

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) **1414 East Maple Road**
Check if different than previously reported. (ACC)
Troy MI 48083-9935

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

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / 2024 through / / 2024

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 **Damschroder, Robin, , ,**

Signature of Treasurer **Damschroder, Robin, , ,** Date / / 2024

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**

FEC Form 3X (Rev. 05/2016)

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="2024"/>		<input type="text" value="39427.05"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="39427.05"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="16435.92"/>	<input type="text" value="16435.92"/>
(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="55862.97"/>	<input type="text" value="55862.97"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14750.21"/>	<input type="text" value="14750.21"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="41112.76"/>	<input type="text" value="41112.76"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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).....	4331.66	4331.66
(ii) Unitemized	12104.26	12104.26
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	16435.92	16435.92
(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)	16435.92	16435.92
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)).....▶	16435.92	16435.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	16435.92	16435.92

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	100.21	100.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	100.21	100.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
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).....	13650.00	13650.00
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)) ..	14750.21	14750.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14750.21	14750.21

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	16435.92	16435.92
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16435.92	16435.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	100.21	100.21
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	100.21	100.21

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 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Geisler, Heather, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2515 Covington Pl
 City Bloomfield Hills State MI Zip Code 48301-2662
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) EVP, Chief Mktg,Comm,Exp Ofcr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt 03 / 23 / 2024
Transaction ID : A90E2A077D3B6407788A
 Amount of Each Receipt this Period 660.00
 Memo Item
 Payroll Deduction: \$110.00/Bi-Weekly

B. Adams, Derick, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6889 Reed Ct
 City West Bloomfield State MI Zip Code 48322-2965
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) VP-Total Rewards
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 03 / 23 / 2024
Transaction ID : AE129B434A62D445BAD0
 Amount of Each Receipt this Period 375.00
 Memo Item
 Payroll Deduction: \$75.00/Bi-Weekly

C. 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 48304-1458
 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 ▼ 700.00

Date of Receipt 03 / 23 / 2024
Transaction ID : A7D3F5B94B1194898839
 Amount of Each Receipt this Period 500.00
 Memo Item
 Payroll Deduction: \$100.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	1535.00
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 7 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Kalkanis, Steven, N, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1290 W Long Lake Rd
 City Bloomfield Hills State MI Zip Code 48302-1332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) EVP & CEO HF Hosp & CEO HFMG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 23 / 2024
Transaction ID : A5E8D14FC0BDF4339975
 Amount of Each Receipt this Period 500.00
 Memo Item
 Payroll Deduction: \$100.00/Bi-Weekly

B. Malhotra, Manu, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2532 Beachview Ct
 City Troy State MI Zip Code 48098-4203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) CMO- HFWB & NW Market
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 03 / 23 / 2024
Transaction ID : A897D9521CF354EB9812
 Amount of Each Receipt this Period 360.00
 Memo Item
 Payroll Deduction: \$72.00/Bi-Weekly

C. Lewis, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1009 S Washington Ave
 City Royal Oak State MI Zip Code 48067-3217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Chair- Anesthesia
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 529.99

Date of Receipt 03 / 23 / 2024
Transaction ID : AABA29DF0134449B2982
 Amount of Each Receipt this Period 200.00
 Memo Item
 Payroll Deduction: \$40.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	1060.00
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 8 OF 27
<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. Lewis, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1009 S Washington Ave
 City Royal Oak State MI Zip Code 48067-3217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Chair- Anesthesia
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 326.66

Date of Receipt **02 / 18 / 2024**
Transaction ID : ABC16785F54674507BD0
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Munkarah, Adnan, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 968 Yarmouth Rd
 City Bloomfield Hills State MI Zip Code 48301-2335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) President, Care Deliv Sys/CCO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **03 / 23 / 2024**
Transaction ID : A274F96D3CF54423281B
 Amount of Each Receipt this Period 150.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

C. Mona, Vanessa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5908 Christina Dr
 City West Bloomfield State MI Zip Code 48324-3101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) VP-Insights & Experience
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **03 / 23 / 2024**
Transaction ID : A1699039F8D1041D9ACF
 Amount of Each Receipt this Period 150.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	383.33
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 9 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. 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 48324-2912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) SVP-Chief Nursing Officer &PCS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 23 / 2024
Transaction ID : AC6534A233E484F02BEF
 Amount of Each Receipt this Period 150.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

B. Scherler, Julie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5148 Ridge Trl S
 City Clarkston State MI Zip Code 48348-2181
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) VP- Org. HR Dev. & Learning
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 23 / 2024
Transaction ID : AB46EEF1287C846F3BFB
 Amount of Each Receipt this Period 150.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

C. Macki, Kathy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18114 Cascade Dr
 City Northville State MI Zip Code 48168-3286
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) VP- HR,Clinical Ops/Amb/CCS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 23 / 2024
Transaction ID : A9FA23574BB0640BEA9E
 Amount of Each Receipt this Period 150.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	450.00
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 10 OF 27
	<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)
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 Dr
 City Ann Arbor State MI Zip Code 48103-9403
 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 ▼ 350.00

Date of Receipt 03 / 23 / 2024
Transaction ID : AB9F7A47C2D704927AFF
 Amount of Each Receipt this Period 150.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

B. Wheaton, Christine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Walker Rd
 City Leonard State MI Zip Code 48367-3738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) VP & Chief Privacy&Sec Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 23 / 2024
Transaction ID : A3FE60B66862342D6A2E
 Amount of Each Receipt this Period 150.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

C. Ahlquist, Marc, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 Gordon Dr
 City Troy State MI Zip Code 48098-4615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) VP- Human Resources HAP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 03 / 23 / 2024
Transaction ID : A1EEA4FAC5F164709ADC
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll Deduction: \$40.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	380.00
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 11 OF 27
<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Sears, Michele, Harrison, ,

Mailing Address 1037 S 16th St
Stpo 175

City Au Gres State MI Zip Code 48703-9555

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 ▼
280.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2024

Transaction ID : AB6E0939CD24946198C7

Amount of Each Receipt this Period
80.00

Memo Item

Payroll Deduction: \$40.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Smith, Mark, A., ,

Mailing Address 8458 Cedar Hills Dr

City Dexter State MI Zip Code 48130-9347

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 ▼
280.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2024

Transaction ID : AA4A9D82980074D0E91B

Amount of Each Receipt this Period
80.00

Memo Item

Payroll Deduction: \$40.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Braman, Jonathan, , ,

Mailing Address 444 W Willis St
Unit 512

City Detroit State MI Zip Code 48201-1886

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

Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Chair-Orthopedics & SL

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
280.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2024

Transaction ID : A9662564A549A40B9876

Amount of Each Receipt this Period
80.00

Memo Item

Payroll Deduction: \$40.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	240.00
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 12 OF 27
<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. Aronow, Herbert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1011 Kennesaw St
 City Birmingham State MI Zip Code 48009-5724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Med Dir-Heart & Vas Svc Ln
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 03 / 23 / 2024
Transaction ID : AE06A9D5A5AC24F0692B
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll Deduction: \$40.00/Bi-Weekly

B. Lewis, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1009 S Washington Ave
 City Royal Oak State MI Zip Code 48067-3217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Chair- Anesthesia
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 489.99

Date of Receipt 03 / 18 / 2024
Transaction ID : A857D7D34483E4EABBA2
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Youssef, Ali, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9535 53rd St N
 City Lake Elmo State MN Zip Code 55042-9688
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Dir-Medical Device Security
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 23 / 2024
Transaction ID : AD41E3F9B36614DE1975
 Amount of Each Receipt this Period 30.00
 Memo Item
 Payroll Deduction: \$30.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	193.33
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 13 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Price, Nancy, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9418 Vine Ave
 City Allen Park State MI Zip Code 48101-1675
 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 ▼ 210.00

Date of Receipt 03 / 23 / 2024
Transaction ID : A9541CB75AECD4AE9994
 Amount of Each Receipt this Period 30.00
 Memo Item
 Payroll Deduction: \$30.00/Bi-Weekly

B. Young, Kelley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3175 Thimbleberry Ct
 City Wixom State MI Zip Code 48393-4565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Dir- Strategic Sourcing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 23 / 2024
Transaction ID : A77618979C6BF4195914
 Amount of Each Receipt this Period 30.00
 Memo Item
 Payroll Deduction: \$30.00/Bi-Weekly

C. Devine, Salika, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43952 Brandywyne Rd
 City Canton State MI Zip Code 48187-2102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Dir- Laboratory Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 23 / 2024
Transaction ID : AA4EA5EEB4E134398856
 Amount of Each Receipt this Period 30.00
 Memo Item
 Payroll Deduction: \$30.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	4331.66

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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Comerica Bank

Mailing Address PO Box 75000

City
Detroit

State
MI

Zip Code
48275-0001

Purpose of Disbursement

Bank Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [Redacted]

Transaction ID : BDA8EA31A

Amount of Each Disbursement this Period

[Redacted] 34.37

Memo Item

Full Name (Last, First, Middle Initial)

B. Comerica Bank

Mailing Address PO Box 75000

City
Detroit

State
MI

Zip Code
48275-0001

Purpose of Disbursement

Bank Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	2	4		

FEC Identification Number

C [Redacted]

Transaction ID : B42287BCE7I

Amount of Each Disbursement this Period

[Redacted] 31.96

Memo Item

Full Name (Last, First, Middle Initial)

C. Comerica Bank

Mailing Address PO Box 75000

City
Detroit

State
MI

Zip Code
48275-0001

Purpose of Disbursement

Bank Fee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	3			2	0	2	4		

FEC Identification Number

C [Redacted]

Transaction ID : B2FCCA9F2I

Amount of Each Disbursement this Period

[Redacted] 33.88

Memo Item

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

[Redacted] 100.21

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

[Redacted] 100.21

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 checked="" type="checkbox"/> 23	<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

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

Full Name (Last, First, Middle Initial)

A. Hertel for Michigan

Mailing Address P.O. Box 16037

City
Lansing

State
MI

Zip Code
48901-6037

Purpose of Disbursement
Contribution to Committee

Candidate Name

Hertel, Curtis, , Sen., Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: MI District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	2	4

FEC Identification Number

C C00844480

Transaction ID : B3E77BA8D5

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

1000.00

1000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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

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

Full Name (Last, First, Middle Initial)

A. Julie Rogers for State Representative

Mailing Address 3428 Mariane Avenue

City
Kalamazoo

State
MI

Zip Code
49006-2000

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For: 2024

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	2	4

FEC Identification Number

C

Transaction ID : BC3634E740I

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Kurt Heise for Supervisor

Mailing Address PO Box 702012

City
Plymouth

State
MI

Zip Code
48170-0974

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For: 2024

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	2	4

FEC Identification Number

C

Transaction ID : BEDA30E1D1

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CTE Kathy Schmaltz

Mailing Address 2300 Foot Manor Dr

City
Jackson

State
MI

Zip Code
49203-2638

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For: 2024

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	2	4

FEC Identification Number

C

Transaction ID : BE3E4A993E

Amount of Each Disbursement this Period

250.00

Memo Item

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

1250.00

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

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

Full Name (Last, First, Middle Initial)

A. Friends of Mike McFall

Mailing Address PO Box 911

City
Hazel Park

State
MI

Zip Code
48030-0911

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For: 2024

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	2	4

FEC Identification Number

C

Transaction ID : BDC007284F!

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Kevin Hertel for State Senate

Mailing Address 22401 Lavon St.

City
Saint Clair Shores

State
MI

Zip Code
48081-2016

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For: 2026

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	2	4

FEC Identification Number

C

Transaction ID : BC8AF9D580.

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Erin Byrnes for State Representative

Mailing Address 2230 Queen St

City
Dearborn

State
MI

Zip Code
48124-2523

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For: 2024

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	2	4

FEC Identification Number

C

Transaction ID : BD60F06E9E

Amount of Each Disbursement this Period

250.00

Memo Item

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

1250.00

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

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

Full Name (Last, First, Middle Initial)

A. Jeremy Moss for State Senate

Mailing Address 18405 Melrose Ave.

City
Southfield

State
MI

Zip Code
48075-4112

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	2	4

FEC Identification Number

C

Transaction ID : B5B2C6B945

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Carol Glanville for State Representative

Mailing Address PO Box 140976

City
Grand Rapids

State
MI

Zip Code
49514-0976

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	2	4

FEC Identification Number

C

Transaction ID : B68ED0AB59

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Veronica Klinefelt for State Senator

Mailing Address 16143 Wilson Ave

City
Eastpointe

State
MI

Zip Code
48021-1199

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	2	4

FEC Identification Number

C

Transaction ID : BA6BA9960E

Amount of Each Disbursement this Period

250.00

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

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

Full Name (Last, First, Middle Initial)

A. Citizens to Elect Luke Meerman

Mailing Address PO Box 44

City
Lamont

State
MI

Zip Code
49430-0044

Purpose of Disbursement
Contribution to State Committee
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2024

FEC Identification Number

C

Transaction ID : BC8AC810C8

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. John Damoose for State Senate

Mailing Address P.O. Box 95

City
Harbor Springs

State
MI

Zip Code
49740-0095

Purpose of Disbursement
Contribution to State Committee
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2026
 Primary General
 Other (specify)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		14		2024

FEC Identification Number

C

Transaction ID : BBFBBD8558

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of John Fitzgerald

Mailing Address 1780 Glendale CT

City
Wyoming

State
MI

Zip Code
49519-4994

Purpose of Disbursement
Contribution to State Committee
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2024

FEC Identification Number

C

Transaction ID : B1B8EA1475

Amount of Each Disbursement this Period

250.00

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

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

Full Name (Last, First, Middle Initial)

A. Mark Hackel for County Executive

Mailing Address 155 South Main #753

City
Mount Clemens

State
MI

Zip Code
48046-7731

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For: 2024

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	4			2	0	2	4		

FEC Identification Number

C [Redacted]

Transaction ID : B52CEBACFI

Amount of Each Disbursement this Period

[Redacted]	600.00
------------	--------

Memo Item

Full Name (Last, First, Middle Initial)

B. House Republican Campaign Committee

Mailing Address PO Box 15035

City
Lansing

State
MI

Zip Code
48901-5035

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For: 2024

 Primary General
 Other (specify)

State:

District:

Other

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	4			2	0	2	4		

FEC Identification Number

C [Redacted]

Transaction ID : BD405A4C95;

Amount of Each Disbursement this Period

[Redacted]	500.00
------------	--------

Memo Item

Full Name (Last, First, Middle Initial)

C. Committee to Elect Laurie Pohutsky

Mailing Address 37637 Five Mile Road

City
Livonia

State
MI

Zip Code
48154-1543

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For: 2024

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	0			2	0	2	4		

FEC Identification Number

C [Redacted]

Transaction ID : B0BDA34D3I

Amount of Each Disbursement this Period

[Redacted]	250.00
------------	--------

Memo Item

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

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

[Redacted]	1350.00
------------	---------

[Redacted]	
------------	--

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)

Grid for line numbers 21b-30b with checkboxes, where 29 is checked.

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

Full Name (Last, First, Middle Initial)

A. Friends of Reggie Miller

Mailing Address 13697 Pond Bluff Drive

City Belleville

State MI

Zip Code 48111-7300

Purpose of Disbursement: Contribution to State Committee
Candidate Name

Office Sought: House, Senate, President
State: District

Disbursement For: 2024
Primary (checked), General, Other (specify)

Date of Disbursement

Date selection grid: 02 / 20 / 2024

FEC Identification Number

C [Redacted]

Transaction ID : B87A244E6B

Amount of Each Disbursement this Period

Amount selection grid: 250.00

Memo Item (unchecked)

Full Name (Last, First, Middle Initial)

B. Michigan House Democratic Fund

Mailing Address PO Box 16193

City Lansing

State MI

Zip Code 48901

Purpose of Disbursement: Contribution to State Committee
Candidate Name

Office Sought: House, Senate, President
State: District

Disbursement For: 2024
Other (checked), Primary, General

Date of Disbursement

Date selection grid: 03 / 14 / 2024

FEC Identification Number

C [Redacted]

Transaction ID : BFA23F6818C

Amount of Each Disbursement this Period

Amount selection grid: 500.00

Memo Item (unchecked)

Full Name (Last, First, Middle Initial)

C. CTE Natalie Price

Mailing Address 2428 Phillips Ave

City Berkley

State MI

Zip Code 48072-1057

Purpose of Disbursement: Contribution to State Committee
Candidate Name

Office Sought: House, Senate, President
State: District

Disbursement For: 2024
Primary (checked), General, Other (specify)

Date of Disbursement

Date selection grid: 03 / 14 / 2024

FEC Identification Number

C [Redacted]

Transaction ID : BB08499BE4

Amount of Each Disbursement this Period

Amount selection grid: 250.00

Memo Item (unchecked)

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

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

Amount selection grid: 1000.00

Amount selection grid: [Redacted]

**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

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

Full Name (Last, First, Middle Initial)

A. JOHN ROTH FOR STATE REP COMMITTEE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	2	4

Mailing Address PO BOX 5258

City
TRAVERSE CITY

State
MI

Zip Code
49696

FEC Identification Number

C []

Transaction ID : B6F50EB1ED
Amount of Each Disbursement this Period

[] 250.00

Memo Item

Purpose of Disbursement

Contribution to State Committee

[]

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Committee to Elect Matt Koleszar

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	2	4

Mailing Address PO Box 6094

City
Plymouth

State
MI

Zip Code
48170-0094

FEC Identification Number

C []

Transaction ID : B10B0176D5I
Amount of Each Disbursement this Period

[] 250.00

Memo Item

Purpose of Disbursement

Contribution to State Committee

[]

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Friends of Jamie Thompson

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	2	4

Mailing Address PO Box 682

City
Flat Rock

State
MI

Zip Code
48134-0682

FEC Identification Number

C []

Transaction ID : B9A062D460
Amount of Each Disbursement this Period

[] 250.00

Memo Item

Purpose of Disbursement

Contribution to State Committee

[]

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

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

[] 750.00

[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

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

Full Name (Last, First, Middle Initial)

A. Friends of Will Snyder

Mailing Address 1445 Winchester Drive

City
Muskegon

State
MI

Zip Code
49441-3151

Purpose of Disbursement
Contribution to State Committee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	4			2	0	2	4		

FEC Identification Number

C

Transaction ID : BBFC0AEB2I

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Graham Filler for State Representative

Mailing Address 12705 Warm Creek Drive

City
Dewitt

State
MI

Zip Code
48820-7867

Purpose of Disbursement
Contribution to State Committee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	0			2	0	2	4		

FEC Identification Number

C

Transaction ID : B6AF5B5FEA

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Dayna for Michigan

Mailing Address 29826 Linda Street

City
Livonia

State
MI

Zip Code
48154-3722

Purpose of Disbursement
Contribution to State Committee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	
Other	

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	0			2	0	2	4		

FEC Identification Number

C

Transaction ID : B4D3A83296

Amount of Each Disbursement this Period

250.00

Memo Item

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

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

1000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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

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

Full Name (Last, First, Middle Initial)

A. Vote Sue Shink

Mailing Address PO Box 185

City
Dexter

State
MI

Zip Code
48130-0185

Purpose of Disbursement
Contribution to State Committee
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2026
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	2	4

FEC Identification Number

C

Transaction ID : B7BE3FC964

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MI Forward Fund

Mailing Address 428 W Lenawee

City
Lansing

State
MI

Zip Code
48933-2240

Purpose of Disbursement
Contribution to State Committee
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2024
 Primary General
 Other (specify) Other

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	2	4

FEC Identification Number

C

Transaction ID : BADC803326

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Hauck Majority Fund

Mailing Address PO Box 1013

City
East Lansing

State
MI

Zip Code
48826-1013

Purpose of Disbursement
Contribution to State Committee
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2024
 Primary General
 Other (specify) Other

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	2	4

FEC Identification Number

C

Transaction ID : BE39FB94FE

Amount of Each Disbursement this Period

300.00

Memo Item

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

1300.00

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)

Grid for line numbers 21b-30b with checkboxes, where 29 is checked.

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

Full Name (Last, First, Middle Initial)

A. Posthumus Majority Fund

Mailing Address 106 W Allegan St Suite 200

City Lansing State MI Zip Code 48933-1720

Purpose of Disbursement: Contribution to State Committee
Candidate Name

Office Sought: House, Senate, President
Disbursement For: 2024
Primary, General, Other (checked)

Date of Disbursement: 02 / 20 / 2024

FEC Identification Number: C
Transaction ID: B04AF02C9D
Amount of Each Disbursement this Period: 250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Detroit Regional Chamber PAC

Mailing Address Detroit Chamber PAC ATTN: Adam Maj
777 Woodward Ave, Ste 800

City Detroit State MI Zip Code 48226-3589

Purpose of Disbursement: Contribution to State Committee
Candidate Name

Office Sought: House, Senate, President
Disbursement For: 2024
Primary, General, Other (checked)

Date of Disbursement: 03 / 28 / 2024

FEC Identification Number: C
Transaction ID: B7DF18D426
Amount of Each Disbursement this Period: 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Run Michigan Right Fund

Mailing Address 6259 Cunningham Lake Road

City Brighton State MI Zip Code 48116-5134

Purpose of Disbursement: Contribution to State Committee
Candidate Name

Office Sought: House, Senate, President
Disbursement For: 2024
Primary, General, Other (checked)

Date of Disbursement: 02 / 20 / 2024

FEC Identification Number: C
Transaction ID: BA64402F00
Amount of Each Disbursement this Period: 250.00

Memo Item

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

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

Summary boxes showing 3000.00 and a blank box.

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

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

Full Name (Last, First, Middle Initial)

A. Fund for Democratic Women

Mailing Address 29271 GLENCASTLE COURT

City Farmington Hills

State MI

Zip Code 48336-1416

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	2	4

FEC Identification Number

C Transaction ID : BC91A636EE

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Green Thumb Leadership

Mailing Address 7650 Trumbower Trail

City Millington

State MI

Zip Code 48746-9040

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	2	4

FEC Identification Number

C Transaction ID : BCFCD8FB7A

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Stephanie's Changemaker Fund

Mailing Address P.O. BOX 12175

City Lansing

State MI

Zip Code 48901-2175

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	2	4

FEC Identification Number

C Transaction ID : BBD0EFFE2I

Amount of Each Disbursement this Period

500.00

Memo Item

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

1000.00

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

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

Full Name (Last, First, Middle Initial)

A. A More Perfect Michigan PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2024

Mailing Address 1700 W. Ten Mile Rd
2nd Floor

City Southfield State MI Zip Code 48075

FEC Identification Number

C []

Transaction ID : BA5161092B
Amount of Each Disbursement this Period

[] 250.00

Purpose of Disbursement
Contribution to State Committee
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2024
 Primary General
 Other (specify) Other

Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

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

Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

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

Memo Item

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

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

[] 250.00

[] 13650.00