Image# 201807179115728629		PAGE 1 / 33
	EPORT OF RECEIPTS ND DISBURSEMENTS Other Than An Authorized Committee	Office Use Only
1. NAME OF TYP COMMITTEE (in full)	E OR PRINT ▼ Example: If typing, type over the lines.	12FE4M5
Henry Ford Health Syster	n Government Affairs Services PAC	
ADDRESS (number and street)	o Comerica Bank, PAC Services	
Check if different	551 Hamlin Road, MC2250	
Alexandra de Carlos	uburn Hills	MI 48326 – L
2. FEC IDENTIFICATION NUMB	ER V CITY	STATE ▲ ZIP CODE ▲
C C00552141	3. IS THIS REPORT X (N) OR	AMENDED (A)
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election 	b) Monthly Report Due On: Mar 20 (M2) Mar 20 (M3) Jun 20 (M6) Apr 20 (M4) X Jul 20 (M7) (c) 12-Day PRE-Election Report for the: Convention (12C) Election on (d) 30-Day	Image: Sep 20 (M9) Image: Sep 20 (M9) Image: Sep 20 (M12) (Non-Election Year Only) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: Sep 20 (M10) Image: S
Termination Report (TER)	POST-Election General (30G) Report for the:	Runoff (30R) Special (30S)
- [eport and to the best of my knowledge and belief it is t	A / D D / Y Y Y Y 30 2018
Type or Print Name of Treasurer	der, Robin, , , [Electronically Filed]	Date 07 / D D / Y Y Y Y 17 2018
NOTE: Submission of false, erroneous Office Use Only	, or incomplete information may subject the person signing	this Report to the penalties of 52 U.S.C. § 30108 FEC FORM 3X Rev. 05/2016

07/17/2018 08 : 36

x

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

Henry Ford Health System Government Affairs Services PAC

R	Report Covering the Period: From:	De 01 / Y Y Y Y 2018 Te	b: 06 / D D / Y Y Y Y 2018
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2018		70008.71
	(b) Cash on Hand at Beginning of Reporting Period	82858.71	
	(c) Total Receipts (from Line 19)	30284.10	56634.10
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	113142.81	126642.81
7.	Total Disbursements (from Line 31)	37070.00	50570.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	76072.81	76072.81
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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Henry Ford Health System Government Affairs Services PAC

Report Covering the Period: From:		. 06 / ^Y Y Y Y 2018
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	25024.48	38002.06
(i) Itemized (use Schedule A)		30002.00
(ii) Unitemized	5259.62	18632.04
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	30284.10	56634.10
	0.00	0.00
(b) Political Party Committees(c) Other Political Committees	0.00	49. 49. 49.
(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)	30284.10	56634.10
12. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	0.00
13. All Loans Received	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
	4	
(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),		50004.40
12, 13, 14, 15, 16, 17, and 18(c))▶	30284.10	56634.10
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	30284.10	56634.10

Page 3

I

DETAILED SUMMARY PAGE

of Disbursements

	Form 3X (Rev. 05/2016)		Page 4
	Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
(a) Allocat	Expenditures: ted Federal/Non-Federal y (from Schedule H4)		
	ederal Share	0.00	0.00
()	on-Federal Share	0.00	0.00
. ,	Federal Operating ditures	0.00	0.00
(c) Total C	Operating Expenditures		
	21(a)(i), (a)(ii), and (b))► o Affiliated/Other Party	0.00	0.00
	s	0.00	0.00
Federal Ca	ndidates/Committees Political Committees	0.00	250.00
	nt Expenditures dule E)	0.00	0.00
Coordinate (52 U.S.C.	d Party Expenditures § 30116(d))		
(use Sched	dule F)	0.00	0.00
Loan Repa	yments Made	0.00	0.00
Loans Mad	le	0.00	0.00
(a) Individ	Contributions To: luals/Persons Other		
Than I	Political Committees	0.00	0.00
	al Party Committees	0.00	0.00
(-)	Political Committees as PACs)	0.00	0.00
()	Contribution Refunds		
(add L	ines 28(a), (b), and (c))	0.00	0.00
	ursements (Including		50000.00
	al Donations)	37070.00	50320.00
	ection Activity (52 U.S.C. § 30101(2 ted Federal Election Activity	20))	
(from	Schedule H6)		
(i) Fec	leral Share	0.00	0.00
. ,	evin" Share	0.00	0.00
	al Election Activity Paid y With Federal Funds	0.00	0.00
(c) Total F	Federal Election Activity (add		
Lines	30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	irsements (add Lines 21(c), 22,		
23, 24, 25,	26, 27, 28(d), 29 and 30(c))	37070.00	50570.00
	ral Disbursements		
	ine 21(a)(ii) and Line 30(a)(ii) 31)	37070.00	E0570.00
		57070.00	50570.00

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36)

				30284.10
	-7		7	
				0.00
	 -		-	0.00
	-		-	30284.10
L.	-7		-7	0.00
			1.1	
L.	-7		-7	0.00
100				
L.	-7-		-7-	0.00

	 -7	 	-7	56634.10
	 -	 	-	0.00
				50004.40
	 7	 	-	56634.10
				0.00
	 7	 	-	0.00
				0.00
	 7	 	-7	0.00
				0.00
1	 	 		0.00

COLUMN B

Calendar Year-to-Date

Page 5

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 6 OF

		Use separate schedule(s)			(check only one)							
			for each category of the Detailed Summary Page	×	11a 13		11b	11c	12	17		
or fo	information copied from such Reports and Sta or commercial purposes, other than using the r				or the	purp	ose of	soliciting	contribu	utions		
\	IAME OF COMMITTEE (In Full) Henry Ford Health System Gove	rnment A	Affairs Services PAC									
	ull Name of Individual (Last, First, Middle Initia Bates, Ondrea, , ,	l) or Full Or	rganization Name		Date of	Rec	ceipt					
N	Aailing Address 600 S Alpine Lake Apt A				м м 06	/	D D D D 06	/ Y	ү ү 2018	Y		
	Sity Jackson	State MI	Zip Code 49203					1127460 eceipt th	1 is Perioc	ł		
	EC ID number of contributing ederal political committee.	С			_		-		1000	.00		
F	lame of Employer (for Individual) Ienry Ford Health Systems		ipation (for Individual) P Operations		Me	emo	ltem					
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]								
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Zervos, John, , ,						ceipt					
N	Aailing Address 3670 Woodward Ave				M M / D D / Y Y Y Y 06 05 2018							
	Dity Detroit	State MI	Zip Code 48201					1127460		4		
F	EC ID number of contributing ederal political committee.	С		Amount of Each Receipt this Period								
	Name of Employer (for Individual) Ienry Ford Health System		upation (for Individual) -Global Health Initiative		Me	emo	Item					
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 250.00									
	ull Name of Individual (Last, First, Middle Initia Mossallam, Usamah, , ,	l) or Full Or	rganization Name		Date of	Rec	ceipt					
_	Aailing Address 1051 W Glengarry Circle				^M 06	/	D D 07	L	ү ү 2018	Y		
	Sity Bloomfield Hills	State MI	Zip Code 48301	<i>F</i>			-	1127460 eceipt th	is Perioc	ł		
	EC ID number of contributing ederal political committee.	С					,	9	500	.00		
ŀ	lame of Employer (for Individual) Henry Ford Health System		ipation (for Individual) Med Dir International		Me	emo	ltem					
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00									
SU	BTOTAL of Receipts This Page (optional)						,	. ,	1750.	.00		
то	TAL This Period (last page this line number or	ıly)					-					

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

7 OF

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
			13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)	0										
Henry Ford Health System	Government	Affairs Services PAC									
Full Name of Individual (Last, First, Mid A. Yaremchuk, Kathleen, , ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 23575 Shagwood Dr			06 08 2018								
City Franklin	State MI	Zip Code 48025-3450	Transaction ID : 11306774 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		500.00								
Name of Employer (for Individual) Henry Ford Health System		upation (for Individual) of Clinical Practice Performance	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00									
Full Name of Individual (Last, First, Mid	dle Initial) or Full O	rganization Name									
B. Malhotra, Manu, , , Mailing Address 2532 Beachview Ct.			Date of Receipt								
City	State MI	Zip Code	Transaction ID : 11307674								
Troy FEC ID number of contributing federal political committee.	C	48098	Amount of Each Receipt this Period								
Name of Employer (for Individual) Henry Ford Health System		upation (for Individual)	Memo Item								
Receipt For:	I	ef Medical Officer-Assoc Year-to-Date ▼									
Primary General Other (specify) ▼		2000.00]								
Full Name of Individual (Last, First, Mid Zoratti, Edward, M., ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 5701 Bingham			06 / Y Y Y Y 06 11 2018								
City Troy	State MI	Zip Code 48098	Transaction ID : 11307675 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		250.00								
Name of Employer (for Individual) Henry Ford Health System	Occu Aller	upation (for Individual) rgist	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]								
SUBTOTAL of Receipts This Page (option	nal)		2750.00								
TOTAL This Period (last page this line nu	mber only)										

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PAGE 8 OF

		Use separate schedule(s)			(check only one)							
11			for each category of the Detailed Summary Page	×	11a 13		11b	11c	12	г	17	
Ar or	y information copied from such Reports and Si for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any p address of any political committee	erson for erson	or the	purp ntrib	oose of	soliciting	g contri	butio	ns	
	NAME OF COMMITTEE (In Full) Henry Ford Health System Gove	ernment	Affairs Services PAC									
Α.	Full Name of Individual (Last, First, Middle Init Conway, William, , ,	ial) or Full O	Organization Name		Date of	f Re	ceipt					
	Mailing Address 998 Brookwood St.				^M 06	1	D D D D D D D D D D D D D D D D D D D) / Y	2018			
	City Birmingham	State MI	Zip Code 48009	A				1130768 Receipt th		od		
	FEC ID number of contributing federal political committee.	С							100	00.00		
	Name of Employer (for Individual) Henry Ford Health System		supation (for Individual) P- HFHS, CEO-HFMG		M	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00									
В.	Full Name of Individual (Last, First, Middle Init LeGault, Carolyn, , ,	ial) or Full O	Drganization Name		Date of	f Re	ceipt					
	Mailing Address 5572 Edinborough		06 / D D / Y Y Y Y 2018									
	City West Bloomfield	State MI	Zip Code 48302					1130768	-	od		
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period							
	Name of Employer (for Individual) Henry Ford Health Systems		cupation (for Individual) ector, Compensation		M	emo	ltem					
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 250.00										
с.	Full Name of Individual (Last, First, Middle Init Snider, Traci, , ,	ial) or Full O	Drganization Name		Date of	f Re	ceipt					
	Mailing Address 1247 Pinecrest Drive				06 / D D / Y Y Y Y 2018							
	City White Lake	State MI	Zip Code 48386	A				1130768 leceipt th		od		
	FEC ID number of contributing federal political committee.	С					,	· ,	25	50.00		
	Name of Employer (for Individual) Henry Ford Health Systems	Occi Dire	supation (for Individual) actor		M	emc	tem Item					
	Receipt For: Primary General Other (specify)											
s	UBTOTAL of Receipts This Page (optional)						,	. ,	150	0.00		
т	OTAL This Period (last page this line number of	only)	••••••				-			-		

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PAGE 9 OF

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	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	soliciting	g contr	ibutic	ons
	NAME OF COMMITTEE (In Full) Henry Ford Health System Gov	ernment	Affairs Services PAC								
A.	Full Name of Individual (Last, First, Middle Ini Goyert, Gregory, , ,	tial) or Full C	Organization Name		Date of	f Re	eceipt				
	Mailing Address 18025 Parkelane				^M 06	1	D D D 12	/ Y	Y 201	Y Y 8	
	City Grosse lle	State MI	Zip Code 48138					1130769 eceipt th		iod	
	FEC ID number of contributing federal political committee.	С			<u> </u>				5	00.00)
	Name of Employer (for Individual) Henry Ford Health System		upation (for Individual) Hd- Ob/Gyn		M	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]							
в.	Full Name of Individual (Last, First, Middle Ini Rossmann, Barbara, W., ,	tial) or Full C	Organization Name		Date of	f Re	eceipt				
	Mailing Address 54311 Queensborough Drive						D D 12	/ Y	2018		
	City	State MI	Zip Code					1130769	-		
	Shelby Twp		48315	- 1	Amount	t of	Each R	eceipt th	nis Per	iod	
	FEC ID number of contributing federal political committee.	С		1000.00)	
	Name of Employer (for Individual) Henry Ford Health System		upation (for Individual) sident/CEO HF Macomb Hospital	s	M	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]							
с.	Full Name of Individual (Last, First, Middle Ini Lim, Henry, W., ,	tial) or Full C	Organization Name		Date of	f Re	eceipt				
	Mailing Address 7 Elmsleigh Lane				06 12 2018						
	City Grosse Pointe	State MI	Zip Code 48230				-	1130770 eceipt th		iod	
	FEC ID number of contributing federal political committee.	С			<u> </u>		, .	, y	10	00.00)
	Name of Employer (for Individual) Henry Ford Health System Receipt For:	Cha	upation (for Individual) ir, Dermatology		М	emo	tem Item				
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00]							
s	UBTOTAL of Receipts This Page (optional)						, .	. ,	25	00.00	
т	OTAL This Period (last page this line number	only)	·····]	•			-	-		-	

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 10 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
ILEIVILLED RECEIPIO		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
			e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Henry Ford Health System	Government	Affairs Services PAC									
Full Name of Individual (Last, First, Mid A. Mayer, Stephan, , ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 2569 Melcombe Cir Apt 301			06 / Y Y Y Y 06 12 2018								
City Troy	State MI	Zip Code 48084	Transaction ID : 11307704 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		500.00								
Name of Employer (for Individual) Henry Ford Health Systems		upation (for Individual) nager	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]								
Full Name of Individual (Last, First, Mid B. Morgan, Michael, , , Mailing Address 2452 Edison Street	dle Initial) or Full O	rganization Name	Date of Receipt								
City	State	Zip Code	06 12 2018 Transaction ID : 11307705								
Detroit FEC ID number of contributing	MI	48206	Amount of Each Receipt this Period								
federal political committee.	C		250.00								
Name of Employer (for Individual) Henry Ford Health Systems		upation (for Individual) P, PhD	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250,00]								
Full Name of Individual (Last, First, Mid Higgins, James, , ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 3702 Edinborough Dr			06 / D D / Y Y Y Y 2018								
City Rochester Hills	State MI	Zip Code 48306	Transaction ID : 11307712 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		500.00								
Name of Employer (for Individual) Henry Ford Health Systems		upation (for Individual) ctor, Network Voice Transfer	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	1								
SUBTOTAL of Receipts This Page (option	nal)		1250.00								
TOTAL This Period (last page this line nu	mber only)										

Use separate schedule(s)

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PAGE 11 OF

	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Henry Ford Health System G	overnment	Affairs Services PAC								
/ Full Name of Individual (Last, First, Middle A. Malik, Ghaus, M., , MD	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 1130 E. Square Lake Rd.			06 / Y Y Y Y 06 13 2018							
City Bloomfield Hills	State MI	Zip Code 48304	Transaction ID : 11307713 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		500.00							
Name of Employer (for Individual) Henry Ford Health System Receipt For:	Div	upation (for Individual) Hd- Neurosurgery Year-to-Date ▼	Memo Item							
Other (specify) ▼		500.00								
Full Name of Individual (Last, First, Middle B. Zarbo, Richard, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 5318 Betheny Circle			06 / 14 / 2018							
City Superior Township	State MI	Zip Code 48198	Transaction ID : 11307719 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		1000.00							
Name of Employer (for Individual) Henry Ford Health System		upation (for Individual) /P System Lab/Chair Patholo	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00								
Full Name of Individual (Last, First, Middle C. Balle, Mark, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 693 Lake Shore Rd			06 15 2018							
City Grosse Pointe Shores	State MI	Zip Code 48236	Transaction ID : 11307728 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		500.00							
Name of Employer (for Individual) Henry Ford Health System		upation (for Individual) f Physician	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00								
SUBTOTAL of Receipts This Page (optional)			2000.00							
TOTAL This Period (last page this line numb	er only)									

Use separate schedule(s)

FOR LINE NUMBER:

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тс	MIZED RECEIPTS		Use separate schedule(s)	(check only one)							
116			for each category of the Detailed Summary Page		K 11a 13		11b 14	11c	12		17
	information copied from such Reports and Stat or commercial purposes, other than using the n				for the		pose of	soliciting	g contrib		
· · · · ·	IAME OF COMMITTEE (In Full)										
<u> </u>	Henry Ford Health System Gover	mment A	Affairs Services PAC								
	ull Name of Individual (Last, First, Middle Initia Damschroder, Robin, , ,	l) or Full Or	ganization Name		Date of	f Re	eceipt				
N	lailing Address 335 Meadow Creek Dr	1			06	1	D 15) / Y	ү ү 2018	Y	
	ity Ann Arbor	State MI	Zip Code 48105					1130773			
_			40105		Amount	t of	Each F	Receipt th	is Perio	d	_
	EC ID number of contributing ederal political committee.	С			<u> </u>	_	-		2000	0.00	
N	lame of Employer (for Individual)	Occu	pation (for Individual)		M	emc	ltem				
_	lenry Ford Health Systems	Interi	m CFO								
F		Aggregate `	Year-to-Date 🔻								
	Primary General Other (specify) ▼		2000.00	11							
				_							
	ull Name of Individual (Last, First, Middle Initia	l) or Full Or	ganization Name			_					
_	Shepard, Alexander, , ,				Date of	i Re					
IV	lailing Address 855 Balfour Rd				м м 06	1	15) / Y	2018	Y	
C	Sity	State	Zip Code		Trans	acti		1130774		-	
_	Grosse Pointe Park	MI	48230					Receipt th		d	
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SCHEDULE A (FEC Form 3X)

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicitin or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) Henry Ford Health System Government Affairs Services PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt A. Varelas, Panayiotis, . , MD Date of Receipt Mailing Address 7367 Village Square Drive Date of Receipt City State Zip Code West Bioomfield Mil Zip Code Name of Employer (for Individual) Occupation (for Individual) Memo Item Henry Ford Health System Neurologist Memo Item Receipt For: General Other (specify) ₹ Aggregate Year-to-Date ₹ Mailing Address 13829 Lochmoor Cr East Occupation (for Individual) Transaction ID : 113077 Mailing Address 30836 Embassy Occupation (for Individual) Memo Item Pare of Individual (Last, First, Middle Initial) or Full Organization Name Transaction ID : 113077 Mailing Address 30836 Embassy Operation (for Individual) Memo Item Parel Primary General Operative Year-to-Date ₹	12 16 17			<u> </u>					11				
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<u></u> с.	Full Name of Individual (Last, First, Middle Init Kalkanis, Steven, N, , MD	ial) or Full O	Organization Name		Date of	Re	ceipt						
	Mailing Address 528 Barrington Court				06	/	D D 30	/ Y	201	Y 18	Y		
	City	State	Zip Code		Trans	act	ion ID :	PR1300	8053	ð135			
	Bloomfield Hills	MI	48304	_	Amount	t of	Each R	eceipt th	nis Pe	riod			
	FEC ID number of contributing federal political committee.	С			<u> </u>	_	,			105.00	0		
	Name of Employer (for Individual)		upation (for Individual)	Memo Item									
	Henry Ford Health System	Cha	ir- Neurosurgery										
	Receipt For: Primary General	Aggregate	Year-to-Date V				(A = -						
	Other (specify)		455.00] '	P/R Ded	ucti	on (\$35.	00 Bi-We	eekly))			
s	UBTOTAL of Receipts This Page (optional)						y	, , , , , , , , , , , , , , , , , , ,	Ę	855.00	0		
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			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15	1:	ſ	17				
	y information copied from such Reports and Stat for commercial purposes, other than using the n				or the			soliciting	g contr	ributio	ons				
\rangle	NAME OF COMMITTEE (In Full) Henry Ford Health System Gover	mment A	Affairs Services PAC												
A.	Full Name of Individual (Last, First, Middle Initia Malloy, John, T., ,	l) or Full Or	ganization Name	[Date of	Re	ceipt								
	Mailing Address 4840 Stoddard Drive				^M 06	/	о 30	/ Y	ү 201	8 8					
	City Troy	State MI	Zip Code 48085-3506					PR1310			_				
	FEC ID number of contributing federal political committee.	С		135.00											
	Name of Employer (for Individual) Henry Ford Health System		pation (for Individual) Γ Svc Integration&IT Qual		Me	emc	tem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 585.00	P	/R Ded	uctio	on (\$45.	00 Bi-We	eekly)						
B.	Full Name of Individual (Last, First, Middle Initia Harper, Takisha Jane, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt								
	Mailing Address Po Box 214237	State	Zip Code		06 30 2018 Transaction ID : PR132006136135										
	Auburn Hills	MI	48321					PR13200 leceipt th							
	FEC ID number of contributing federal political committee.	С		120.00											
	Name of Employer (for Individual) Henry Ford Health System		pation (for Individual) T Risk Management	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 520.00	P/	ſR Dedi	uctio	on (\$40.)	00 Bi-We	eekly)						
С.	Full Name of Individual (Last, First, Middle Initia Barkley, Gregory, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt								
	Mailing Address 2890 Burlington	Ototo	Zin On de		06	1	30		2018	8					
	City Ann Arbor	State MI	Zip Code 48105					PR1336							
	FEC ID number of contributing federal political committee.	С					,			75.00)				
	Name of Employer (for Individual) Henry Ford Health System		pation (for Individual) blogist		M	emo	tem								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 325.00]	/R Ded	ucti	on (\$25.	.00 Bi-We	eekly)						
s	UBTOTAL of Receipts This Page (optional)						, .	. ,	3	30.00					
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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			for each category Detailed Summary		X 11a		11b	11c	12				
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements ma name and a	l ay not be sold or use ddress of any politica	ed by any per al committee	son for the to solicit co	e pur ontrib	14 pose of putions fr	15 soliciting rom sucl	16 contribut committ	lions ee.			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Henry Ford Health System Gove	rnment /	Affairs Service	s PAC									
A.	Full Name of Individual (Last, First, Middle Initia Croxton, Glenn, A, ,	l) or Full O	rganization Name		Date	of Re	eceipt						
	Mailing Address 787 Snowmass				м 06	M /	D D 30	/ Y	ү ү 2018	Y			
	City Rochester Hills	State MI	Zip Code 48309		Transaction ID : PR133696036135 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			60.00								
	Name of Employer (for Individual) Henry Ford Health System		upation (for Individua Vendor Compliance &	,		Vemo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V	260.00	P/R De	ducti	on (\$20.0	00 Bi-We	eekly)				
В.	Full Name of Individual (Last, First, Middle Initia Doemer, Anthony, , ,	l) or Full O	rganization Name		Date	of Re	eceipt						
	Mailing Address 5230 Orion Rd				06	M /	30	/ Y	2018	Y			
	City Oakland Twp	State MI	Zip Code 48306			-		6236135 is Period					
	FEC ID number of contributing federal political committee.	С		60.00									
	Name of Employer (for Individual) Henry Ford Health System		upation (for Individua d Physicist-Brachythe	,	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	260.00	P/R De	ductio	on (\$20.0	00 Bi-W€	ekly)				
с.	Full Name of Individual (Last, First, Middle Initia Khandelwal, Akshay, , ,	l) or Full O	rganization Name		Date	of Re	eceipt						
	Mailing Address 16084 Crystal Downs	01-1-			^M 06		30		2018				
	City Northville	State MI	Zip Code 48168						96536135 is Period				
	FEC ID number of contributing federal political committee.	С					, .	 J	500.	00			
	Name of Employer (for Individual) Henry Ford Health System		upation (for Individua diologist	1)		Memo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date V	500.00	P/R De	educti	on (\$500).00 Bi-V	/eekly)				
s	UBTOTAL of Receipts This Page (optional)			····· ►			,	,	620.0	00			
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11				or each category of the Detailed Summary Page		× 11a 13		11b 14	11c		12 16	17	
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$\overline{)}$	NAME OF COMMITTEE (In Full)	romont	۸ff	oiro Sonvioco DAC									
	Henry Ford Health System Gove	ennent	AII	airs Services PAC									
A.	Full Name of Individual (Last, First, Middle Initi Patterson, Geoffrey, , ,	al) or Full O	rgar	nization Name		Date o	f Re	eceipt					
	Mailing Address 3339 Stonewyck Ct.					м м 06	/	30		y 201	ү ү 18	Γ	
	City	State		Zip Code		Trans	sact	ion ID :	PR1336	96636	135		
	Shelby Township	MI		48316		Amoun	t of	Each F	Receipt th	nis Pei	riod		
	FEC ID number of contributing federal political committee.	С						-			75.00)	
	Name of Employer (for Individual)	Occi	upat	ion (for Individual)	_	М	emo	b Item					
	Henry Ford Health System		•	ical Transformation									
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General	.99.094.0			11	P/R Ded	lucti	on (\$25	.00 Bi-W	eekly)			
	Other (specify) v	<u> </u>	-	325.00	Ц.								
	Full Name of Individual (Last, First, Middle Initi	al) or Full O)raai	nization Name	+								
В.	Hwang, Clara, , ,		ngui			Date o	f Re	eceipt					
	Mailing Address 25703 Shoreline Drive				M M / D D / Y Y Y Y 06 30 2018								
	City	State		Zip Code	Trans	act	ion ID :	PR1337	22236	135			
	Novi	MI		48374		Amoun	t of	Each F	Receipt th	nis Per	riod		
	FEC ID number of contributing federal political committee.	С						-	-		60.00)	
	Name of Employer (for Individual) Henry Ford Health System		•	tion (for Individual) logist	Memo Item								
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify) ▼		,	260.00		P/R Ded	ucti	on (\$20	.00 Bi-We	eekly)			
C.	Full Name of Individual (Last, First, Middle Initi Youn, Youngsuk, , ,	al) or Full O)rgar	nization Name		Date o	f Re	eceipt					
	Mailing Address 7676 Windgate Circle					^M 06	/	30		201			
	City West Bloomfield	State MI		Zip Code 48323					: PR1337				
			_	40323	_	Amoun	t of	Each F	Receipt th	nis Per	riod		
	FEC ID number of contributing federal political committee.	С				Ľ.		, . ,			60.00)	
	Name of Employer (for Individual)	Осси	upat	ion (for Individual)		Μ	lem	o Item					
	Henry Ford Health System	Opto	ome	trist In Charge									
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 260.00		P/R Dec	lucti	on (\$20).00 Bi-W	eekly)			
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a 11b 11c 12				
Any information copied from such Reports and or for commercial purposes, other than using the							
NAME OF COMMITTEE (In Full)		udiess of any political contribute					
Henry Ford Health System Go	vernment	Affairs Services PAC					
Full Name of Individual (Last, First, Middle I Coulombe, Maribeth, , ,	nitial) or Full O	organization Name	Date of Receipt				
Mailing Address 7751 Clinton Road			06 30 / Y Y Y Y 2018				
City Jackson	State MI	Zip Code 49201	Transaction ID : PR133739836135 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		60.00				
Name of Employer (for Individual) Henry Ford Health System		upation (for Individual) ior Legal Counsel	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi-Weekly)				
Full Name of Individual (Last, First, Middle I B. Empey, Kenneth, , ,	nitial) or Full O	organization Name	Date of Receipt				
Mailing Address 7637 Blue Gentian							
City Dexter	State MI	Zip Code 48130	Transaction ID : PR133740236135 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		115.41				
Name of Employer (for Individual) Henry Ford Health System		upation (for Individual) neral Counsel	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.11	P/R Deduction (\$38.47 Bi-Weekly)				
Full Name of Individual (Last, First, Middle I C. Groth, David, , ,	nitial) or Full O	organization Name	Date of Receipt				
Mailing Address 45120 Brunswick			06 / D D / Y Y Y Y 2018				
City Canton	State MI	Zip Code 48187	Transaction ID : PR133741136135 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		60.00				
Name of Employer (for Individual) Henry Ford Health System		upation (for Individual) Regional Supply Chain Mgt.	Memo Item				
Receipt For: Primary General Other (specify)	P/R Deduction (\$20.00 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			235.41				
TOTAL This Period (last page this line number	er only)						

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		Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page						
Any information copied from such Reports a or for commercial purposes, other than usin	nd Statements ma g the name and a	ay not be sold or used by any p ddress of any political committe	13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
Henry Ford Health System C	Government	Affairs Services PAC						
Full Name of Individual (Last, First, Midd Gunn, Valerie, , ,	le Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 1682 Poppleton Dr.			06 30 / Y Y Y Y 06 30 2018					
City West Bloomfield	State MI	Zip Code 48324	Transaction ID : PR133741236135 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		60.00					
Name of Employer (for Individual) Henry Ford Health System		upation (for Individual) up Practice Director	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi-Weekly)					
Full Name of Individual (Last, First, Midd B. Junca, Carlos, , ,	le Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 44264 Chedworth Dr.								
City	State MI	Zip Code	Transaction ID : PR133741936135					
Northville FEC ID number of contributing		48167	Amount of Each Receipt this Period					
federal political committee.	C		57.69					
Name of Employer (for Individual) Henry Ford Health System		upation (for Individual) Regional Supply Chain Mgt.	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99	P/R Deduction (\$19.23 Bi-Weekly)					
Full Name of Individual (Last, First, Midd C. Mcintosh, Krista, , ,	le Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 55336 Fallbrooke Dr.	Ototo	7.0.4	M M / D D / Y Y Y Y 06 30 2018					
City Macomb	State MI	Zip Code 48042	Transaction ID : PR133742636135 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		75.00					
Name of Employer (for Individual) Henry Ford Health System		upation (for Individual) Analytics Delivery	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 325.00	P/R Deduction (\$25.00 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional	al)		192.69					
TOTAL This Period (last page this line num	nber only)							

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		Use separate schedule(s)	(check only one)				
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17				
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full)							
Henry Ford Health System Go	vernment	Affairs Services PAC					
Full Name of Individual (Last, First, Middle In A. Phillips, Robert, , ,	nitial) or Full O	rganization Name	Date of Receipt				
Mailing Address 29202 Bradmoor Ct.			06 30 2018				
City	State	Zip Code	Transaction ID : PR133742836135				
Farmington Hills	MI	48334	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		60.00				
Name of Employer (for Individual) Henry Ford Health System		upation (for Individual) nily Practitioner	Memo Item				
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General		275.00	P/R Deduction (\$20.00 Bi-Weekly)				
Other (specify) v		275.00					
Full Name of Individual (Last, First, Middle In B. Wafer, Alicia, , ,	nitial) or Full O	rganization Name	Date of Receipt				
Mailing Address 12939 Mercedes			06 30 2018				
City	State	Zip Code	Transaction ID : PR133744336135				
Redford	MI	48239	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		66.00				
Name of Employer (for Individual) Henry Ford Health System		upation (for Individual) Respiratory Therapy	Memo Item				
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General Other (specify) ▼		286.00	P/R Deduction (\$22.00 Bi-Weekly)				
Full Name of Individual (Last, First, Middle In C. Leonard, Kevin, , ,	nitial) or Full O	rganization Name	Date of Receipt				
Mailing Address 2156 Lake Wood Drive			M M / D D / Y Y Y Y 06 30 2018				
City Jackson	State MI	Zip Code 49203	Transaction ID : PR148486536135				
	1111	1 40200	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		115.38				
Name of Employer (for Individual) Henry Ford Health System		upation (for Individual) Finance	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)				
SUBTOTAL of Receipts This Page (optional)			241.38				
TOTAL This Period (last page this line numbe	r only)	······					

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ITEMIZED RECEIPTS			Use separate schedule(s)	(ch	(check only one)						
111			for each category of the Detailed Summary Page		′ 11a 13		11b 14	11c 15	12	17	
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		pose of	soliciting	contribu	tions	
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Henry Ford Health System Gove	rnment A	Affairs Services PAC								
A.	Full Name of Individual (Last, First, Middle Initia Nerenz, David, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt				
	Mailing Address 239 Tonkin Drive				м м 06	1	30) / Y	y y 2018	Y	
	City Ishpeming	State MI	Zip Code 48103	_				PR14848 Receipt th			
									60.	00	
			pation (for Individual) Ctr for Hlth Svcs Research		Me	emo	Item				
			Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi-Weekly)							
в.	Full Name of Individual (Last, First, Middle Initia Ryan, Charlene, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt				
	Mailing Address 2812 Clark Rd.				06 / D D / Y Y Y Y Y 2018						
	City Lapeer	State MI	Zip Code 48446		Transaction ID : PR148545636135 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С				U			60.	_	
	Name of Employer (for Individual) Henry Ford Health System	Occu	pation (for Individual) IA		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 260.00] 「	P/R Dedu	uctio	on (\$20.	00 Bi-We	ekly)		
с.	Full Name of Individual (Last, First, Middle Initia Digiovine, Bruno, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt				
	Mailing Address 2967 Omlesaad Drive				^M 06	/	30		ү ү 2018		
	City Ann Arbor	State MI	Zip Code 48105					PR1489			
	FEC ID number of contributing federal political committee.	С					y 1	,	90.	_	
Name of Employer (for Individual) Henry Ford Health System		Occu Div H		Me	emc	tem					
Receipt For: Aggr. Primary General Other (specify)			Year-to-Date ▼ 390.00] '	P/R Ded	ucti	on (\$30	.00 Bi-We	eekly)		
s	UBTOTAL of Receipts This Page (optional)			•			,	. ,	210.	00	
т	OTAL This Period (last page this line number or	ıly)		•							

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)				
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
			person for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) Henry Ford Health System Ge	overnment	Affairs Services PAC					
Full Name of Individual (Last, First, Middle A. Peabody, James, , ,	Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 5 Cameron Place			06 30 / Y Y Y Y Y 06 30 2018				
City Grosse Pointe	State MI	Zip Code 48230	Transaction ID : PR148969336135 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		147.00				
Name of Employer (for Individual) Henry Ford Health System		upation (for Individual) logist	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 637.00	P/R Deduction (\$49.00 Bi-Weekly)				
Full Name of Individual (Last, First, Middle B. Savage, Colleen, , ,	Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 2712 Saturn Drive			06 / D D / Y Y Y Y 2018				
City Lake Orion	State MI	Zip Code 48360	Transaction ID : PR148969436135 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С						
Name of Employer (for Individual) Henry Ford Health System		upation (for Individual) HFHS Regulatory&QualReprtg	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 247.00	P/R Deduction (\$19.00 Bi-Weekly)				
Full Name of Individual (Last, First, Middle C. Smith, Mark, , ,	Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 11237 Sand Hill Dr.			06 / D D / Y Y Y Y 2018				
City Grass Lake	State MI	Zip Code 49240	Transaction ID : PR148969636135 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		120.00				
Name of Employer (for Individual) Henry Ford Health System		upation (for Individual) ? - CMO, CEO - HFAMG	Memo Item				
Receipt For: Primary General Other (specify)	P/R Deduction (\$40.00 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			324.00				
TOTAL This Period (last page this line numb	er only)						

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		Use separate schedule(s)	(check only one)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17				
			person for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) Henry Ford Health System G	overnment	Affairs Services PAC					
Full Name of Individual (Last, First, Middle A. Nantais, Thomas, , ,	e Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 2350 Galaxy Way			M M / D D / Y Y Y Y 06 30 2018				
City Lake Orion	State MI	Zip Code 48360	Transaction ID : PR148984136135 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		120.00				
Name of Employer (for Individual) Henry Ford Health System		upation (for Individual) D- Henry Ford Medical Group	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00	P/R Deduction (\$40.00 Bi-Weekly)				
Full Name of Individual (Last, First, Middle B. Williams, Celeste, , ,	Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 7215 Hidden Creek Court			06 / D / Y Y Y Y 2018				
City West Bloomfield	State MI	Zip Code 48322	Transaction ID : PR149754536135 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		75.00				
Name of Employer (for Individual) Henry Ford Health System		upation (for Individual) diologist	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00	P/R Deduction (\$25.00 Bi-Weekly)				
Full Name of Individual (Last, First, Middle C. Blake, Desiree, , ,	Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 433 West Gracelawn			06 / D D / Y Y Y Y Y 06 2018				
City Flint	State MI	Zip Code 48505	Transaction ID : PR149789636135 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		60.00				
Name of Employer (for Individual) Henry Ford Health System		upation (for Individual) Nursing Education & Dev	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi-Weekly)				
SUBTOTAL of Receipts This Page (optional))		255.00				
TOTAL This Period (last page this line num	per only)						

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	-	Use separate schedule(s)	(check only one)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12			
Any information copied from such Reports an or for commercial purposes, other than using	d Statements ma the name and a	I ay not be sold or used by any p Iddress of any political committe	13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) Henry Ford Health System G	overnment	Affairs Services PAC				
Full Name of Individual (Last, First, Middle A. Maes, Sandra, , ,	Initial) or Full C	organization Name	Date of Receipt			
Mailing Address 1733 Plateau Drive			06 30 2018			
City Jackson	State MI	Zip Code 49203	Transaction ID : PR149943536135 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		60.00			
Name of Employer (for Individual) Henry Ford Health System		upation (for Individual) Phys Integr & Planning	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi-Weekly)			
Full Name of Individual (Last, First, Middle B. Sayles, Amy, , ,	Initial) or Full C	organization Name	Date of Receipt			
Mailing Address 609 W Michigan Ave			06 / D D / Y Y Y Y Y 2018			
City Jackson	State MI	Zip Code 49201	Transaction ID : PR149944336135 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		60.00			
Name of Employer (for Individual) Henry Ford Health System		upation (for Individual) - Customer Service	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi-Weekly)			
Full Name of Individual (Last, First, Middle C. Young, Robert, , ,	Initial) or Full C	organization Name	Date of Receipt			
Mailing Address 927 E Fifth St			06 / 0 / Y Y Y Y Y 2018			
City Royal Oak	State MI	Zip Code 48067	Transaction ID : PR149944636135 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		60.00			
Name of Employer (for Individual) Henry Ford Health System		upation (for Individual) & CFO- HFH & Hlth Ntwk	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi-Weekly)			
SUBTOTAL of Receipts This Page (optional)			180.00			
TOTAL This Period (last page this line numb	per only)					

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 29 OF

17			Use separate schedule(s)	(check only one)					
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12	17				
	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions	17				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Henry Ford Health System Gove	rnment /	Affairs Services PAC						
A.	Full Name of Individual (Last, First, Middle Initia Marcantonio, Anna, , ,	al) or Full Or	ganization Name	Date of Receipt					
	Mailing Address 2036 Burger			M M / D D / Y Y Y Y 06 30 2018					
	City Dearborn	State MI	Zip Code 48128	Transaction ID : PR150715736135 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.				250.00					
	Name of Employer (for Individual) Henry Ford Health System	pation (for Individual) Performance Excellence	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	P/R Deduction (\$250.00 Bi-Weekly)					
в.	Full Name of Individual (Last, First, Middle Initia Adams, Derick, W, ,	al) or Full Or	ganization Name	Date of Receipt					
	Mailing Address 6889 Reed Ct	Ototo	Zin Oodo	06 / D D / Y Y Y Y 2018					
	City West Bloomfield	State MI	Zip Code 48322	Transaction ID : PR76551136135 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		150.00					
	Name of Employer (for Individual) Henry Ford Health System		ipation (for Individual) Human Resources	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 650.00	P/R Deduction (\$50.00 Bi-Weekly)					
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia	al) or Full Or	ganization Name	Date of Receipt					
	Mailing Address			M M / D D / Y Y Y Y					
	City	State	Zip Code	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С							
Name of Employer (for Individual) Occ		Occu	pation (for Individual)	Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼						
s	UBTOTAL of Receipts This Page (optional)		•	400.00]				
Т	OTAL This Period (last page this line number o	nly)	••••••	25024.48					

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 30 OF 33	
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	/ one) 22 23 26 27	
		Summary Page	210 28a	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar				on for the purpose of soliciting contributions	
Henry Ford Health System Govern	iment Af	fairs Services	s PAC		
Full Name (Last, First, Middle Initial) A. Detroit Regional Chamber PAC				Date of Disbursement	
Mailing Address PO Box 75000				06 01 2018	
,	State MI	Zip Code		FEC Identification Number	
Detroit Purpose of Disbursement Direct Contribution	IVII	48275	011	С	
Candidate Name			Category/ Type	Transaction ID : 11265030 Amount of Each Disbursement this Period	
Office Sought: House Disburser Senate President	ment For: Primary Other (spec	General		600.00 Direct Contribution	
State: District:		<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Memo Item	
Full Name (Last, First, Middle Initial) B. MHA Health PAC Mailing Address 2112 University Park Dr				Date of Disbursement	
Okemos	State MI	Zip Code 48864		FEC Identification Number	
Purpose of Disbursement Direct Contribution Candidate Name	ution 011			Transaction ID : 11292175 Amount of Each Disbursement this Period	
Office Sought: House Disburser Senate President	ment For: Primary Other (spec	General	Туре	23470.00 Direct Contribution	
State: District:				Memo Item	
Full Name (Last, First, Middle Initial) C. Jocelyn Benson for Secretary of St	tate			Date of Disbursement	
Mailing Address 19310 Berkeley Rd				06 12 2018	
Detroit	State MI	Zip Code 48221		FEC Identification Number	
Purpose of Disbursement 011 Direct Contribution Candidate Name Candidate Name Category/				C Transaction ID : 11292177 Amount of Each Disbursement this Period	
	Benson, Jocelyn, , , Type Office Sought: House Disbursement For:				
Senate President	Primary Other (spec	General cify) ▼		250.00 Direct Contribution Memo Item	
State: District:					
SUBTOTAL of Disbursements This Page (optional)			····· ►	24320.00	
TOTAL This Period (last page this line number only))		••••••	, ,	

S	CHEDULE B (FEC Form 3X)			F	OR L	LINE NUMBER: PAGE 31 OF 33
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			heck	k only one) 21b 22 23 26 27
		Detailed	Summary Page		H	28a 28b 28c 🗶 29 30b
	ny information copied from such Reports and State for commercial purposes, other than using the nat					
\backslash	NAME OF COMMITTEE (In Full)			_	. ~	
	Henry Ford Health System Govern	nment Af	fairs Services	s P/	40	
Α.	Full Name (Last, First, Middle Initial) Sherry Gay Dagnogo for Jobs and	l Educati	on			Date of Disbursement
	Mailing Address PO Box 231141					06 12 2018
	City Detroit	State MI	Zip Code 48223			FEC Identification Number
	Purpose of Disbursement Direct Contribution		40223	0	11	C
	Candidate Name			Cate	egory	<pre>Transaction ID : 11292179 Amount of Each Disbursement this Period</pre>
	Gay Dagnogo, Sherry, , ,				ype	
	Office Sought: House Disburse Senate President	ment For: Primary Other (spec	General cify) ▼			Direct Contribution
	State: District:		., .			Memo Item
В.	Full Name (Last, First, Middle Initial) Alexander Majority Fund PAC					Date of Disbursement
	Mailing Address PO Box 1013	PO Box 1013				06 15 2018
	City	State MI	Zip Code 48808			FEC Identification Number
	East Lansing Purpose of Disbursement Direct Contribution		40000	011		C
	Candidate Name				egory ype	y/ Transaction ID : 11299325 Amount of Each Disbursement this Period
	Office Sought: House Disburse Senate President	ment For: Primary Other (spec	General			1000.00 Direct Contribution
	State: District:					Memo Item
C.	Full Name (Last, First, Middle Initial) Fred Durhal for State Senate					Date of Disbursement
	Mailing Address 4055 Leslie Street					06 25 2018
	City Detroit	State MI	Zip Code 48238			FEC Identification Number
	Purpose of Disbursement Direct Contribution		40200	0	11	C
	Candidate Name Category/ Durhal, Fred, , , Category/ Office Sought: House				y/ Transaction ID : 11319046 Amount of Each Disbursement this Period	
					1750.00	
	Senate President	Primary Other (spec	General cify) ▼			Direct Contribution Memo Item
	State: District:					
s	CUBTOTAL of Disbursements This Page (optional).					▶ 7250.00
т	OTAL This Period (last page this line number only	/)				Image: A state of the state

SCHEDULE B (FEC Form 3X	·		FOR LINE I	NUMBER: PAGE 32 OF 33
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	
Any information copied from such Reports an or for commercial purposes, other than using				
NAME OF COMMITTEE (In Full) Henry Ford Health System G	overnment At	ffairs Services	s PAC	
Full Name (Last, First, Middle Initial) A. CTE LaTanya Garrett State F	Date of Disbursement			
Mailing Address 15355 Cherrylawn Street				06 25 2018
City Detroit	State MI	Zip Code 48238		FEC Identification Number
Purpose of Disbursement Direct Contribution			011	C Transaction ID : 11319047
Candidate Name Garrett, LaTanya, , MI Rep.,			Category/ Type	Amount of Each Disbursement this Period
Senate President	isbursement For: Primary Other (spe	General cify) ▼		Direct Contribution Memo Item
State: District: Full Name (Last, First, Middle Initial) B. Stephanie Chang for Senate Mailing Address PO Box 32317		Date of Disbursement		
City Detroit Purpose of Disbursement	State MI	Zip Code 48232		FEC Identification Number
Direct Contribution Candidate Name Chang, Stephanie, , MI Rep., Office Sought: House Senate President State: District:	isbursement For: Primary Other (spe	General ccify)	011 Category/ Type	Transaction ID : 11328030 Amount of Each Disbursement this Period 1250.00 Direct Contribution Memo Item
Full Name (Last, First, Middle Initial) C. MAC PAC				Date of Disbursement
Mailing Address 12759 W Greenfield				06 29 2018
City State Zip Code Grand Ledge MI 48837 Purpose of Disbursement 011 Direct Contribution Category/ Type				FEC Identification Number C Transaction ID : 11328031 Amount of Each Disbursement this Period
Office Sought: House D Senate President State: District:	isbursement For: Primary Other (spe	General ccify) ▼		500.00 Direct Contribution Memo Item
SUBTOTAL of Disbursements This Page (op TOTAL This Period (last page this line numb			F	3500.00

SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 33 OF 33
ITEMIZED DISBURSEMENTS	for each o	rate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c x 29 30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the name	nents may n ne and addr	not be sold or used ess of any political	by any perso committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Henry Ford Health System Governi	ment Aff	airs Services	PAC	
Full Name (Last, First, Middle Initial) A. Compete Michigan PAC				Date of Disbursement
Mailing Address 113 W Michigan Suite 301				06 29 2018
Jackson	State MI	Zip Code 49201		FEC Identification Number
Purpose of Disbursement Direct Contribution Candidate Name		[011	C Transaction ID : 11328087
Office Sought: House Disbursen	ment For:		Category/ Type	Amount of Each Disbursement this Period 2000.00
Senate	Primary Other (spec	General tify) ▼		Direct Contribution Memo Item
Full Name (Last, First, Middle Initial) B.				Date of Disbursement
Mailing Address	iress			
	State	Zip Code		FEC Identification Number
Purpose of Disbursement Candidate Name Category/			Category/ Type	C Amount of Each Disbursement this Period
	nent For: Primary Other (spec	General	Туре	
State: District:				Memo Item
C. Mailing Address				Date of Disbursement
City	State	Zip Code		FEC Identification Number
Purpose of Disbursement		Г Г		С
Candidate Name	Amount of Each Disbursement this Period			
Office Sought: House Disbursen	nent For: Primary	General	Туре	
State: District:	Other (spec	sify) ▼		Memo Item
SUBTOTAL of Disbursements This Page (optional)			····· ►	2000.00
TOTAL This Period (last page this line number only)			····· •	37070.00