receipt         Receipt For:       Aggregate Year-to-Date ▼         Primary       General       Occupation         VP - Product Development       Receipt         Receipt For:       Aggregate Year-to-Date ▼         Primary       General       State         Other (specify) ▼       Aggregate Year-to-Date ▼         SubtottAL of Receipts This Page (optional)       880.00			C	
Primary       General         Other (specify) ▼       525.00         Full Name (Last, First, Middle Initial)       Date of Receipt         Howard Flasch       Date of Receipt         Mailing Address       1459 N Rochester Rd         City       State       Zip Code         Qakland       MI       48363-1630         FEC ID number of contributing federal political committee.       C         Name of Employer Health Alliance Plan       Occupation         VP - Product Development       Aggregate Year-to-Date       Payroll Deduction: (40.00-//Bi-Weekly)         SUBTOTAL of Receipts This Page (optional)       880.00       285.00		Name of Employer Health Alliance Plan		- Receipt
Other (specify) ▼       525.00 <pre>             Fayton Deduction, (25.00*             //Bi-Weekly             )             //Bi-Weekly             //Di             //Bi-Weekly             //Di             //Di</pre>			Aggregate Year-to-Date ▼	
C.       Howard Flasch       Date of Receipt         Mailing Address       1459 N Rochester Rd       Image: Control of Contro of Control of Contro of Control of Control o			525.00	Payroll Deduction: (25.00- /Bi-Weekly )
City       State       Zip Code         Oakland       MI       48363-1630         FEC ID number of contributing federal political committee.       C       10       18       2 0 1.0         Name of Employer Health Alliance Plan       Occupation VP - Product Development       Amount of Each Receipt this Period         Receipt For:       Occupation VP - Product Development       Payroll Deduction: (40.00-//Bi-Weekly)         Other (specify) ▼       880.00       Payroll Deduction: (40.00-//Bi-Weekly)         SUBTOTAL of Receipts This Page (optional)       285.00	- C.			Date of Receipt
Oakland       MI       48363-1630       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       120.00         Name of Employer Health Alliance Plan       Occupation VP - Product Development       Receipt         Receipt For:       Aggregate Year-to-Date ▼       Payroll Deduction: (40.00-/Bi-Weekly )         SUBTOTAL of Receipts This Page (optional)        285.00		Mailing Address 1459 N Rochester Rd		
FEC ID number of contributing federal political committee.       120.00         Name of Employer Health Alliance Plan       Occupation VP - Product Development         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       880.00         SUBTOTAL of Receipts This Page (optional)       ▲		-	•	
federal political committee.       Image: Committee.		Oakland	MI 48363-1630	Amount of Each Receipt this Period
Name of Employer     Occupation       Health Alliance Plan     VP - Product Development       Receipt For:     Aggregate Year-to-Date ▼       Primary     General       Other (specify) ▼     880.00       SUBTOTAL of Receipts This Page (optional)			C	
Primary       General         Other (specify) ▼       880.00         SUBTOTAL of Receipts This Page (optional)       285.00		Name of Employer Health Alliance Plan		
Other (specify) ▼       880.00       Hayon Deduction (40.00         SUBTOTAL of Receipts This Page (optional)       285.00			Aggregate Year-to-Date ▼	
			880.00	Payroll Deduction: (40.00- /Bi-Weekly )
	Γ	SUBTOTAL of Receipts This Page (optional).	L	285.00
TOTAL This Period (last page this line number only)				

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 21 (check only one)
1	TEMIZED RECEIPTS	for each category of the	
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Г	Annuinformation annial frame analy Department		
	Any information copied from such Reports and s or for commercial purposes, other than using the		
	Health Alliance Plan PAC		
	Thealth Amarice Francisco		
Z	Full Name (Last, First, Middle Initial)		
Α.	Michael M. Forhan		Date of Receipt
	Mailing Address 1587 Anita		10 <sup>/</sup> 18 <sup>/</sup> 2010
	City	State Zip Code	
	Grosse Pointe Wood	· · ·	Transaction ID: 01124.C8179
		MI 48236	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	36.00
	rederar political committee.		
	Name of Employer Health Alliance Plan	Occupation	Receipt
		Mgr - Comp & Benefits	
	Receipt For:	Aggregate Year-to-Date	
	Primary General	264.00	Payroll Deduction: (12.00-
	Other (specify)		/Bi-Weekly )`
_			
В.	Full Name (Last, First, Middle Initial) Mark Hall		Date of Receipt
-	Mailing Address 25450 Constitution		
	20100 Condition		10 18 2010
	City	State Zip Code	Transaction ID: 01124.C8203
	Novi	MI 48375-1763	Amount of Each Receipt this Period
	FEC ID number of contributing		230.88
	federal political committee.	C	230.00
	Name of Employer	Occupation	Receipt
	Name of Employer Health Alliance Plan	AVP - NB Dist Channel Mgmt	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		Payroll Deduction: (76.96-
	Other (specify)	1770.08	/Bi-Weekly )
_			
~	Full Name (Last, First, Middle Initial)		Data of Descipt
C.	Michael Heffner Mailing Address 2850 West Grand Bou	ulay yang	Date of Receipt
	Maning Address 2650 West Grand Bot	lievard	10 18 2010
	City	State Zip Code	Transaction ID: 01124.C8209
	Detroit	MI 48202	Amount of Each Receipt this Period
	FEC ID number of contributing		20.00
	federal political committee.	C	39.00
	Name of Employer	Occupation	
	Name of Employer Health Alliance Plan	Manager	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General		Payroll Deduction: (13.00-
	Other (specify) 🔻	299.00	/Bi-Weekly )
Γ			
	SUBTOTAL of Receipts This Page (optional) .		▶ 305.88
F			
	TOTAL This Period (last page this line number	r only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 11 / 21           (check only one)         X           X         11a           13         14           15         16				
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person g the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.				
Health Alliance Plan PAC						
Full Name (Last, First, Middle Initial) Cynthia Hoffman						
Mailing Address 5768 Whitehaven	Dr	10 <sup>1</sup> 18 <sup>2</sup> 2010				
City	State Zip Code	Transaction ID: 01124.C8197				
Troy	MI 48085-3188	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	90.00				
Name of Employer Health Alliance Plan	Occupation Mgr - eCommerce & Tech Plannin	- Receipt				
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary     General       Other (specify) ▼	690.00	Payroll Deduction: (30.00- /Bi-Weekly )				
Full Name (Last, First, Middle Initial) 6. Kevin Hurley		Date of Receipt				
Mailing Address 45504 Morningside	e Rd	M · M         /         D · D         Y         Y · Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y · Y · Y · Y · Y         Y · Y · Y · Y · Y · Y         Y · Y · Y · Y · Y · Y · Y · Y · Y · Y ·				
City	State Zip Code	Transaction ID: 01124.C8172				
Canton	MI 48187-5610	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	36.00				
Name of Employer Health Alliance Plan	Occupation Manager	- Receipt				
Receipt For:	Aggregate Year-to-Date 🔻					
Primary     General       Other (specify) ▼	276.00	Payroll Deduction: (12.00- /Bi-Weekly )				
Full Name (Last, First, Middle Initial) Joyce M. James		Date of Receipt				
Mailing Address 20810 Gardner St.		M         M         /         D         D         /         Y				
City	State Zip Code	Transaction ID: 01124.C8181				
Oak Park	MI 48237	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	36.00				
Name of Employer Health Alliance Plan	Occupation Mgr - Provider Fin	Receipt				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 276.00	Payroll Deduction: (12.00- /Bi-Weekly )				
SUBTOTAL of Receipts This Page (option	al)	162.00				
	nber only)					

		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 12/21           (check only one)         11a         11b         11c         12           13         14         15         16         1				
or for commercial purp	oses, other than using the name	ents may not be sold or used by any persor and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.				
Health Alliance	· · · ·						
Full Name (Last, Fi Mohammed Kanpun	vala		Date of Receipt				
Mailing Address	141 Sylvan Dr		10 <sup>M</sup> 18 <sup>V</sup> 2010				
City		tate Zip Code	Transaction ID: 01124.C8180				
<u>Canton</u>	N	Al 48188-1596	Amount of Each Receipt this Period				
			52.50				
		cupation r - Underwriting/Ahl	Receipt				
Receipt For:	General	gregate Year-to-Date 🔻					
Other (specif		385.00	Payroll Deduction: (17.50- /Bi-Weekly )				
Full Name (Last, Fi Donald Kiefiuk	rst, Middle Initial)		Date of Receipt				
	39810 Karda		M M         /         D D         /         Y Y Y Y         Y           10         18         2010				
City		tate Zip Code	Transaction ID: 01124.C8177				
Sterling Heights FEC ID number of		Al 48313	Amount of Each Receipt this Period				
federal political con	imittee.						
Name of Employer Health Alliance Pla	n	cupation /P Claim Operation	- Receipt				
Receipt For:		gregate Year-to-Date 🔻	-				
Other (specif	General y) ▼	840.00	Payroll Deduction: (40.00- /Bi-Weekly )				
Full Name (Last, Fi Glen Koslakiewicz	rst, Middle Initial)		Date of Receipt				
Mailing Address	30431 John Hauk		M M / D D / Y Y Y Y 10 18 2010				
City		tate Zip Code	Transaction ID: 01124.C8186				
Garden City		Al 48135	Amount of Each Receipt this Period				
FEC ID number of federal political con			Receipt				
Name of Employer Health Alliance Pla		cupation - Fin Operations					
Receipt For: Primary Other (specif	Ag General y) ▼	Payroll Deduction: (18.00- /Bi-Weekly )					
	I		226.50				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 13 / 21           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17			
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	not be sold or used by any perso ress of any political committee to	solicit contributions from such committee.			
	Health Alliance Plan PAC						
Α.	Full Name (Last, First, Middle Initial) Phillip Krause						
	Mailing Address 30526 N. Greenbriar			10 <sup>M</sup> /18 <sup>Y</sup> /2010			
	City	State	Zip Code	Transaction ID: 01124.C8183			
	Franklin	MI	48025	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		24.00			
	Name of Employer Health Alliance Plan	Occupation Manager,		- Receipt			
	Receipt For:	Aggregate	Year-to-Date V				
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	0 0	252.00	Payroll Deduction: (12.00- /Bi-Weekly )			
в.	Full Name (Last, First, Middle Initial) Ken Kreis			Date of Receipt			
	Mailing Address 31800 Shawn Dr			M M / D D / Y Y Y Y 10 18 2010			
	City	State	Zip Code	Transaction ID: 01124.C8182			
	Warren	MI	48088-2936	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		- Receipt			
	Name of Employer Health Alliance Plan		l Dev/Bus Supp/Proj M				
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻				
	Other (specify) ▼	0 0	253.00	Payroll Deduction: (11.00- /Bi-Weekly )			
с.	Full Name (Last, First, Middle Initial) Melissa Kurtz	1		Date of Receipt			
	Mailing Address 2850 West Grand Bou	ulevard		M M / D D / Y Y Y Y Y 10 18 2010			
	City	State	Zip Code	Transaction ID: 01124.C8211			
		MI	48202	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		40.00 Receipt			
	Name of Employer Oc Health Alliance Plan Ma						
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 440.00	Payroll Deduction: (20.00- /Bi-Weekly )			
	SUBTOTAL of Receipts This Page (optional) .			97.00			
	TOTAL This Period (last page this line number	er only)					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 14 / 21           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17				
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC	name and ad	dress of any political committee to	solicit contributions from such committee.				
Α.	Full Name (Last, First, Middle Initial) Rory Lafferty Mailing Address 4414 Hunt Club Drive			Date of Receipt				
	Mailing Address 4414 Hunt Club Drive #2D			10 <sup>M</sup> / D D / Y Y Y Y 10 <sup>D</sup> 18 <sup>D</sup> 2010				
	City	State	Zip Code	Transaction ID: 01124.C8185				
	<u>Ypsilanti</u>	MI	48197	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		30.00				
	Name of Employer Health Alliance Plan	Occupatio		Receipt				
		, <b></b>	ve Associate					
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	Devel Deductions (10.00				
	Other (specify) ▼	0 0	230.00	Payroll Deduction: (10.00- /Bi-Weekly )				
в.	Full Name (Last, First, Middle Initial) Virginia Lambert			Date of Receipt				
	Mailing Address 6014 Plainfield			10 <sup>M</sup> 18 <sup>Y</sup> 2010				
	City	State	Zip Code	Transaction ID: 01124.C8184				
	Dearborn Heights	MI	48127-2834	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		28.50				
	Name of Employer Health Alliance Plan	Occupatio Mgr - Dis	n sbursements	Receipt				
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	Primary     General       Other (specify) ▼		209.00	Payroll Deduction: (9.50/- Bi-Weekly )				
С.	Full Name (Last, First, Middle Initial) Anita Landino			Date of Receipt				
	Mailing Address 43885 Boulder Dr			10 <sup>M M</sup> / D D / Y Y Y Y 18 <sup>2</sup> 2010				
	City	State	Zip Code	Transaction ID: 01124.C8187				
	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	Occupatio Assoc D	<sup>n</sup> ir - Advertising/Comm	Receipt				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 220.00	Payroll Deduction: (10.00- /Bi-Weekly )				
	SUBTOTAL of Receipts This Page (optional)			88.50				
	TOTAL This Period (last page this line number	only)						

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15/21 (check only one) X 11a 11b 11c 12				
		13 14 15 16 17				
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any persor the name and address of any political committee to s	n tor the purpose of soliciting contributions solicit contributions from such committee.				
Health Alliance Plan PAC						
Full Name (Last, First, Middle Initial) A. Michelle Lang						
Mailing Address 48616 Dunn Court		10 <sup>/</sup> <sup>D</sup> <sup>D</sup> <sup>V</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>				
City	State Zip Code	Transaction ID: 01124.C8200				
Macomb	MI 48044	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	48.00				
Name of Employer Health Alliance Plan	Occupation Dir - Coordination of Benefits	- Receipt				
Receipt For:	Aggregate Year-to-Date ▼	1				
Other (specify)	368.00	Payroll Deduction: (16.00- /Bi-Weekly )				
Full Name (Last, First, Middle Initial) B. Sandra Ledesma		Date of Receipt				
Mailing Address 22429 Provincial St		M M / D D / Y Y Y Y 10 / 18 / 2010				
City	State Zip Code	Transaction ID: 01124.C8212				
Trenton	MI 48183	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	51.90				
Name of Employer Health Alliance Plan	Occupation Manager IT	- Receipt				
Receipt For:	Aggregate Year-to-Date 🔻					
Other (specify)	397.90	Payroll Deduction: (17.30- /Bi-Weekly )				
Full Name (Last, First, Middle Initial)           Ryan C. Moore		Date of Receipt				
Mailing Address 723 Barclay Drive		M         M         /         D         D         /         Y				
City	State Zip Code	Transaction ID: 01124.C8188				
Troy	MI 48085	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.		Receipt				
Name of Employer Health Alliance Plan	Occupation Adm Manager, Office of COO					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 265.42	Payroll Deduction: (11.54- /Bi-Weekly )				
SUBTOTAL of Receipts This Page (optional	I	134.52				
TOTAL This Period (last page this line numb	·					

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for eac Detaile	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER:         PAGE 16/21           (check only one)         11a           X         11a           13         14           15         16           17			
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Health Alliance Plan PAC	Statements may not be s e name and address of a	old or used by any perso any political committee to	solicit contributions from such committee.			
لا م.	Full Name (Last, First, Middle Initial) Diane Pawlica			Date of Receipt			
	Mailing Address 45568 Morningside			10 / D / Y Y Y Y 10 18 2010			
	City	State Zip (	Code	Transaction ID: 01124.C8190			
	<u>Canton</u>	MI 481	87	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		60.00			
	Name of Employer Health Alliance Plan	Occupation Dir - System Car	re Mgmt	Receipt			
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-I	Date ▼ 440.00	Payroll Deduction: (20.00- /Bi-Weekly )			
- 3.	Full Name (Last, First, Middle Initial) Vincent Pawloske Mailing Address 5450 Sandlewood Co	l		Date of Receipt			
	Maining Address 5450 Sandlewood Co	10 <sup>M</sup> 18 <sup>V</sup> 2010					
	City	•	Code	Transaction ID: 01124.C8215			
	Waterford	MI 483	29	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		60.00			
	Name of Employer Health Alliance Plan	Occupation Associate Directo	_	Receipt			
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-I	Date ▼ 460.00	Payroll Deduction: (20.00- /Bi-Weekly )			
	Full Name (Last, First, Middle Initial) Christopher Pike			Date of Receipt			
	Mailing Address 1657 Wilmington Ct			M         M         /         D         D         Y			
	City		Code	Transaction ID: 01124.C8192			
	Rochester FEC ID number of contributing federal political committee.	MI 483		Amount of Each Receipt this Period 240.00			
	Name of Employer Health Alliance Plan	Occupation AVP - Informatio	n Tech Supp	- Receipt			
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-I	•••	Payroll Deduction: (80.00- /Bi-Weekly )			
Γ				360.00			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 17/21         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17					
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.					
	Health Alliance Plan PAC							
Α.	Full Name (Last, First, Middle Initial) Rachel Powell Mailing Address 543 Thurber		Date of Receipt					
	City	State Zip Code	10 18 2010 Transaction ID: 01124.C8201					
	Troy	MI 48085-4827	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	54.00					
	Name of Employer Health Alliance Plan	Occupation Dir - Encounter/Claim Accuracy	Receipt					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 414.00	Payroll Deduction: (18.00- /Bi-Weekly )					
- В.	Full Name (Last, First, Middle Initial) Donna Reid Mailing Address 2850 W Grand Blvd		Date of Receipt					
	Maining Address 2000 W Grand Divd		10 18 2010					
	City	State Zip Code	Transaction ID: 01124.C8196					
	Detroit	MI 48202-2643	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.		99.00 Receipt					
	Name of Employer Health Alliance Plan	Occupation Management						
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  693.00	Payroll Deduction: (33.00- /Bi-Weekly )					
- С.	Full Name (Last, First, Middle Initial) Chrystal M. Roberts		Date of Receipt					
	Mailing Address 24601 Pinehurst Aven	ne	10 <sup>M</sup> 18 <sup>J</sup> 2010					
	City	State Zip Code	Transaction ID: 01124.C8216					
	Oak Park	MI 48237	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	51.90					
	Name of Employer Health Alliance Plan	Occupation Director	Receipt					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 397.90	Payroll Deduction: (17.30- /Bi-Weekly )					
ſ	SUBTOTAL of Receipts This Page (optional)	·	204.90					
	TOTAL This Period (last page this line number	only)						

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 18 / 21         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17				
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Any information copied from such Reports and Statements may not be sold or used by any person for for commercial purposes, other than using the name and address of any political committee to so						
	Health Alliance Plan PAC							
Α.	Full Name (Last, First, Middle Initial) Dianna Ronan			Date of Receipt				
	Mailing Address 2156 Cumberland			10 <sup>M</sup> 18 <sup>Y</sup> 2010				
	City	State	Zip Code	Transaction ID: 01124.C8195				
	Brighton		48114	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		240.00				
	Name of Employer Health Alliance Plan	Occupatio	n ancial Services	- Receipt				
	Receipt For:	1	e Year-to-Date V	-1				
	Primary General Other (specify) ▼		1840.00	Payroll Deduction: (80.00- /Bi-Weekly )				
в.	Full Name (Last, First, Middle Initial) Donna Siegmund	I		Date of Receipt				
	Mailing Address 9 Sylvan Ave			M         M         /         D         D         /         Y				
	City	State	Zip Code	Transaction ID: 01124.C8205 Amount of Each Receipt this Period				
	Pleasant Ridge	MI	48069-1235					
	FEC ID number of contributing federal political committee.	C		36.00				
	Name of Employer Health Alliance Plan	Occupatio Project N		- Receipt				
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	Other (specify)	0 0	276.00	Payroll Deduction: (12.00- /Bi-Weekly )				
С.	Full Name (Last, First, Middle Initial) Ronald R. Stallworth			Date of Receipt				
	Mailing Address 8121 Agnes			M M / D D / Y Y Y Y 10 18 2010				
	City	State	Zip Code	Transaction ID: 01124.C8199				
	Detroit	MI	48214	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		120.00				
	Name of Employer Health Alliance Plan	Occupatio VP - Gov	<sup>n</sup> vernment Affairs	Receipt				
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	Other (specify) ▼	0 0	920.00	Payroll Deduction: (40.00- /Bi-Weekly )				
	SUBTOTAL of Receipts This Page (optional)			396.00				
	TOTAL This Period (last page this line number	only)	▶					

SCHEDULE A (FEC Form 3X)		III F A (FFC Form 3X)			
			Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 19 / 21 (check only one)	
I	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
_			, ,	13 14 15 16 17	
4	Any information copied from such Reports and S or for commercial purposes, other than using the	erson for the purpose of soliciting contributions to solicit contributions from such committee.			
	Health Alliance Plan PAC				
Α.	Full Name (Last, First, Middle Initial) Peter A. Stewart			Date of Receipt	
	Mailing Address 7961 Little Farm Lane			M         M         /         D         D         Y	
	City	Transaction ID: 01124.C8214			
	West Bloomfield	MI	48322	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		36.00	
	Hoalth Alliana Dlan		on	Receipt	
	Receipt For:	, I – – – – –	r Auditing Services e Year-to-Date <b>V</b>		
	Primary General			Payroll Deduction: (12.00-	
	Other (specify)	0 0	276.00	/Bi-Weekly )`	
– В.	Full Name (Last, First, Middle Initial) Marc Vanderburg			Date of Receipt	
	Mailing Address 25750 Ivanhoe Rd			M M / D D / Y Y Y Y 10 18 2010	
	City	Zip Code	Transaction ID: 01124.C8204		
	Huntington Woods	MI	48070-1606	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		30.00	
	Name of Employer Health Alliance Plan	Occupatio	on	Receipt	
		Director			
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	Deverall Deductions (10.00	
	Other (specify)	0 0	230.00	Payroll Deduction: (10.00- /Bi-Weekly )	
– c.	Full Name (Last, First, Middle Initial) Jamie Walker-White	1		Date of Receipt	
	Mailing Address 17574 Greenfield Rd			10 18 2010	
	City	State	Zip Code	Transaction ID: 01124.C8202	
	Detroit	MI	48235-3117	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		30.00	
	Name of Employer Health Alliance Plan		on Sor	Receipt	
	Receipt For:	· · · · · · · · · · · · · · · · · · ·	e Year-to-Date 🔻		
	Primary     General       Other (specify)     ▼	0 0	230.00	Payroll Deduction: (10.00- /Bi-Weekly )	
Γ	CURTOTAL of Descists This Daws (and the li	1		96.00	
F	SUBTOTAL of Receipts This Page (optional)				
	TOTAL This Period (last page this line number	only)		▶ 3043.85	

	SCHEDULE B (FEC Form 3X)	Use separate schedule(s) for each category of the		OR LINE		R:			PA	GE	20 / 21			
	ITEMIZED DISBURSEMENTS	Detailed Summary Page	X	21b 27	22 28a	$\square$	23 28b	$\square$	24 28c	$\square$	25 29	26 30b		
	Any Information copied from such Reports and Statemer or for commercial purposes, other than using the name													
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC													
Α.	Full Name (Last, First, Middle Initial) A. Comerica Bank Mailing Address P.O. Box 75000						Transaction ID:01124.E342Date of Disbursement $M M M$ $I 1 M$ $I 0 D$ $I 2 0 1 0$							
	City State Zip Code Detroit MI 48275-					Amount of Each Disbursement this Period								
	Purpose of Disbursement October Operating Expense					37.50								
	Candidate Name	gory/ pe												
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼			ОСТС	OBE	R OF	PER	ATIN	G E	EXPEN	SE		
	State: District:													

SUBTOTAL of Disbursements This Page (optional)	►	37.50
TOTAL This Period (last page this line number only)	►	37.50
FE6AN026		FEC Schedule B ( Form 3X) (Revised 02/2003)

9	SCHEDULE B (FEC Form 3	X)	FORLINE	NUMBER: PAGE 21/21
	TEMIZED DISBURSEMENT	Use separate schedule(s)	(check only	
_		Detailed Summary Page	21b 27	22         23         24         25         26           28a         28b         28c         X         29         30b
	Any Information copied from such Reports a or for commercial purposes, other than using			
	NAME OF COMMITTEE (In Full) Health Alliance Plan PAC			
Α.	Full Name (Last, First, Middle Initial) Unify Michigan			Transaction ID: 200000341 Date of Disbursement
	Mailing Address 230 N Washingt	on Square, Suite 100		$\begin{bmatrix} M & M \\ 1 & 0 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 9 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 1 & 0 \end{pmatrix}$
	City Lansing	State Zip Code MI 48933-		Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT CONTRIBUTION			2500.00
	Candidate Name		Category/ Type	
	Office Sought: House Senate President	Disbursement For: 2010 Primary General X Other (specify) ▼		
_	State: District:	ANNUAL/OTHER		
В.	Full Name (Last, First, Middle Initial) Virg Bernero for Michigan			Transaction ID: 200000340 Date of Disbursement
	Mailing Address PO Box 10067			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 1 \\ \end{array} \\ \begin{array}{c} V \\ 1 \\ \end{array} \\ \end{array} \\ \begin{array}{c} V \\ 1 \\ \end{array} \\ \begin{array}{c} V \\ 1 \\ \end{array} \\ \end{array} \\ \begin{array}{c} V \\ 1 \\ \end{array} \\ \begin{array}{c} V \\ 1 \\ \end{array} \\ \end{array} \\ \begin{array}{c} V \\ 1 \\ \end{array} \\ \end{array} \\ \begin{array}{c} V \\ 1 \\ \end{array} \\ \end{array} \\ \begin{array}{c} V \\ 1 \\ \end{array} \\ \end{array} \\ \begin{array}{c} V \\ 1 \\ \end{array} \\ \end{array} \\ \begin{array}{c} V \\ 1 \\ \end{array} \\ \end{array} \\ \begin{array}{c} V \\ V \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} V \\ V \\ \end{array} \\$
	City Lansing	State Zip Code MI 48901-		Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT CONTRIBUTION			300.00
	Candidate Name		Category/ Type	
	Office Sought: House Senate President	Disbursement For: 2010 Primary X General Other (specify) ▼		
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	►	2800.00
TOTAL This Period (last page this line number only)	►	2800.00
FE6AN026		FEC Schedule B ( Form 3X) (Revised 02/2003)