

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special Election on 11 02 2010 in the State of MI

5. Covering Period 10 14 2010 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 Electronically Filed by Nancy Cushman Date 11 24 2010

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

Office Use Only table with 8 columns and 1 row

FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Health Alliance Plan PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		52692.71
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning 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. Total Disbursements (from Line 31)	2837.50	28396.39								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	55961.22	55961.22								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Health Alliance Plan PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	3043.85	23590.40
(ii) Unitemized	92.55	8074.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3136.40	31664.90
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	3136.40	31664.90
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))	3136.40	31664.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3136.40	31664.90

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	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. 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.....	2800.00	17700.00
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))..	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

FEC Form 3X (Rev. 02/2003)

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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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 21
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A.	Full Name (Last, First, Middle Initial) Scott Allen	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 3066 Richmond Dr	Transaction ID: 01124.C8217
	City State Zip Code Clarkston MI 48348-5063	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Health Alliance Plan Occupation Assoc Dir, Labor Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 575.00	Payroll Deduction: (25.00- /Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Vernal Brand	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 2850 W Grand Blvd	Transaction ID: 01124.C8194
	City State Zip Code Detroit MI 48202-2643	Amount of Each Receipt this Period 37.50
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Health Alliance Plan Occupation Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 237.50	Payroll Deduction: (12.50- /Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Marcie Brunell	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 2850 West Grand Boulevard	Transaction ID: 01124.C8207
	City State Zip Code Detroit MI 48202	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 Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 230.00	Payroll Deduction: (10.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	142.50
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 7 / 21
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Full Name (Last, First, Middle Initial)
Elizabeth A. Caldwell

Mailing Address 24307 Cunningham

City Warren State MI Zip Code 48091

FEC ID number of contributing federal political committee. C

Name of Employer Health Alliance Plan Occupation Supervisor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 265.65

Date of Receipt 10 / 18 / 2010

Transaction ID: 01124.C8208

Amount of Each Receipt this Period 34.65

Receipt

Payroll Deduction: (11.55- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Elizabeth Chavez

Mailing Address 23706 Northstone Village Drive

City Taylor State MI Zip Code 48180

FEC ID number of contributing federal political committee. C

Name of Employer Health Alliance Plan Occupation Supv - Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 18 / 2010

Transaction ID: 01124.C8174

Amount of Each Receipt this Period 37.50

Receipt

Payroll Deduction: (12.50- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Jonathan W. Clement

Mailing Address 923 Westchester

City Grosse Pointe State MI Zip Code 48230-1829

FEC ID number of contributing federal political committee. C

Name of Employer Health Alliance Plan Occupation VP - Underwriting & Rating

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 880.00

Date of Receipt 10 / 18 / 2010

Transaction ID: 01124.C8175

Amount of Each Receipt this Period 120.00

Receipt

Payroll Deduction: (40.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) 192.15

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 8 / 21
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Full Name (Last, First, Middle Initial)
Kenny Dodson
Mailing Address 11236 Meadow Brook Dr.
City Warren State MI Zip Code 48093
FEC ID number of contributing federal political committee. **C**
Name of Employer Health Alliance Plan Occupation Mgr - Claims
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 340.00
Date of Receipt 10 / 18 / 2010
Transaction ID: 01124.C8189
Amount of Each Receipt this Period 51.00
Receipt
Payroll Deduction: (17.00- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Jody L. Doherty
Mailing Address 21115 Violet
City Saint Clair Shores State MI Zip Code 48082
FEC ID number of contributing federal political committee. **C**
Name of Employer Health Alliance Plan Occupation Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 397.90
Date of Receipt 10 / 18 / 2010
Transaction ID: 01124.C8206
Amount of Each Receipt this Period 51.90
Receipt
Payroll Deduction: (17.30- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Jeanne Dunk
Mailing Address 1429 Iroquois
City Detroit State MI Zip Code 48214
FEC ID number of contributing federal political committee. **C**
Name of Employer Health Alliance Plan Occupation VP - Assoc General Counsel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00
Date of Receipt 10 / 27 / 2010
Transaction ID: 01124.C8171
Amount of Each Receipt this Period 250.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 352.90
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 9 / 21
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Full Name (Last, First, Middle Initial)
Michael A. Elinski

Mailing Address 3434 Essex

City State Zip Code
Troy MI 48084

FEC ID number of contributing federal political committee. C

Name of Employer Health Alliance Plan Occupation AVP - Technology & eBusiness D

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

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

Transaction ID: 01124.C8210

Amount of Each Receipt this Period 90.00

Receipt

Payroll Deduction: (30.00- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Laura Eory

Mailing Address 19090 Parkwood Ln

City State Zip Code
Brownstown Twp MI 48183-6804

FEC ID number of contributing federal political committee. C

Name of Employer Health Alliance Plan Occupation Sr Member Advocate

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

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

Transaction ID: 01124.C8176

Amount of Each Receipt this Period 75.00

Receipt

Payroll Deduction: (25.00- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Howard Flasch

Mailing Address 1459 N Rochester Rd

City State Zip Code
Oakland MI 48363-1630

FEC ID number of contributing federal political committee. C

Name of Employer Health Alliance Plan Occupation VP - Product Development

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 880.00

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

Transaction ID: 01124.C8178

Amount of Each Receipt this Period 120.00

Receipt

Payroll Deduction: (40.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) 285.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 21
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A.

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

Mailing Address 1587 Anita

City State Zip Code
Grosse Pointe Wood MI 48236

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 264.00

Date of Receipt: 10 / 18 / 2010

Transaction ID: 01124.C8179

Amount of Each Receipt this Period: 36.00

Receipt

Payroll Deduction: (12.00- /Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mark Hall

Mailing Address 25450 Constitution

City State Zip Code
Novi MI 48375-1763

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

Name of Employer Health Alliance Plan Occupation AVP - NB Dist Channel Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1770.08

Date of Receipt: 10 / 18 / 2010

Transaction ID: 01124.C8203

Amount of Each Receipt this Period: 230.88

Receipt

Payroll Deduction: (76.96- /Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Michael Heffner

Mailing Address 2850 West Grand Boulevard

City State Zip Code
Detroit MI 48202

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

Name of Employer Health Alliance Plan Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 299.00

Date of Receipt: 10 / 18 / 2010

Transaction ID: 01124.C8209

Amount of Each Receipt this Period: 39.00

Receipt

Payroll Deduction: (13.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **305.88**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 21
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							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 ▼ 690.00

Date of Receipt: 10 / 18 / 2010

Transaction ID: 01124.C8197

Amount of Each Receipt this Period: 90.00

Receipt

Payroll Deduction: (30.00- /Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Kevin Hurley

Mailing Address 45504 Morningside Rd

City State Zip Code
Canton MI 48187-5610

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

Name of Employer Health Alliance Plan Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 276.00

Date of Receipt: 10 / 18 / 2010

Transaction ID: 01124.C8172

Amount of Each Receipt this Period: 36.00

Receipt

Payroll Deduction: (12.00- /Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Joyce M. James

Mailing Address 20810 Gardner St.

City State Zip Code
Oak Park MI 48237

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

Name of Employer Health Alliance Plan Occupation Mgr - Provider Fin

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 276.00

Date of Receipt: 10 / 18 / 2010

Transaction ID: 01124.C8181

Amount of Each Receipt this Period: 36.00

Receipt

Payroll Deduction: (12.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **162.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 21
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A.

Full Name (Last, First, Middle Initial)
Mohammed Kanpurwala

Mailing Address 441 Sylvan Dr

City Canton State MI Zip Code 48188-1596

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

Name of Employer Health Alliance Plan Occupation Dir - Underwriting/Ahl

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 385.00

Date of Receipt 10 / 18 / 2010

Transaction ID: 01124.C8180

Amount of Each Receipt this Period 52.50

Receipt

Payroll Deduction: (17.50- /Bi-Weekly)

B.

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

Mailing Address 39810 Karda

City Sterling Heights State MI Zip Code 48313

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

Name of Employer Health Alliance Plan Occupation AVP Claim Operation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 18 / 2010

Transaction ID: 01124.C8177

Amount of Each Receipt this Period 120.00

Receipt

Payroll Deduction: (40.00- /Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Glen Koslakiewicz

Mailing Address 30431 John Hauk

City Garden City State MI Zip Code 48135

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

Name of Employer Health Alliance Plan Occupation Dir - Fin Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 414.00

Date of Receipt 10 / 18 / 2010

Transaction ID: 01124.C8186

Amount of Each Receipt this Period 54.00

Receipt

Payroll Deduction: (18.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 226.50

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 21
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A.

Full Name (Last, First, Middle Initial)
Phillip Krause

Mailing Address 30526 N. Greenbriar

City State Zip Code
Franklin MI 48025

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

Name of Employer Health Alliance Plan Occupation Manager, MBI

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt MM / DD / YYYY
10 / 18 / 2010

Transaction ID: 01124.C8183

Amount of Each Receipt this Period 24.00

Receipt

Payroll Deduction: (12.00- /Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Ken Kreis

Mailing Address 31800 Shawn Dr

City State Zip Code
Warren MI 48088-2936

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

Name of Employer Health Alliance Plan Occupation Mgr - Appl Dev/Bus Supp/Proj M

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 253.00

Date of Receipt MM / DD / YYYY
10 / 18 / 2010

Transaction ID: 01124.C8182

Amount of Each Receipt this Period 33.00

Receipt

Payroll Deduction: (11.00- /Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Melissa Kurtz

Mailing Address 2850 West Grand Boulevard

City State Zip Code
Detroit MI 48202

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

Name of Employer Health Alliance Plan Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt MM / DD / YYYY
10 / 18 / 2010

Transaction ID: 01124.C8211

Amount of Each Receipt this Period 40.00

Receipt

Payroll Deduction: (20.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **97.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A.	Full Name (Last, First, Middle Initial) Rory Lafferty	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 4414 Hunt Club Drive #2D	Transaction ID: 01124.C8185
	City Ypsilanti State MI Zip Code 48197	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 Legislative Associate Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 230.00	Payroll Deduction: (10.00- /Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Virginia Lambert	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 6014 Plainfield	Transaction ID: 01124.C8184
	City Dearborn Heights State MI Zip Code 48127-2834	Amount of Each Receipt this Period 28.50
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Health Alliance Plan Occupation Mgr - Disbursements Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 209.00	Payroll Deduction: (9.50- /Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Anita Landino	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 43885 Boulder Dr	Transaction ID: 01124.C8187
	City Clinton Township State MI Zip Code 48038-1423	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 Assoc Dir - Advertising/Comm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate 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)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Full Name (Last, First, Middle Initial)
Michelle Lang
 Mailing Address 48616 Dunn Court
 City State Zip Code
 Macomb MI 48044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation Dir - Coordination of Benefits
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 368.00
 Date of Receipt 10 / 18 / 2010
Transaction ID: 01124.C8200
 Amount of Each Receipt this Period 48.00
 Receipt
 Payroll Deduction: (16.00- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Sandra Ledesma
 Mailing Address 22429 Provincial St
 City State Zip Code
 Trenton MI 48183
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation Manager IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 397.90
 Date of Receipt 10 / 18 / 2010
Transaction ID: 01124.C8212
 Amount of Each Receipt this Period 51.90
 Receipt
 Payroll Deduction: (17.30- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ryan C. Moore
 Mailing Address 723 Barclay Drive
 City State Zip Code
 Troy MI 48085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation Adm Manager, Office of COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.42
 Date of Receipt 10 / 18 / 2010
Transaction ID: 01124.C8188
 Amount of Each Receipt this Period 34.62
 Receipt
 Payroll Deduction: (11.54- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **134.52**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 16 / 21
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Full Name (Last, First, Middle Initial)
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 ▼ 440.00
 Date of Receipt 10 / 18 / 2010
Transaction ID: 01124.C8190
 Amount of Each Receipt this Period 60.00
 Receipt
 Payroll Deduction: (20.00- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Vincent Pawloske
 Mailing Address 5450 Sandlewood Court
 City State Zip Code
 Waterford MI 48329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation Associate Director Finance
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00
 Date of Receipt 10 / 18 / 2010
Transaction ID: 01124.C8215
 Amount of Each Receipt this Period 60.00
 Receipt
 Payroll Deduction: (20.00- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Christopher Pike
 Mailing Address 1657 Wilmington Ct
 City State Zip Code
 Rochester MI 48309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation AVP - Information Tech Supp
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1760.00
 Date of Receipt 10 / 18 / 2010
Transaction ID: 01124.C8192
 Amount of Each Receipt this Period 240.00
 Receipt
 Payroll Deduction: (80.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 360.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 21
	<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) Rachel Powell		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 543 Thurber		Transaction ID: 01124.C8201
	City State Zip Code Troy MI 48085-4827	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 54.00
	Name of Employer Health Alliance Plan	Occupation Dir - Encounter/Claim Accuracy	Receipt Payroll Deduction: (18.00- /Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 414.00	

B.	Full Name (Last, First, Middle Initial) Donna Reid		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 2850 W Grand Blvd		Transaction ID: 01124.C8196
	City State Zip Code Detroit MI 48202-2643	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 99.00
	Name of Employer Health Alliance Plan	Occupation Management	Receipt Payroll Deduction: (33.00- /Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 693.00	

C.	Full Name (Last, First, Middle Initial) Chrystal M. Roberts		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 24601 Pinehurst Avenue		Transaction ID: 01124.C8216
	City State Zip Code Oak Park MI 48237	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 51.90
	Name of Employer Health Alliance Plan	Occupation Director	Receipt Payroll Deduction: (17.30- /Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 397.90	

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)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A.

Full Name (Last, First, Middle Initial)
Dianna Ronan

Mailing Address 2156 Cumberland

City State Zip Code
Brighton MI 48114

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

Name of Employer Health Alliance Plan Occupation VP - Financial Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1840.00

Date of Receipt 10 / 18 / 2010

Transaction ID: 01124.C8195

Amount of Each Receipt this Period 240.00

Receipt

Payroll Deduction: (80.00- /Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Donna Siegmund

Mailing Address 9 Sylvan Ave

City State Zip Code
Pleasant Ridge MI 48069-1235

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 ▼ 276.00

Date of Receipt 10 / 18 / 2010

Transaction ID: 01124.C8205

Amount of Each Receipt this Period 36.00

Receipt

Payroll Deduction: (12.00- /Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Ronald R. Stallworth

Mailing Address 8121 Agnes

City State Zip Code
Detroit MI 48214

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

Name of Employer Health Alliance Plan Occupation VP - Government Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 920.00

Date of Receipt 10 / 18 / 2010

Transaction ID: 01124.C8199

Amount of Each Receipt this Period 120.00

Receipt

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)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A.	Full Name (Last, First, Middle Initial) Peter A. Stewart	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 7961 Little Farm Lane	Transaction ID: 01124.C8214
	City State Zip Code West Bloomfield MI 48322	Amount of Each Receipt this Period 36.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Health Alliance Plan Occupation Manager Auditing Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 276.00	Payroll Deduction: (12.00- /Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Marc Vanderburg	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 25750 Ivanhoe Rd	Transaction ID: 01124.C8204
	City State Zip Code Huntington Woods MI 48070-1606	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 Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 230.00	Payroll Deduction: (10.00- /Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Jamie Walker-White	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 17574 Greenfield Rd	Transaction ID: 01124.C8202
	City State Zip Code Detroit MI 48235-3117	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 Supervisor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 230.00	Payroll Deduction: (10.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	96.00
TOTAL This Period (last page this line number only)	▶	3043.85

**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 20 / 21

<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

A.

Full Name (Last, First, Middle Initial)
Comerica Bank

Transaction ID: 01124.E342

Date of Disbursement

Mailing Address P.O. Box 75000

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
1	1		0	2		2	0	1	0

City State Zip Code
Detroit MI 48275-

Amount of Each Disbursement this Period

37.50

Purpose of Disbursement
October Operating Expense

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

OCTOBER OPERATING EXPENSE

State: District:

SUBTOTAL of Disbursements This Page (optional)

37.50

TOTAL This Period (last page this line number only)

37.50

**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 21 / 21

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

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NAME OF COMMITTEE (In Full)
Health Alliance Plan PAC

A. Full Name (Last, First, Middle Initial) Unify Michigan Mailing Address 230 N Washington Square, Suite 100 City Lansing State MI Zip Code 48933- Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	Transaction ID: 200000341 Date of Disbursement 10 / 19 / 2010
	Amount of Each Disbursement this Period 2500.00
B. Full Name (Last, First, Middle Initial) Virg Bernero for Michigan Mailing Address PO Box 10067 City Lansing State MI Zip Code 48901- Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 200000340 Date of Disbursement 10 / 19 / 2010
	Amount of Each Disbursement this Period 300.00

SUBTOTAL of Disbursements This Page (optional) ►

2800.00

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

2800.00