

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Henry Ford Health System Government Affairs Services PAC

ADDRESS (number and street) c/o Comerica Bank, PAC Services 3551 Hamlin Road, MC2250 Auburn Hills MI 48326 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE 3. IS THIS REPORT NEW OR AMENDED C C00552141 x (N) (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, 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 11/03/2020 MI

5. Covering Period 10/15/2020 through 11/23/2020

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

Signature of Treasurer Damschroder, Robin, , , [Electronically Filed] Date 11/24/2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

**Henry Ford Health System Government Affairs Services PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>	<input type="text" value="97245.35"/>	<input type="text" value="97245.35"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="86310.95"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="7452.64"/>	<input type="text" value="46783.76"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="93763.59"/>	<input type="text" value="144029.11"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="15075.00"/>	<input type="text" value="65340.52"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="78688.59"/>	<input type="text" value="78688.59"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**  
  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Henry Ford Health System Government Affairs Services PAC**

Report Covering the Period: From:  /  /  To:  /  /

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).....	7236.85	30794.50
(ii) Unitemized .....	215.79	15989.26
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7452.64	46783.76
(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) .....	7452.64	46783.76
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 Transfers (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)).....▶	7452.64	46783.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	7452.64	46783.76

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	11000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	15075.00	54340.52
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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)) ..	15075.00	65340.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15075.00	65340.52

**DETAILED SUMMARY PAGE**  
of Disbursements

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<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	7452.64	46783.76
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7452.64	46783.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**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 OF 33
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Henry Ford Health System Government Affairs Services PAC**

**A. Damschroder, Robin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 335 Meadow Creek Dr

City Ann Arbor	State MI	Zip Code 48105
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Henry Ford Health Systems	Occupation (for Individual) Interim CFO
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2020

**Transaction ID : 12864575**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B. Lewis, Michael, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4898 Trailview

City West Bloomfield	State MI	Zip Code 48322
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Henry Ford Health System	Occupation (for Individual) System Chair, Anesthesiology
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
833.30

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2020

**Transaction ID : 12866095**

Amount of Each Receipt this Period  
83.33

Memo Item

**C. Kolpasky, Paul, M., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5196 Westmoreland Dr

City Troy	State MI	Zip Code 48085
--------------	-------------	-------------------

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

Name of Employer (for Individual) Henry Ford Health System	Occupation (for Individual) Vice President/Corp Controller
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
621.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2020

**Transaction ID : PR129695351436**

Amount of Each Receipt this Period  
81.00

Memo Item

P/R Deduction (\$27.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2664.33
<b>TOTAL</b> 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 7 OF 33
<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)  
**Henry Ford Health System Government Affairs Services PAC**

**A. Baril, Noel, Russell, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 Dodge Place  
 City Grosse Pointe State MI Zip Code 48230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) VP- Total Rewards & HFM Hosp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR129709051436**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 P/R Deduction (\$35.00 Bi-Weekly)

**B. Collins, Denise, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 826 Edgemont Run  
 City Bloomfield Hills State MI Zip Code 48304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Vice Chair- Radiology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR130036551436**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Munkarah, Adnan, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 968 Yarmouth St  
 City Bloomfield Hills State MI Zip Code 48301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) EVP & Chief Clinical Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2875.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR130057151436**  
 Amount of Each Receipt this Period 375.00  
 Memo Item  
 P/R Deduction (\$125.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	470.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 33
<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)  
**Henry Ford Health System Government Affairs Services PAC**

**A. Kalkanis, Steven, N, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 528 Barrington Court  
 City Bloomfield Hills State MI Zip Code 48304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) SVP, HFHS & CEO HFMG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 805.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR130080551436**  
 Amount of Each Receipt this Period 105.00  
 Memo Item  
 P/R Deduction (\$35.00 Bi-Weekly)

**B. Brodie, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17633 Adrian Road  
 City Southfield State MI Zip Code 48075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Mgr- IT Strategic Suppl Reltns  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR130085151436**  
 Amount of Each Receipt this Period 36.00  
 Memo Item  
 P/R Deduction (\$12.00 Bi-Weekly)

**C. Sears, Michele, Harrison, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1037 S 16th StPob 175  
 City Au Gres State MI Zip Code 48703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Dir-Foundation Relations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR133616351436**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	216.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 33
<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)  
**Henry Ford Health System Government Affairs Services PAC**

**A. Tata, Beverly, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 632 E Elm Ave  
 City Monroe State MI Zip Code 48162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Mgr-Culinary Wellness  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR133681551436**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Barkley, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2890 Burlington  
 City Ann Arbor State MI Zip Code 48105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR133695951436**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. Croxton, Glenn, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 787 Snowmass  
 City Rochester Hills State MI Zip Code 48309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Dir-Vendor Compliance & Procur  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR133696051436**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	165.00
<b>TOTAL</b> 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 10 OF 33
<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)  
**Henry Ford Health System Government Affairs Services PAC**

**A. Doemer, Anthony, John, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5230 Orion Rd  
 City Oakland Twp State MI Zip Code 48306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Physicist I- Radiation Oncolog  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt **11 / 23 / 2020**  
**Transaction ID : PR133696251436**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Gad-Harf, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5710 Ridgewood  
 City West Bloomfield State MI Zip Code 48322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Dir- Corporate Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt **11 / 23 / 2020**  
**Transaction ID : PR133696351436**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Patterson, Geoffrey, Robert, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3339 Stonewyck Ct.  
 City Shelby Township State MI Zip Code 48316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) VP- Clinical Transformation  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt **11 / 23 / 2020**  
**Transaction ID : PR133696651436**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	195.00
<b>TOTAL</b> 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 11 OF 33
<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)  
**Henry Ford Health System Government Affairs Services PAC**

**A. Rupp, Loralee, Butler, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4305 Spring Lake Blvd  
 City Ann Arbor State MI Zip Code 48108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Mgr-Multi-SiteResearchProjects  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR133722751436**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Testy, Juliann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20200 Coachwood  
 City Riverview State MI Zip Code 48193  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Nurse Supv- Ambulatory Svcs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR133722951436**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Thompson, Leslie, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1890 Suncrest Dr  
 City Grass Lake State MI Zip Code 49240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Dir- Adv Pract Prof Program  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR133723051436**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 33
<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)  
**Henry Ford Health System Government Affairs Services PAC**

**A. Youn, Youngsuk, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7676 Windgate Circle  
 City West Bloomfield State MI Zip Code 48323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Optometrist In Charge  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR133723351436**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Strohm, Joan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1342 Kathmar Dr  
 City Jackson State MI Zip Code 49203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) CNO/COO - HFASH  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR133724251436**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 P/R Deduction (\$0.00 Bi-Weekly)

**C. Coulombe, Maribeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7751 Clinton Road  
 City Jackson State MI Zip Code 49201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Senior Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR133739851436**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	240.00
<b>TOTAL</b> 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 13 OF 33
<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)  
**Henry Ford Health System Government Affairs Services PAC**

**A. Dusseau, Deborah, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4084 Queensland Way  
 City Pinckney State MI Zip Code 48169  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Mgr - Radiation Therapy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt **11 / 23 / 2020**  
**Transaction ID : PR133740051436**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Groth, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45120 Brunswick  
 City Canton State MI Zip Code 48187  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Dir-Market Support Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt **11 / 23 / 2020**  
**Transaction ID : PR133741151436**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Gunn, Valerie, Ann, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1682 Poppleton Dr.  
 City West Bloomfield State MI Zip Code 48324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Dir-Ambulatory Regional Opers  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt **11 / 23 / 2020**  
**Transaction ID : PR133741251436**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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 OF 33
	<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)  
**Henry Ford Health System Government Affairs Services PAC**

**A. Harville, Virginia, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29930 Lacy Dr.  
 City Westland State MI Zip Code 48186  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) House Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 23 / 2020  
**Transaction ID : PR133741651436**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Jaskot, Jeffrey, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5246 Aintree Road  
 City Rochester State MI Zip Code 48306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Dir- Infrastructure Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 23 / 2020  
**Transaction ID : PR133741851436**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Junca, Carlos, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2023 Parkwood Way  
 City Jackson State MI Zip Code 49203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Dir-Regional Supply Chain Mgt.  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 442.29

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 23 / 2020  
**Transaction ID : PR133741951436**  
 Amount of Each Receipt this Period 57.69  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	117.69
<b>TOTAL</b> 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 15 OF 33
	<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)  
**Henry Ford Health System Government Affairs Services PAC**

**A. Mcintosh, Krista, Marie, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55336 Fallbrooke Dr.  
 City Macomb State MI Zip Code 48042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Mgr- Analytics Delivery  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR133742651436**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. Phillips, Robert, Melvin, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29202 Bradmoor Ct.  
 City Farmington Hills State MI Zip Code 48334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Family Practitioner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR133742851436**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Saffold, John, Patrick, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5045 Bronco Dr  
 City Clarkston State MI Zip Code 48346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Mgr- IT Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR133743251436**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	165.00
<b>TOTAL</b> 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 16 OF 33
	<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)  
**Henry Ford Health System Government Affairs Services PAC**

**A. Saldivar, Jose, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 701 Brookwood Lane E  
 City Rochester Hills State MI Zip Code 48309  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Dir- Facilities  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR133743351436**  
 Amount of Each Receipt this Period 45.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. Taylor, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4263 Rebecca Circle  
 City Commerce Township State MI Zip Code 48390  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Mgr- IT Svc Mgmt Applications  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR133743951436**  
 Amount of Each Receipt this Period 45.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. Wafer, Alicia, Chris, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12939 Mercedes  
 City Redford State MI Zip Code 48239  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Dir-Respiratory Therapy  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 506.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR133744351436**  
 Amount of Each Receipt this Period 66.00  
 Memo Item  
 P/R Deduction (\$22.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	156.00
<b>TOTAL</b> 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 OF 33
<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)  
**Henry Ford Health System Government Affairs Services PAC**

**A. Liroff, Stephen, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1725 Hamilton Drive  
 City Bloomfield Hills State MI Zip Code 48302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Urologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR148486651436**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Nerenz, David, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 239 Tonkin Drive  
 City Ishpeming State MI Zip Code 49849  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Dir-Emeritus-Ctr for HealthSvc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR148486751436**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Ryan, Charlene, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2812 Clark Rd.  
 City Lapeer State MI Zip Code 48446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR148545651436**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> 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 18 OF 33
	<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)  
**Henry Ford Health System Government Affairs Services PAC**

**A. Skolnik, Johanna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2117 19th St  
 City Wyandotte State MI Zip Code 48192  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Dir- Information Privacy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR148573051436**  
 Amount of Each Receipt this Period 36.00  
 Memo Item  
 P/R Deduction (\$12.00 Bi-Weekly)

**B. Summers, Donna, Sue, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 48659 Marberry  
 City Macomb State MI Zip Code 48044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Chief Nursing Info Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR148784751436**  
 Amount of Each Receipt this Period 45.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. Beesley, Jenny, Magante, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 54547 Meadow Crest  
 City New Baltimore State MI Zip Code 48047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Mgr- Dialysis Nursing  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR148968451436**  
 Amount of Each Receipt this Period 45.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	126.00
<b>TOTAL</b> 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 OF 33
<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)  
**Henry Ford Health System Government Affairs Services PAC**

**A. Defrank, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26525 Eton Ave  
 City Dearborn Heights State MI Zip Code 48125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Mgr- Corporate Reimbursement  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.42

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR148968851436**  
 Amount of Each Receipt this Period 34.62  
 Memo Item  
 P/R Deduction (\$11.54 Bi-Weekly)

**B. Peabody, James, Ogden, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Cameron Place  
 City Grosse Pointe State MI Zip Code 48230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Vice Chair-Urology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1127.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR148969351436**  
 Amount of Each Receipt this Period 147.00  
 Memo Item  
 P/R Deduction (\$49.00 Bi-Weekly)

**C. Savage, Colleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2712 Saturn Drive  
 City Lake Orion State MI Zip Code 48360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Dir-HFHS Regulatory&QualReprtg  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 437.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR148969451436**  
 Amount of Each Receipt this Period 57.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	238.62
<b>TOTAL</b> 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 20 OF 33
<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)  
**Henry Ford Health System Government Affairs Services PAC**

**A. Smith, Mark, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8458 Cedar Hills Dr.  
 City Dexter State MI Zip Code 48130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) SVP - CMO, CEO - HFAMG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 920.00

Date of Receipt **11 / 23 / 2020**  
**Transaction ID : PR148969651436**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. Vieder, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10406 Lasalle Blvd.  
 City Huntington Woods State MI Zip Code 48070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Div Hd- Emergency  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt **11 / 23 / 2020**  
**Transaction ID : PR149754251436**  
 Amount of Each Receipt this Period 45.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. Williams, Celeste, Thomas, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7215 Hidden Creek Court  
 City West Bloomfield State MI Zip Code 48322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Cardiologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt **11 / 23 / 2020**  
**Transaction ID : PR149754551436**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.00
<b>TOTAL</b> 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 21 OF 33
	<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)  
**Henry Ford Health System Government Affairs Services PAC**

**A. Eller, Erik, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17838 Stonebrook Ct  
 City Northville State MI Zip Code 48168  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR149756751436**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Blake, Desiree, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1532 Mulberry Lane  
 City Canton State MI Zip Code 48188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Dir-Prof Developmnt/MagnetProg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR149789651436**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Klaf, Colene, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 924 E. 6th St.  
 City Royal Oak State MI Zip Code 48067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Physician Assistant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR149789751436**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> 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 22 OF 33
	<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)  
**Henry Ford Health System Government Affairs Services PAC**

**A. Blake, Morris, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26700 West Road

City Brownstown	State MI	Zip Code 48134
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Henry Ford Health System	Occupation (for Individual) HFHS Proj Dir-Internatl Initia
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.42

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2020

**Transaction ID : PR149942551436**

Amount of Each Receipt this Period  
34.62

Memo Item

P/R Deduction (\$11.54 Bi-Weekly)

**B. Blum-Alexander, Barbara, Anne, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 31176 Old Stage Rd.

City Beverly Hills	State MI	Zip Code 48025
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Henry Ford Health System	Occupation (for Individual) Dir-Generation with Promise
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
276.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2020

**Transaction ID : PR149942651436**

Amount of Each Receipt this Period  
36.00

Memo Item

P/R Deduction (\$12.00 Bi-Weekly)

**C. Kalus, James, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1221 Torrey Road

City Grosse Pointe Woods	State MI	Zip Code 48236
-----------------------------	-------------	-------------------

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

Name of Employer (for Individual) Henry Ford Health System	Occupation (for Individual) Dir- Pharmacy
---	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
345.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2020

**Transaction ID : PR149943051436**

Amount of Each Receipt this Period  
45.00

Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.62
<b>TOTAL</b> 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 23 OF 33
<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)  
**Henry Ford Health System Government Affairs Services PAC**

**A. Lowery, Wanda, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 48590 Edgemont Ct.  
 City Shelby Township State MI Zip Code 48315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Supv- CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR149943351436**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Maes, Sandra, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O Box 1322  
 City Jackson State MI Zip Code 49204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) VP Phys Integr & Planning  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR149943551436**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Radu, Nikola, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1901 Maple Ridge  
 City Rochester Hills State MI Zip Code 48309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Dir- Security Services  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 265.19

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR149944151436**  
 Amount of Each Receipt this Period 34.59  
 Memo Item  
 P/R Deduction (\$11.53 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	124.59
<b>TOTAL</b> 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 24 OF 33
	<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)  
**Henry Ford Health System Government Affairs Services PAC**

**A. Sayles, Amy, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 609 W Michigan Ave  
 City Jackson State MI Zip Code 49201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Mgr-Care Experience  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR149944351436**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Thayer, Bethany, Ledford, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10555 Vernon  
 City Huntington Woods State MI Zip Code 48070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Dir-Ctr For Hlth Promo&DisPrev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR149944451436**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Young, Robert, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 927 E Fifth St  
 City Royal Oak State MI Zip Code 48067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) VP & CFO- HFH & Hlth Ntwk  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR149944651436**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> 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 25 OF 33
<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)  
**Henry Ford Health System Government Affairs Services PAC**

**A. Farrell, Dennis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 76546 Mary Grace  
 City Bruce Twp. State MI Zip Code 48065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Dir- Cardiovascular Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR149944751436**  
 Amount of Each Receipt this Period 45.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. Hightower, William, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1303 Dubine Dr  
 City Charlottesville State VA Zip Code 22903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Anesthesiologist-Attending  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR150088551436**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$-20.00 Bi-Weekly)

**C. Dunn, Meagan, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 130 Lawrence St.  
 City Detroit State MI Zip Code 48202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Dir-Comm Outreach & Partnership  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR150155551436**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	95.00
<b>TOTAL</b> 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 26 OF 33
<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)  
**Henry Ford Health System Government Affairs Services PAC**

**A. Eysers, Christina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9362 Village Manor  
 City Plymouth State MI Zip Code 48170  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Dir-AthleticTrngPrg&CommOutrch  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR150155651436**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Skarf, Barry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22650 Pontchartrain  
 City Southfield State MI Zip Code 48034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Dir-Residency Training Program  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR150156451436**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Steiner, Sheryl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4233 Haven Ct  
 City Adrian State MI Zip Code 49221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Coord - Business  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR150156651436**  
 Amount of Each Receipt this Period 36.00  
 Memo Item  
 P/R Deduction (\$12.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	96.00
<b>TOTAL</b> 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 27 OF 33
	<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)  
**Henry Ford Health System Government Affairs Services PAC**

**A. Carrigan, Julie, I, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10465 Chestnut Court  
 City Plymouth State MI Zip Code 48170  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Dir-Market Support Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR150756851436**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Hynes, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2304 Highbury Drive  
 City Troy State MI Zip Code 48085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Supv-Coding & Documentation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR150757151436**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Hamilton, Jenifer, Kay, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1405 Badlands Drive  
 City Lansing State MI Zip Code 48917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Dir-Post-Acute Continuum Care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR150847451436**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	165.00
<b>TOTAL</b> 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 28 OF 33
<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)  
**Henry Ford Health System Government Affairs Services PAC**

**A. Muma, Bruce, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3599 Wards Point Drive  
 City Orchard Lake State MI Zip Code 48324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) CEO- HF Physician Network  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR150847651436**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Price, Nancy, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9418 Vine  
 City Allen Park State MI Zip Code 48101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Nursing Administrator- Pt Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR150847751436**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Crooms, Angela, Gail, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 445 Duck Lane  
 City Walled Lake State MI Zip Code 48390  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Dir- Culinary Wellness HFH  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR150940051436**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	165.00
<b>TOTAL</b> 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 29 OF 33
	<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)  
**Henry Ford Health System Government Affairs Services PAC**

**A. Sykes, Jonathan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4290 Crestline Drive  
 City Ann Arbor State MI Zip Code 48103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Chief Med Info Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR150940351436**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Nelson, Joielinn, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15201 Wolflake Forrest  
 City Jackson State MI Zip Code 49201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Nursing Administrator- Pt Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR152667151436**  
 Amount of Each Receipt this Period 45.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. Williams, Jason, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24667 Brentwood Dr  
 City Brownstown State MI Zip Code 48183  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Dir- Corporate Reimbursement  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR153025651436**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	270.00
<b>TOTAL</b> 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 30 OF 33
	<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)  
**Henry Ford Health System Government Affairs Services PAC**

**A. Schreiber, Nicole, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14705 Jackson Street

City Taylor	State MI	Zip Code 48180
----------------	-------------	-------------------

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

Name of Employer (for Individual) Henry Ford Health System	Occupation (for Individual) Mgr-Athletic Training
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
460.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2020

**Transaction ID : PR153589551436**

Amount of Each Receipt this Period  
60.00

Memo Item

P/R Deduction (\$20.00 Bi-Weekly)

**B. Wallis, Eric, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5818 Carmen Ct E

City Orchard Lake	State MI	Zip Code 48324
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Henry Ford Health System	Occupation (for Individual) President-Hospital& Campus Ops
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
920.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2020

**Transaction ID : PR153589751436**

Amount of Each Receipt this Period  
120.00

Memo Item

P/R Deduction (\$40.00 Bi-Weekly)

**C. Chbihi, Taibi, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1966 Pelican Ct

City Troy	State MI	Zip Code 48084
--------------	-------------	-------------------

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

Name of Employer (for Individual) Henry Ford Health System	Occupation (for Individual) Physician Asst- Hospitalist
---	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
264.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2020

**Transaction ID : PR154687751436**

Amount of Each Receipt this Period  
36.00

Memo Item

P/R Deduction (\$12.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	216.00
<b>TOTAL</b> 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 31 OF 33
	<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)  
**Henry Ford Health System Government Affairs Services PAC**

**A. Klotz, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15107 Regina Ave  
 City Allen Park State MI Zip Code 48101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Nursing Administrator- Pt Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 23 / 2020  
**Transaction ID : PR155217851436**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. Autry, Paula, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 West Washington AvenueLoft #25  
 City Jackson State MI Zip Code 49203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) SVP, CEO-Central Market  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1232.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 23 / 2020  
**Transaction ID : PR155217951436**  
 Amount of Each Receipt this Period 231.00  
 Memo Item  
 P/R Deduction (\$77.00 Bi-Weekly)

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	306.00
<b>TOTAL</b> This Period (last page this line number only).....▶	7236.85

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**Henry Ford Health System Government Affairs Services PAC**

**A. Julie Brixie Blue Wave Fund**

Full Name (Last, First, Middle Initial)

Mailing Address 1804 Sherbrook Way

City Haslett State MI Zip Code 48864

Purpose of Disbursement Direct Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 21 / 2020

FEC Identification Number: C

Transaction ID : 12841361

Amount of Each Disbursement this Period: 250.00

Direct Contribution

Memo Item

**B. Friends of Scott Benson**

Full Name (Last, First, Middle Initial)

Mailing Address 13560 East McNichols

City Detroit State MI Zip Code 48205

Purpose of Disbursement Direct Contribution

Candidate Name Benson, Scott, , ,

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2020

FEC Identification Number: C

Transaction ID : 12849875

Amount of Each Disbursement this Period: 250.00

Direct Contribution

Memo Item

**C. Stephanie Chang for Senate**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 32317

City Detroit State MI Zip Code 48232

Purpose of Disbursement Direct Contribution

Candidate Name Chang, Stephanie, , MI Rep.,

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2020

FEC Identification Number: C

Transaction ID : 12851400

Amount of Each Disbursement this Period: 250.00

Direct Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 750.00

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



**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**Henry Ford Health System Government Affairs Services PAC**

Full Name (Last, First, Middle Initial)

**A. MHA Health PAC**

Mailing Address 2112 University Park Dr

City Okemos State MI Zip Code 48864

Purpose of Disbursement  
Direct Contribution

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 12851402**  
Amount of Each Disbursement this Period  
  
Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. COMMITTEE TO ELECT SAMANTHA STECKLOFF**

Mailing Address 31176 COUNTRY WAY

City FARMINGTON HILLS State MI Zip Code 48331

Purpose of Disbursement  
Direct Contribution

Category/  
Type

Candidate Name  
**Steckloff, Samantha, , ,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 12865949**  
Amount of Each Disbursement this Period  
  
Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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