



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2018"/>		70008.71
(b) Cash on Hand at Beginning of Reporting Period.....	75819.91	
(c) Total Receipts (from Line 19) .....	6469.40	20380.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	82289.31	90389.31
7. Total Disbursements (from Line 31).....	2900.00	11000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	79389.31	79389.31
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2018 To: M M / D D / Y Y Y Y 04 / 30 / 2018

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).....	4435.86	9007.72
(ii) Unitemized .....	2033.54	11372.88
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6469.40	20380.60
(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) .....	6469.40	20380.60
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)).....▶	6469.40	20380.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6469.40	20380.60

**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	250.00
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).....	2900.00	10750.00
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)) ..	2900.00	11000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2900.00	11000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<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) .....	6469.40	20380.60
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6469.40	20380.60
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 12
	<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. Torossian, Lynn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1910 Duck Lake Road  
 City Milford State MI Zip Code 48381  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Pres/CEO- HF W Bloomfield Hosp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **04 / 19 / 2018**  
**Transaction ID : 11193304**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**B. 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 ▼ 216.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR129695335056**  
 Amount of Each Receipt this Period 54.00  
 Memo Item  
 P/R Deduction (\$27.00 Bi-Weekly)

**C. Baril, Noel, Russell, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 635  
 City Douglas State MI Zip Code 49406  
 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 ▼ 280.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR129709035056**  
 Amount of Each Receipt this Period 70.00  
 Memo Item  
 P/R Deduction (\$35.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1624.00
<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 7 OF 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**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) Chair- Neurosurgery
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		30		2018

**Transaction ID : PR130080535056**

Amount of Each Receipt this Period  
70.00

Memo Item

P/R Deduction (\$35.00 Bi-Weekly)

**B. Malloy, John, T., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4840 Stoddard Drive

City Troy	State MI	Zip Code 48085-3506
--------------	-------------	------------------------

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

Name of Employer (for Individual) Henry Ford Health System	Occupation (for Individual) VP IT Svc Integration&IT Qual
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		30		2018

**Transaction ID : PR131039535056**

Amount of Each Receipt this Period  
90.00

Memo Item

P/R Deduction (\$45.00 Bi-Weekly)

**C. Harper, Takisha Jane, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Po Box 214237

City Auburn Hills	State MI	Zip Code 48321
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Henry Ford Health System	Occupation (for Individual) Dir- IT Risk Management
---	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		30		2018

**Transaction ID : PR132006135056**

Amount of Each Receipt this Period  
80.00

Memo Item

P/R Deduction (\$40.00 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 8 OF 12
<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. Kline, Teresa, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 431 S Eton St  
 City Birmingham State MI Zip Code 48009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) EVP, HFHS & Pres & CEO, HAP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR133388335056**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item  
 P/R Deduction (\$2000.00 Bi-Weekly)

**B. Empey, Kenneth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7637 Blue Gentian  
 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) General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.76

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR133740235056**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**C. Leonard, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2156 Lake Wood Drive  
 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) VP Finance  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR148486535056**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2153.86
<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 12
<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. Digiovine, Bruno, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2967 Omlesaad Drive  
 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) Div Hd- Pulmonary&Critical Car  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR148968935056**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$30.00 Bi-Weekly)

**B. Peabody, James, , ,**  
 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) Urologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 392.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR148969335056**  
 Amount of Each Receipt this Period 98.00  
 Memo Item  
 P/R Deduction (\$49.00 Bi-Weekly)

**C. Smith, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11237 Sand Hill 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) SVP - CMO, CEO - HFAMG  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR148969635056**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	238.00
<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 12
<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. Nantais, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2350 Galaxy Way  
 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) COO- Henry Ford Medical Group  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR148984135056**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 P/R Deduction (\$40.00 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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) VP- Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR76551135056**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 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  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4435.86

**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) <b>A. Tom Leonard for Michigan</b>		Date of Disbursement MM / DD / YYYY 04 / 12 / 2018
Mailing Address PO Box 261		FEC Identification Number C [REDACTED] <b>Transaction ID : 11186212</b>
City DeWitt	State MI	Zip Code 48820
Purpose of Disbursement Direct Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Leonard, Tom, , ,</b>		Category/Type 011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Sylvia Santana for Senate</b>		Date of Disbursement MM / DD / YYYY 04 / 12 / 2018
Mailing Address 5700 Brace Street		FEC Identification Number C [REDACTED] <b>Transaction ID : 11186213</b>
City Detroit	State MI	Zip Code 48228
Purpose of Disbursement Direct Contribution		Amount of Each Disbursement this Period 250.00
Candidate Name <b>Santana, Sylvia, , ,</b>		Category/Type 011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Friends of Warren C. Evans</b>		Date of Disbursement MM / DD / YYYY 04 / 23 / 2018
Mailing Address 1959 E Jefferson Avenue		FEC Identification Number C [REDACTED] <b>Transaction ID : 11199479</b>
City Detroit	State MI	Zip Code 48207
Purpose of Disbursement Direct Contribution		Amount of Each Disbursement this Period 1500.00
Candidate Name <b>Evans, Warren, C., ,</b>		Category/Type 011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2750.00
<b>TOTAL</b> 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. Candice Miller for Macomb**

Mailing Address 12900 Hall Rd  
Suite 500

City Sterling Heights

State MI

Zip Code 48313

Purpose of Disbursement  
Direct Contribution

011

Category/  
Type

Candidate Name

**Miller, Candice, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 23 / 2018

FEC Identification Number

C [ ]

**Transaction ID : 11199480**

Amount of Each Disbursement this Period

[ ] 150.00

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

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

MM / DD / YYYY

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

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

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)..... ▶

[ ] 150.00

[ ] 2900.00