

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 2014 JAN 17 AM 9:50

FEDERAL CENTER

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Henry Ford Health System Government Affairs Services PAC (Henry Ford Health System PAC)

ADDRESS (number and street)

Comerica Bank - PAC Services MC 2250 FBO: HFHS PAC

(Check if address is changed)

3551 Hamlin Road

Auburn Hills

CITY

MI

STATE

48326

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

11/05/2013

3. FEC IDENTIFICATION NUMBER

C 00552141

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer James M. Connelly

Signature of Treasurer

[Handwritten Signature]

Date

01/16/2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

14031153619

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State
					District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation	<input checked="" type="checkbox"/>	Corporation w/o Capital Stock	Labor Organization
Membership Organization		Trade Association	Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

14031153620

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Henry Ford Health System Government Affairs Services

Mailing Address One Ford Place
Detroit MI 48202
CITY STATE ZIP CODE

Relationship: X Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Comerica Bank
Mailing Address P.O. Box 75000
c/o PAC Services
Detroit Detroit MI 48275-2250
CITY STATE ZIP CODE

Title or Position Record keeper Telephone number 248-371-7268

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer James M. Connelly
Mailing Address c/o Comerica Bank - PAC Services, MC2250
FBO: HFHS PAC 3551 Hamlin Road
Auburn Hills MI 48326
CITY STATE ZIP CODE

Title or Position Treasurer Telephone number 248-371-7268

14031153621

Full Name of Designated Agent

[]

Mailing Address

[]

[]

[] [] []-[]

CITY

STATE

ZIP CODE

Title or Position

[]

Telephone number

[]-[]-[]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Comerica Bank - PAC Services MC 2250

Mailing Address

FBO: HFHS PAC

P.O. Box 75000 MC 2250

Detroit MI 48275 - 2250

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[]

Mailing Address

[]

[]

[] [] []-[]

CITY

STATE

ZIP CODE

14031153622

FedEx

Express


Extremely Urgent

14031153623

X-RAYED BY

Shipping, Meet Sustainability.

Print Batch Labels

ATNO DNIDHIS SAN FOR 

RT 677 6

8838: Only
01.17

the container and
d conditions and
able FedEx
it FedEx Service

s services,
fedex.com,

Ship Date: 16 JAN 14
ActWgt: 0.5 LB
CAD: 105942981/WMSX2600

Delivery Address Bar Code



Ref #
Invoice #
PO #
Dept # 101390

FedEx
Express



Origin ID: DTWA

From: (313) 874-6973
Pamela Gray
Henry Ford Health System
1 Ford Pl
Detroit, MI 48202

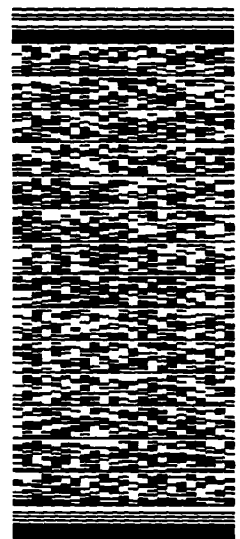
J13201306280326

BILL THIRD PARTY

SHIP TO: (313) 874-6973

Federal Election Commission
999 E Street NW

WASHINGTON, DC 20463

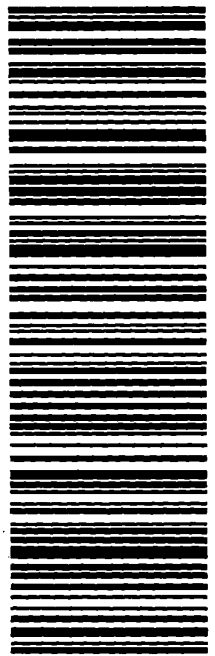


FRI - 17 JAN AA
STANDARD OVERNIGHT

TRK# 7976 5364 8838
0201

20463
DC-US
IAD

XC RDVA



2014 JAN 17 AM 9:50
FED MAIL CENTER

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i>	Shipping Date <i>1/16/14</i>
Next Business Day Delivery	<input checked="" type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

CNR
 PREPARER
 (8/2013)

1/17/14
 DATE PREPARED

14031153624