

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 Troy MI 48083-9935

2. FEC IDENTIFICATION NUMBER C C00552141 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 07 / 01 / 2022 through 09 / 30 / 2022

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 10 / 04 / 2022

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="2022"/> | | 78179.08 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 68501.30 | |
| (c) Total Receipts (from Line 19) | 20755.23 | 86327.45 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 89256.53 | 164506.53 |
| 7. Total Disbursements (from Line 31)..... | 32532.94 | 107782.94 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 56723.59 | 56723.59 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

For further information contact:

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

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

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)..... | 15782.20 | 64020.20 |
| (ii) Unitemized | 4973.03 | 22307.25 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 20755.23 | 86327.45 |
| (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) | 20755.23 | 86327.45 |
| 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)).....▶ | 20755.23 | 86327.45 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 20755.23 | 86327.45 |

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 | 182.94 | 182.94 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 182.94 | 182.94 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 3500.00 | 12750.00 |
| 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)..... | 28850.00 | 94850.00 |
| 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)) .. | 32532.94 | 107782.94 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 32532.94 | 107782.94 |

DETAILED SUMMARY PAGE
of Disbursements

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| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 20755.23 | 86327.45 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 20755.23 | 86327.45 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 182.94 | 182.94 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 182.94 | 182.94 |

**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 44 |
| | <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. 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 48323-3915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Optometrist- HFO SVC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 24 / 2022
Transaction ID : AB6505ED39F494696BD7
 Amount of Each Receipt this Period 140.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

B. Forester, Christine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2616 Lari Ct
 City West Bloomfield State MI Zip Code 48324-2226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Dir- Major Gifts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 08 / 2022
Transaction ID : A72C03048F54C4DDB965
 Amount of Each Receipt this Period 300.00
 Memo Item
 Payroll Deduction: \$300.00/Bi-Weekly

C. Daniels, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 430 Myers Rd
 City Lapeer State MI Zip Code 48446-3154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) ClinicalMgr-RespiratoryCareSvc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 08 / 2022
Transaction ID : A6C0E613619C340268A0
 Amount of Each Receipt this Period 300.00
 Memo Item
 Payroll Deduction: \$300.00/Bi-Weekly

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 740.00 |
| 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 44 |
| | <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. 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 48047-6303
 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 ▼ 300.00

Date of Receipt 09 / 24 / 2022
Transaction ID : AFE511E0D620244B688F
 Amount of Each Receipt this Period 105.00
 Memo Item
 Payroll Deduction: \$15.00/Bi-Weekly

B. Kalkanis, Steven, N, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1290 West Long Lake Road
 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) SVP, HFHS & CEO HFMG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1060.00

Date of Receipt 09 / 24 / 2022
Transaction ID : A2B8CF2985F0F4376A37
 Amount of Each Receipt this Period 560.00
 Memo Item
 Payroll Deduction: \$80.00/Bi-Weekly

C. Kumbar, Lalathaksha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38 Timberview Dr
 City Troy State MI Zip Code 48084-1740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Nephrologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 24 / 2022
Transaction ID : ACCF24D27F7344FE5BC8
 Amount of Each Receipt this Period 140.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 805.00 |
| 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 44 |
| <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. 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 48236-2375
 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 ▼ 400.00

Date of Receipt 09 / 24 / 2022
Transaction ID : A3388B138B9D1421BB6B
 Amount of Each Receipt this Period 140.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

B. 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 48042-1853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Mgr-IT Analytics Core Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 24 / 2022
Transaction ID : A5CB1BA7C50F34ECC9A7
 Amount of Each Receipt this Period 175.00
 Memo Item
 Payroll Deduction: \$25.00/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 49201-9418
 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 ▼ 400.00

Date of Receipt 09 / 24 / 2022
Transaction ID : A64477ABB8A634BD3B8F
 Amount of Each Receipt this Period 140.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 455.00 |
| 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 9 OF 44 |
| <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. 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 48044-5625
 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 ▼ 300.00

Date of Receipt 09 / 24 / 2022
Transaction ID : AADA05F1499BA4A5AB79
 Amount of Each Receipt this Period 105.00
 Memo Item
 Payroll Deduction: \$15.00/Bi-Weekly

B. 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 48324-1658
 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 ▼ 400.00

Date of Receipt 09 / 24 / 2022
Transaction ID : A8F5FB567D1294A31853
 Amount of Each Receipt this Period 140.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

C. Groth, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45120 Brunswick
 City Canton State MI Zip Code 48187-1805
 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 ▼ 400.00

Date of Receipt 09 / 24 / 2022
Transaction ID : A04526389548A4594A85
 Amount of Each Receipt this Period 140.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 385.00 |
| 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 44 |
| <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. 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 48346-2602
 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 ▼ 280.00

Date of Receipt 07 / 08 / 2022
Transaction ID : A8FE924ECDA7B48BA9EE
 Amount of Each Receipt this Period 150.00
 Memo Item
 Payroll Deduction: \$150.00/Bi-Weekly

B. Carrigan, Julie, I, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16401 Mulberry Way
 City Northville State MI Zip Code 48168-6837
 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 ▼ 400.00

Date of Receipt 09 / 24 / 2022
Transaction ID : A9964C5954CE04A17889
 Amount of Each Receipt this Period 140.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

C. 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 ▼ 800.00

Date of Receipt 09 / 24 / 2022
Transaction ID : A28591A7BB4824501971
 Amount of Each Receipt this Period 280.00
 Memo Item
 Payroll Deduction: \$40.00/Bi-Weekly

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 570.00 |
| 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 44 |
| <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. 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 48239-3004
 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 ▼ 440.00

Date of Receipt 09 / 24 / 2022
Transaction ID : ADB8D0E0FD7CC40CFA2
 Amount of Each Receipt this Period 154.00
 Memo Item
 Payroll Deduction: \$22.00/Bi-Weekly

B. 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 48301-2335
 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 ▼ 1600.00

Date of Receipt 09 / 24 / 2022
Transaction ID : AD00536B6B5F849C79BB
 Amount of Each Receipt this Period 350.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

C. 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 48334-3261
 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 ▼ 400.00

Date of Receipt 09 / 24 / 2022
Transaction ID : ACA521D307B5749D5936
 Amount of Each Receipt this Period 140.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 644.00 |
| 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 44 |
| | <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. 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 48085-3445
 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 ▼ 540.00

Date of Receipt 09 / 24 / 2022
Transaction ID : A3B498945CF074F90B3D
 Amount of Each Receipt this Period 189.00
 Memo Item
 Payroll Deduction: \$27.00/Bi-Weekly

B. Taylor, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2031 Lakeshore Drive
 City Commerce Township State MI Zip Code 48382-1732
 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 ▼ 300.00

Date of Receipt 09 / 24 / 2022
Transaction ID : AB036D87F28614C07991
 Amount of Each Receipt this Period 105.00
 Memo Item
 Payroll Deduction: \$15.00/Bi-Weekly

C. VanZant, Melissa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14605 Taylor Blvd
 City Livonia State MI Zip Code 48154-4095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Group Practice Operations Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 08 / 2022
Transaction ID : A43976887D4CC435FAE1
 Amount of Each Receipt this Period 250.00
 Memo Item
 Payroll Deduction: \$250.00/Bi-Weekly

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 544.00 |
| 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 13 OF 44 |
| <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. Gunn, Valerie, Ann, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33717 Heritage Hills Dr
 City Farmington Hills State MI Zip Code 48331-1566
 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 ▼ 400.00

Date of Receipt 09 / 24 / 2022
Transaction ID : A50403E3818C24B758D8
 Amount of Each Receipt this Period 140.00
 Memo Item
 Payroll 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 48322-1487
 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 ▼ 400.00

Date of Receipt 09 / 24 / 2022
Transaction ID : A59C28D0DF548479D88D
 Amount of Each Receipt this Period 140.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

C. 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 49201-8581
 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 ▼ 300.00

Date of Receipt 09 / 24 / 2022
Transaction ID : AD8C0CBDBA82F4A388A7
 Amount of Each Receipt this Period 105.00
 Memo Item
 Payroll Deduction: \$15.00/Bi-Weekly

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 385.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 44 |
| | <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. 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 ▼ 560.00

Date of Receipt 09 / 24 / 2022
Transaction ID : A40B0235DC7DA43EF9F9
 Amount of Each Receipt this Period 280.00
 Memo Item
 Payroll Deduction: \$40.00/Bi-Weekly

B. 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 48180-4746
 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 ▼ 400.00

Date of Receipt 09 / 24 / 2022
Transaction ID : A3AADE403800E40C6AE8
 Amount of Each Receipt this Period 140.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

C. 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 49201-1906
 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 ▼ 400.00

Date of Receipt 09 / 24 / 2022
Transaction ID : AED38446EE23E4E78B51
 Amount of Each Receipt this Period 140.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 560.00 |
| 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 15 OF 44 |
| | <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. 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 48105-1435 |
|-------------------|-------------|------------------------|

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 ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 24 | | 2022 |

Transaction ID : AB91075D6CF7D47CDB70

Amount of Each Receipt this Period
175.00

Memo Item
Payroll Deduction: \$25.00/Bi-Weekly

B. 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 48446-9482 |
|----------------|-------------|------------------------|

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 ▼
400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 24 | | 2022 |

Transaction ID : AE57584ABE38A48849F8

Amount of Each Receipt this Period
140.00

Memo Item
Payroll Deduction: \$20.00/Bi-Weekly

C. 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 48130-9347 |
|----------------|-------------|------------------------|

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 ▼
800.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 24 | | 2022 |

Transaction ID : AEB28A1D83FA54A73962

Amount of Each Receipt this Period
280.00

Memo Item
Payroll Deduction: \$40.00/Bi-Weekly

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 595.00 |
| 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 16 OF 44 |
| | <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 | <input type="checkbox"/> 17 |

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

A. Szandzik, Edward, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21671 River Rd
 City Grosse Pointe Woods State MI Zip Code 48236-1164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) VP- System Clinical Line Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 08 / 2022
Transaction ID : A1D891DC231184B5A88C
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

B. Simon, Melissa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10272 Creekwood Cir
 City Plymouth State MI Zip Code 48170-3826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Mgr-Rehab Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 08 / 2022
Transaction ID : AE498997A636B4C1A8AE
 Amount of Each Receipt this Period 500.00
 Memo Item
 Payroll Deduction: \$500.00/Bi-Weekly

C. Eller, Erik, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17838 Stonebrook Ct
 City Northville State MI Zip Code 48168-4343
 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 ▼ 400.00

Date of Receipt 09 / 24 / 2022
Transaction ID : A986887D4FE1D4BCF851
 Amount of Each Receipt this Period 140.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 690.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 17 OF 44 |
| <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. 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 49849-3374
 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 ▼ 360.00

Date of Receipt 09 / 24 / 2022
Transaction ID : A32865B8988CE4E81BEB
 Amount of Each Receipt this Period 105.00
 Memo Item
 Payroll Deduction: \$15.00/Bi-Weekly

B. 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 48390-3034
 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 ▼ 500.00

Date of Receipt 09 / 24 / 2022
Transaction ID : AE9D0B26C2FBF490291A
 Amount of Each Receipt this Period 175.00
 Memo Item
 Payroll Deduction: \$25.00/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 48703-9555
 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 ▼ 500.00

Date of Receipt 09 / 24 / 2022
Transaction ID : A7D34D3ECB4FB47E1A31
 Amount of Each Receipt this Period 175.00
 Memo Item
 Payroll Deduction: \$25.00/Bi-Weekly

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 455.00 |
| 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 18 OF 44 |
| <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. 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 48322-5209
 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 ▼ 500.00

Date of Receipt 09 / 24 / 2022
Transaction ID : A60B794D488CC4BCBA92
 Amount of Each Receipt this Period 175.00
 Memo Item
 Payroll Deduction: \$25.00/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 48230-1912
 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 ▼ 980.00

Date of Receipt 09 / 24 / 2022
Transaction ID : A320AA86D89B8432DB86
 Amount of Each Receipt this Period 343.00
 Memo Item
 Payroll Deduction: \$49.00/Bi-Weekly

C. 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 48188-5235
 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 ▼ 400.00

Date of Receipt 09 / 24 / 2022
Transaction ID : AE15554D1410F4DDA969
 Amount of Each Receipt this Period 140.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 658.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 19 OF 44 |
| <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 48103-9403
 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 ▼ 1000.00

Date of Receipt 09 / 24 / 2022
Transaction ID : AD3C9F13BE7D34E2AA29
 Amount of Each Receipt this Period 350.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

B. Brouette, Nicole, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 902 Edgemont Park
 City Grosse Pointe Park State MI Zip Code 48230-1855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Podiatrist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 08 / 2022
Transaction ID : A48327AA595C94FF989F
 Amount of Each Receipt this Period 300.00
 Memo Item
 Payroll Deduction: \$300.00/Bi-Weekly

C. 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 48070-1120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Vice Chair-DEM Community Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 24 / 2022
Transaction ID : A0D11804D9CF64D7DB77
 Amount of Each Receipt this Period 105.00
 Memo Item
 Payroll Deduction: \$15.00/Bi-Weekly

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 755.00 |
| 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 20 OF 44 |
| | <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. Empey, Kenneth, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7637 Blue Gentian Ct
 City Dexter State MI Zip Code 48130-9337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Deputy General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 08 / 2022**
Transaction ID : AD8213F1FC5EE496EB55
 Amount of Each Receipt this Period 500.00
 Memo Item
 Payroll Deduction: \$500.00/Bi-Weekly

B. Young, Robert, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2257 N Island Dr
 City Ortonville State MI Zip Code 48462-8541
 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 ▼ 400.00

Date of Receipt **09 / 24 / 2022**
Transaction ID : ACB3A22246BC04EEFAD5
 Amount of Each Receipt this Period 140.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

C. Autry, Paula, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1897 Suncrest Drive
 City Grass Lake State MI Zip Code 49240-9672
 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 ▼ 1309.00

Date of Receipt **09 / 24 / 2022**
Transaction ID : A5E09B967B4174ACC966
 Amount of Each Receipt this Period 539.00
 Memo Item
 Payroll Deduction: \$77.00/Bi-Weekly

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1179.00 |
| 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 21 OF 44 |
| <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. 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 48183-5439 |
|--------------------|-------------|------------------------|

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 ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 24 | | 2022 |

Transaction ID : AE071D01D2932479F9D4

Amount of Each Receipt this Period
175.00

Memo Item
Payroll Deduction: \$25.00/Bi-Weekly

B. 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 48316-4894 |
|-------------------------|-------------|------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) Henry Ford Health System | Occupation (for Individual) VP- Application Services |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 24 | | 2022 |

Transaction ID : AEC8EA3C3F96B4694BB8

Amount of Each Receipt this Period
175.00

Memo Item
Payroll Deduction: \$25.00/Bi-Weekly

C. Farrell, Dennis, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 76546 Mary Grace Dr

| | | |
|-------------------|-------------|------------------------|
| City Bruce Twp | State MI | Zip Code 48065-2641 |
|-------------------|-------------|------------------------|

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 ▼
270.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 27 | | 2022 |

Transaction ID : A740A78848FB54535B57

Amount of Each Receipt this Period
75.00

Memo Item
Payroll Deduction: \$15.00/Bi-Weekly

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 425.00 |
| 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 22 OF 44 |
| <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. Ross, Rhonda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30645 Melisa Ct
 City Chesterfield State MI Zip Code 48051-1258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Dir- Culinary/EVS/Pt Transport
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 08 / 2022
Transaction ID : AC6E548AF94ED48349F2
 Amount of Each Receipt this Period 300.00
 Memo Item
 Payroll Deduction: \$300.00/Bi-Weekly

B. 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 48306-2546
 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 ▼ 400.00

Date of Receipt 09 / 24 / 2022
Transaction ID : A95F4D34EC854434489B
 Amount of Each Receipt this Period 140.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

C. Modi, Shalini, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3200 Pine Lake Rd
 City West Bloomfield State MI Zip Code 48324-1951
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Medical Group Occupation (for Individual) Cardiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 17 / 2022
Transaction ID : A8DFAE25EACD94E4A824
 Amount of Each Receipt this Period 1000.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1440.00 |
| 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 23 OF 44 |
| | <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. 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) HF Hospital _ Support Services Occupation (for Individual) Chair- Anesthesia
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 18 / 2022
Transaction ID : A93C5EC07DDA54420B29
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Whitty, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6222 Park Ave
 City Washington Township State MI Zip Code 48095-1484
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) VP-Access Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 22 / 2022
Transaction ID : AD26147DB2E214EADA5C
 Amount of Each Receipt this Period 500.00
 Memo Item
 Payroll Deduction: \$500.00/Bi-Weekly

C. 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 09 / 24 / 2022
Transaction ID : A1C54BDE141454A869F5
 Amount of Each Receipt this Period 360.00
 Memo Item
 Payroll Deduction: \$72.00/Bi-Weekly

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 943.33 |
| 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 24 OF 44 |
| | <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. Keteyian, Steven, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 48884 Garden Ln
 City Canton State MI Zip Code 48188-3523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Bioscientific Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt 08 / 13 / 2022
Transaction ID : AAB1B74A4D7304106A43
 Amount of Each Receipt this Period 12.00
 Memo Item
 Payroll Deduction: \$12.00/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 48101-1675
 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 ▼ 320.00

Date of Receipt 09 / 24 / 2022
Transaction ID : AF10D98D0E38A4CFA889
 Amount of Each Receipt this Period 120.00
 Memo Item
 Payroll Deduction: \$30.00/Bi-Weekly

C. 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 48192-3831
 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 ▼ 240.00

Date of Receipt 09 / 24 / 2022
Transaction ID : A6B90D608CDD546868E5
 Amount of Each Receipt this Period 48.00
 Memo Item
 Payroll Deduction: \$12.00/Bi-Weekly

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 180.00 |
| 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 25 OF 44 |
| | <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. 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 48025-4418
 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 ▼ 240.00

Date of Receipt 09 / 24 / 2022
Transaction ID : A3CAFDFAA77CB42A9B6;
 Amount of Each Receipt this Period 48.00
 Memo Item
 Payroll Deduction: \$12.00/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 ▼ 400.00

Date of Receipt 09 / 24 / 2022
Transaction ID : AA0D44AEA73F440A2A2A
 Amount of Each Receipt this Period 200.00
 Memo Item
 Payroll Deduction: \$50.00/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) HF Hospital _ Support Services Occupation (for Individual) Chair- Anesthesia
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt 08 / 18 / 2022
Transaction ID : AB8FFCC8D9E894DA7AFA
 Amount of Each Receipt this Period 83.33
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 331.33 |
| 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 26 OF 44 |
| | <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. 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 48105-3052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) EVP, Finance and Admin & CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 26 / 2022
Transaction ID : A750901E8F26A45D2B9A
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. Radu, Nikola, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1157 Ivyglen Circle
 City Bloomfield Hills State MI Zip Code 48304-1236
 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 ▼ 230.60

Date of Receipt 09 / 24 / 2022
Transaction ID : AA8F9B7DE96FD40959C1
 Amount of Each Receipt this Period 34.59
 Memo Item
 Payroll Deduction: \$11.53/Bi-Weekly

C. 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 48125-1312
 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 ▼ 230.80

Date of Receipt 09 / 24 / 2022
Transaction ID : A0CA650C32E714DEE800
 Amount of Each Receipt this Period 34.62
 Memo Item
 Payroll Deduction: \$11.54/Bi-Weekly

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2569.21 |
| 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 27 OF 44 |
| | <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. Zierten, Debby, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8713 Bay Crest Lane
 City Tampa State FL Zip Code 33615-4407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) VP-Consumer Insights &Care Exp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 09 / 24 / 2022
Transaction ID : A391064300B9A4C13A27
 Amount of Each Receipt this Period 120.00
 Memo Item
 Payroll Deduction: \$40.00/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) Chief Privacy&Security Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 24 / 2022
Transaction ID : A6C9A918C197C4956944
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll Deduction: \$40.00/Bi-Weekly

C. Cunningham, Dennis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3307 Royal Berkshire Lane
 City Oakland State MI Zip Code 48363-2343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Med Dir- HFHS InfectionControl
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 24 / 2022
Transaction ID : A74FD3F3B5BB1417983F
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll Deduction: \$40.00/Bi-Weekly

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 280.00 |
| 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 28 OF 44 |
| | <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. Devine, Salika, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43952 Brandywyne
 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 ▼ 240.00

Date of Receipt 09 / 24 / 2022
Transaction ID : AB96811903FB24DCA8FC
 Amount of Each Receipt this Period 60.00
 Memo Item
 Payroll Deduction: \$30.00/Bi-Weekly

B. 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 48134-9252
 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 ▼ 215.40

Date of Receipt 09 / 24 / 2022
Transaction ID : AF2B845E567594315838
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/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) HF Hospital _ Support Services Occupation (for Individual) Chair- Anesthesia
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 09 / 18 / 2022
Transaction ID : AAB7114E6908D4366B1A
 Amount of Each Receipt this Period 83.33
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 163.33 |
| 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: PAGE 29 OF 44
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Youssef, Ali, , ,

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
 09 / 24 / 2022

Transaction ID : AD30915A56DB84811831

Amount of Each Receipt this Period
 30.00

Memo Item
 Payroll Deduction: \$30.00/Bi-Weekly

B. 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

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

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 30.00 |
| TOTAL This Period (last page this line number only).....▶ | 15782.20 |

**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 |

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

A. Debbie Dingell For Congress

Full Name (Last, First, Middle Initial)
Debbie Dingell

Date of Disbursement: 07 / 19 / 2022

Mailing Address: PO Box 746

City: Dearborn, State: MI, Zip Code: 48121

Purpose of Disbursement: Contribution to Committee

FEC Identification Number: C00558213
Transaction ID: B7AE759C9E
Amount of Each Disbursement this Period: 1000.00

Candidate Name: Dingell, Debbie, , Rep.,
Office Sought: House, Senate, President
Disbursement For: 2022, Primary, General, Other (specify) ▼
State: MI, District: 06

Memo Item

B. Walberg For Congress

Full Name (Last, First, Middle Initial)
Tim Walberg

Date of Disbursement: 09 / 08 / 2022

Mailing Address: PO Box 1362

City: Jackson, State: MI, Zip Code: 49204

Purpose of Disbursement: Contribution to Committee

FEC Identification Number: C00390724
Transaction ID: B79D1CCE8B
Amount of Each Disbursement this Period: 1000.00

Candidate Name: Walberg, Tim, , Rep.,
Office Sought: House, Senate, President
Disbursement For: 2022, Primary, General, Other (specify) ▼
State: MI, District: 07

Memo Item

C. Haley Stevens For Congress

Full Name (Last, First, Middle Initial)
Haley Stevens

Date of Disbursement: 07 / 19 / 2022

Mailing Address: 33717 Woodward Ave #539

City: Birmingham, State: MI, Zip Code: 48009

Purpose of Disbursement: Contribution to Committee

FEC Identification Number: C00638650
Transaction ID: BABC2BA2B
Amount of Each Disbursement this Period: 1000.00

Candidate Name: Stevens, Haley, , Rep.,
Office Sought: House, Senate, President
Disbursement For: 2022, Primary, General, Other (specify) ▼
State: MI, District: 11

Memo Item

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

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

3000.00

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 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 |

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NAME OF COMMITTEE (In Full)

Henry Ford Health System Government Affairs Services PAC

Full Name (Last, First, Middle Initial)

A. ADAM HOLLIER FOR CONGRESS

Mailing Address 220 BELMONT STREET

City
DETROIT

State
MI

Zip Code
48202

Purpose of Disbursement
Contribution to Committee

Candidate Name

Hollier, Adam, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: MI District: 13

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | 2 | 6 | | 2 | 0 | 2 | 2 | | |

FEC Identification Number

C C00801761

Transaction ID : BCBE1874E

Amount of Each Disbursement this Period

500.00

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 | 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 | Y | Y |
| | | | | | | | | | | | |

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

500.00

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

3500.00

**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 |

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

A. Darrin Camilleri for State Senate

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 818

City Trenton State MI Zip Code 48183-0818

Purpose of Disbursement Contribution to State Committee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: District:

Date of Disbursement 09 / 08 / 2022

FEC Identification Number C

Transaction ID : B2707379C53

Amount of Each Disbursement this Period 2500.00

Memo Item

B. Paul Wojno for State Senate

Full Name (Last, First, Middle Initial)

Mailing Address 32025 Margaret Court

City Warren State MI Zip Code 48093

Purpose of Disbursement Contribution to State Committee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: District:

Date of Disbursement 09 / 08 / 2022

FEC Identification Number C

Transaction ID : B6EDFC3F72

Amount of Each Disbursement this Period 250.00

Memo Item

C. Nesbitt Majority Fund 2

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 419

City Paw Paw State MI Zip Code 49079-0419

Purpose of Disbursement Contribution to State Committee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼ Other

State: District:

Date of Disbursement 09 / 08 / 2022

FEC Identification Number C

Transaction ID : B244CF80D8

Amount of Each Disbursement this Period 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3250.00

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. SANTANA FOR MICHIGAN

Mailing Address 5700 BRACE STREET

City
Detroit

State
MI

Zip Code
48228-4751

Purpose of Disbursement
Contribution to State Committee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) Other

State: District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2022

FEC Identification Number

C [REDACTED]

Transaction ID : BADA96F1CE
Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. VanderWall Majority Fund

Mailing Address 730 N. Hayford Ave

City
Lansing

State
MI

Zip Code
48912-4320

Purpose of Disbursement
Contribution to State Committee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) Other

State: District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2022

FEC Identification Number

C [REDACTED]

Transaction ID : B0D42BAE3D
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Committee to Elect Matt Koleszar

Mailing Address PO Box 6094

City
Plymouth

State
MI

Zip Code
48170-0094

Purpose of Disbursement
Contribution to State Committee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) Other

State: District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 19 / 2022

FEC Identification Number

C [REDACTED]

Transaction ID : B738A9CC4C
Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

2250.00

[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)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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. Joe Tate Leadership PAC | | Date of Disbursement MM / DD / YYYY 09 / 08 / 2022 |
| Mailing Address 115 W. Allegan Street Suite 700 | | FEC Identification Number C Transaction ID : BE5330483DI Amount of Each Disbursement this Period 500.00 |
| City Lansing | State MI | |
| Zip Code 48933-1751 | | Memo Item <input type="checkbox"/> |
| Purpose of Disbursement Contribution to State Committee | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other | |
| State: District: | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Fink Majority Fund | | Date of Disbursement MM / DD / YYYY 09 / 08 / 2022 |
| Mailing Address 2843 E Grand River, 216 | | FEC Identification Number C Transaction ID : B37AFF0925I Amount of Each Disbursement this Period 250.00 |
| City East Lansing | State MI | |
| Zip Code 48823-6724 | | Memo Item <input type="checkbox"/> |
| Purpose of Disbursement Contribution to State Committee | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other | |
| State: District: | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Committee to Elect Glenn Anderson | | Date of Disbursement MM / DD / YYYY 07 / 19 / 2022 |
| Mailing Address 34300 Parkgrove Dr | | FEC Identification Number C Transaction ID : B18E215390I Amount of Each Disbursement this Period 250.00 |
| City Westland | State MI | |
| Zip Code 48185 | | Memo Item <input type="checkbox"/> |
| Purpose of Disbursement Contribution to State Committee | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Other | |
| State: District: | | |

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 |

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

Full Name (Last, First, Middle Initial)

A. Stephanie's Changemaker Fund

Mailing Address P.O. BOX 12175

City Lansing State MI Zip Code 48901

Purpose of Disbursement
Contribution to State Committee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2022
 Primary General
 Other (specify) Other

State: District:

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2022

FEC Identification Number

C
Transaction ID : B07627A6894
Amount of Each Disbursement this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CTE Mike Harris

Mailing Address 5898 Chestnut Hill Drive

City Clarkston State MI Zip Code 48346-3010

Purpose of Disbursement
Contribution to State Committee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2022
 Primary General
 Other (specify)

State: District:

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2022

FEC Identification Number

C
Transaction ID : BADFC33D13
Amount of Each Disbursement this Period
200.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Garlin Gilchrist for Lt Governor

Mailing Address PO Box 15262

City Lansing State MI Zip Code 48901-5262

Purpose of Disbursement
Contribution to State Committee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2022
 Primary General
 Other (specify)

State: District:

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2022

FEC Identification Number

C
Transaction ID : B631FEA269
Amount of Each Disbursement this Period
2500.00

Memo Item

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

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

3200.00

**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 |

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NAME OF COMMITTEE (In Full)

Henry Ford Health System Government Affairs Services PAC

Full Name (Last, First, Middle Initial)

A. Friends of Matt Hall PAC

Mailing Address 510 Arrowhead SE

City
Grand Rapids

State
MI

Zip Code
49546-2204

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: 2022

| | | | |
|-------------------------------------|-------------------|--------------------------|---------|
| <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 |
| 09 | | 08 | | 2022 |

FEC Identification Number

C [REDACTED]

Transaction ID : BFFAF11CEF

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Dayna Polehanki for State Senate

Mailing Address PO Box 51843

City
Livonia

State
MI

Zip Code
48151-5843

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: 2022

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

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 19 | | 2022 |

FEC Identification Number

C [REDACTED]

Transaction ID : B70377FCC8

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Curtis Hertel, Jr. for Michigan

Mailing Address PO Box 16028

City
Lansing

State
MI

Zip Code
48901-6028

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: 2022

| | | | |
|-------------------------------------|-------------------|--------------------------|---------|
| <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 |
| 09 | | 08 | | 2022 |

FEC Identification Number

C [REDACTED]

Transaction ID : B650BEEE93

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

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

[REDACTED] 2000.00

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

[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 |

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

A. Hauck Majority Fund

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1013

City East Lansing State MI Zip Code 48826

Purpose of Disbursement Contribution to State Committee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) Other

State: District:

Date of Disbursement: 09 / 08 / 2022

FEC Identification Number: C

Transaction ID : B2BF389684!

Amount of Each Disbursement this Period: 250.00

Memo Item

B. Compete Michigan PAC 2

Full Name (Last, First, Middle Initial)

Mailing Address 106 W Allegan Suite

City Lansing State MI Zip Code 48933

Purpose of Disbursement Contribution to State Committee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) Other

State: District:

Date of Disbursement: 09 / 08 / 2022

FEC Identification Number: C

Transaction ID : B1126B9351E

Amount of Each Disbursement this Period: 500.00

Memo Item

C. ALEX GARZA FOR STATE REPRESENTATIVE

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1982

City Taylor State MI Zip Code 48180-8882

Purpose of Disbursement Contribution to State Committee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) Other

State: District:

Date of Disbursement: 09 / 08 / 2022

FEC Identification Number: C

Transaction ID : B06953B298

Amount of Each Disbursement this Period: 250.00

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 |

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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

Mailing Address PO BOX 5258

City
TRAVERSE CITY

State
MI

Zip Code
49696

Purpose of Disbursement
Contribution to State Committee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 8 | | 2 | 0 | 2 | 2 |

FEC Identification Number

C [Redacted]

Transaction ID : B942AB7DDF

Amount of Each Disbursement this Period

[Redacted] 250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Mary Waters

Mailing Address 1276 Navarre Pl

City
Detroit

State
MI

Zip Code
48207-3014

Purpose of Disbursement
Contribution to State Committee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 8 | | 2 | 0 | 2 | 2 |

FEC Identification Number

C [Redacted]

Transaction ID : B8F2C189FDI

Amount of Each Disbursement this Period

[Redacted] 500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Warren C. Evans

Mailing Address PO Box 15127

City
Detroit

State
MI

Zip Code
48215-0127

Purpose of Disbursement
Contribution to State Committee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 1 | 9 | | 2 | 0 | 2 | 2 |

FEC Identification Number

C [Redacted]

Transaction ID : BA24015F8A

Amount of Each Disbursement this Period

[Redacted] 7500.00

Memo Item

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

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

[Redacted] 8250.00

[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)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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. Committee to Elect Matt Koleszar

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6094

City Plymouth State MI Zip Code 48170-0094

Purpose of Disbursement
Contribution to State Committee

Candidate Name

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2022

FEC Identification Number

C
Transaction ID : B76D9D40AC
Amount of Each Disbursement this Period
500.00

Memo Item

B. Moss PAC

Full Name (Last, First, Middle Initial)

Mailing Address 101 S Washington Sq #300

City Lansing State MI Zip Code 48933-1732

Purpose of Disbursement
Contribution to State Committee

Candidate Name

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) Other

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2022

FEC Identification Number

C
Transaction ID : BDB2E36C64
Amount of Each Disbursement this Period
250.00

Memo Item

C. Friends of Nate Shannon

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 7091

City Sterling Heights State MI Zip Code 48311-7091

Purpose of Disbursement
Contribution to State Committee

Candidate Name

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2022

FEC Identification Number

C
Transaction ID : B42BB26041
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 |

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NAME OF COMMITTEE (In Full)

Henry Ford Health System Government Affairs Services PAC

Full Name (Last, First, Middle Initial)

A. VanderWall Majority Fund

Mailing Address 730 N. Hayford Ave

City
Lansing

State
MI

Zip Code
48912-4320

Purpose of Disbursement
Contribution to State Committee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) Other

State: District:

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B6631CD6E8
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. CTE Vicki Barnett to State Senate

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: 2022
 Primary General
 Other (specify)

State: District:

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B2439BD807!
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. VOTE KELLY BREEN

Mailing Address 242 LINHART ST

City
NOVI

State
MI

Zip Code
48477

Purpose of Disbursement
Contribution to State Committee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) Other

State: District:

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B1768429C8.
Amount of Each Disbursement this Period

Memo Item

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

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

A. CTE Mary Cavanagh

Full Name (Last, First, Middle Initial)

Mailing Address 14965 Aubrey

City Redford State MI Zip Code 48239-3461

Purpose of Disbursement Contribution to State Committee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: District:

Date of Disbursement 09 / 08 / 2022

FEC Identification Number C

Transaction ID : **BD976071231**

Amount of Each Disbursement this Period 250.00

Memo Item

B. Mike MacDonald for Senate

Full Name (Last, First, Middle Initial)

Mailing Address 106 W. Allegan 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: 2022 Primary General Other (specify) ▼

State: District:

Date of Disbursement 09 / 08 / 2022

FEC Identification Number C

Transaction ID : **B5CC9DC9B9**

Amount of Each Disbursement this Period 500.00

Memo Item

C. CITIZENS TO ELECT HELENA SCOTT

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 21835

City Detroit State MI Zip Code 48221

Purpose of Disbursement Contribution to State Committee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: District:

Date of Disbursement 07 / 19 / 2022

FEC Identification Number C

Transaction ID : **BE32D8CFD1**

Amount of Each Disbursement this Period 250.00

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 |

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

| | | | |
|--|---|---|---------------------------------------|
| Full Name (Last, First, Middle Initial) A. Filler Majority PAC | | Date of Disbursement MM / DD / YYYY 09 / 08 / 2022 | |
| Mailing Address 1731 Blue Grass Road | | FEC Identification Number C [] Transaction ID : BEB29D1684 Amount of Each Disbursement this Period [] 250.00 | |
| City Lansing | State MI | Zip Code 48906 | Category/ Type [] |
| Purpose of Disbursement Contribution to State Committee | | Candidate Name | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Memo Item <input type="checkbox"/> |
| State: District: | Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other | | |

| | | | |
|---|---|--|---------------------------------------|
| Full Name (Last, First, Middle Initial) B. Central Michigan Conservative Leadership | | Date of Disbursement MM / DD / YYYY 07 / 19 / 2022 | |
| Mailing Address 201 Townsend St Ste 900 | | FEC Identification Number C [] Transaction ID : B9F6BDF69A Amount of Each Disbursement this Period [] 1000.00 | |
| City Lansing | State MI | Zip Code 48933-1529 | Category/ Type [] |
| Purpose of Disbursement Contribution to State Committee | | Candidate Name | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Memo Item <input type="checkbox"/> |
| State: District: | Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other | | |

| | | | |
|--|--|--|---------------------------------------|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement MM / DD / YYYY | |
| Mailing Address | | FEC Identification Number C [] Amount of Each Disbursement this Period [] | |
| City | State | Zip Code | Category/ Type [] |
| Purpose of Disbursement | | Candidate Name | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Memo Item <input type="checkbox"/> |
| State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | [] 1250.00 |
| TOTAL This Period (last page this line number only).....▶ | [] 28850.00 |