

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2014"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1110.32"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="15113.68"/>	<input type="text" value="44273.68"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="16224.00"/>	<input type="text" value="44273.68"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3500.00"/>	<input type="text" value="31549.68"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="12724.00"/>	<input type="text" value="12724.00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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).....	9750.00	37400.00
(ii) Unitemized	4874.00	6384.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	14624.00	43784.00
(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)	14624.00	43784.00
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.).....	489.68	489.68
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))..... ▶	15113.68	44273.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	15113.68	44273.68

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	489.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	489.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	6400.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	1500.00	24660.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	3500.00	31549.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3500.00	31549.68

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	14624.00	43784.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14624.00	43784.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	489.68
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	489.68

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 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Adnan R. Munkarah		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014 Transaction ID : 8771975
Mailing Address 6520 Burtonwood Dr.		Amount of Each Receipt this Period 500.00
City West Bloomfield	State MI	
Zip Code 48322		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Henry Ford Health System	Occupation Chairman, Womens Health	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Steven Kalkanis MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014 Transaction ID : 8796702
Mailing Address 528 Barrington Ct		Amount of Each Receipt this Period 500.00
City Bloomfield Hills	State MI	
Zip Code 48304		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Henry Ford Health System	Occupation Neurosurgeon	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Cheryl Martin		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014 Transaction ID : 8796704
Mailing Address 47968 Wadebridge Ct		Amount of Each Receipt this Period 500.00
City Canton	State MI	
Zip Code 48187		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Henry Ford Health System	Occupation Administrator Radiology	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 15
	<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. Dr Mark B. Saffer
Full Name (Last, First, Middle Initial)

Mailing Address 654 Rudgate Rd

City Bloomfield Hills State MI Zip Code 48304

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

Name of Employer Henry Ford Health System Occupation Pres HAP Midwest Health Plan

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2014
Transaction ID : 8796705

Amount of Each Receipt this Period
 1000.00

B. Gerard B. Martin
Full Name (Last, First, Middle Initial)

Mailing Address 742 Berkshire Rd

City Grosse Pointe Park State MI Zip Code 48230

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

Name of Employer Henry Ford Health System Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2014
Transaction ID : 8797204

Amount of Each Receipt this Period
 250.00

C. Henry W. Lim
Full Name (Last, First, Middle Initial)

Mailing Address 7 Elmsleigh Lane

City Grosse Pointe State MI Zip Code 48230

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

Name of Employer Henry Ford Health System Occupation SR VP ACAD Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2014
Transaction ID : 8805965

Amount of Each Receipt this Period
 2000.00

SUBTOTAL of Receipts This Page (optional).....▶	3250.00
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 15
<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

Full Name (Last, First, Middle Initial) A. Margot C Lapointe		Date of Receipt M M / D D / Y Y Y Y Y 11 / 06 / 2014 Transaction ID : 8805966
Mailing Address 130 Tiffany Ln.		Amount of Each Receipt this Period 750.00
City Royal Oak	State MI	Zip Code 48067
FEC ID number of contributing federal political committee. C		
Name of Employer Henry Ford Health System	Occupation Research Scientist & VP for Research	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Matthew Wolocko		Date of Receipt M M / D D / Y Y Y Y Y 11 / 06 / 2014 Transaction ID : 8805967
Mailing Address 16697 Golfview		Amount of Each Receipt this Period 250.00
City Livonia	State MI	Zip Code 48154
FEC ID number of contributing federal political committee. C		
Name of Employer Henry Ford Health System	Occupation Chief Compliance Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Michael E. Brodie		Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2014 Transaction ID : 8812519
Mailing Address 17633 Adrian Rd		Amount of Each Receipt this Period 300.00
City Southfield	State MI	Zip Code 48075
FEC ID number of contributing federal political committee. C		
Name of Employer Henry Ford Health System	Occupation Strategic IT Supplier Mgr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
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 15
<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

Full Name (Last, First, Middle Initial) A. Deloris Ann Berrien-Jones		Date of Receipt M M / D D / Y Y Y Y 11 / 13 / 2014 Transaction ID : 8824715
Mailing Address 5467 Forest Way		Amount of Each Receipt this Period 200.00
City Bloomfield	State MI	Zip Code 48302
FEC ID number of contributing federal political committee. C		
Name of Employer Henry Ford Health System	Occupation PIC Fairlane	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) B. Jack P. Rock		Date of Receipt M M / D D / Y Y Y Y 11 / 14 / 2014 Transaction ID : 8825177
Mailing Address 31 Newberry Place		Amount of Each Receipt this Period 500.00
City Grosse Pointe Farms	State MI	Zip Code 48236
FEC ID number of contributing federal political committee. C		
Name of Employer Henry Ford Health System	Occupation Staff Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Julia S Swanson		Date of Receipt M M / D D / Y Y Y Y 11 / 17 / 2014 Transaction ID : 8827911
Mailing Address 835 Pine Hill Drive		Amount of Each Receipt this Period 200.00
City Bloomfield Hills	State MI	Zip Code 48304
FEC ID number of contributing federal political committee. C		
Name of Employer Henry Ford Health System	Occupation VP Performance Analytics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	900.00
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 15
<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

Full Name (Last, First, Middle Initial) A. Mani Menon MD		Date of Receipt M M / D D / Y Y Y Y 11 / 18 / 2014 Transaction ID : 8828511
Mailing Address 4783 W. Wickford		Amount of Each Receipt this Period 500.00
City Bloomfield Hills	State MI	Zip Code 48302
FEC ID number of contributing federal political committee. C	Name of Employer Henry Ford Health System	Occupation Chair Urology
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Michelle Schreiber MD		Date of Receipt M M / D D / Y Y Y Y 11 / 19 / 2014 Transaction ID : 8829139
Mailing Address 1500 W. Long Lake Rd		Amount of Each Receipt this Period 1000.00
City Bloomfield Hills	State MI	Zip Code 48302
FEC ID number of contributing federal political committee. C	Name of Employer Henry Ford Health System	Occupation Chief Quality Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. John R Mucha		Date of Receipt M M / D D / Y Y Y Y 11 / 20 / 2014 Transaction ID : 8830575
Mailing Address 1343 Brookwood St		Amount of Each Receipt this Period 300.00
City Birmingham	State MI	Zip Code 48009
FEC ID number of contributing federal political committee. C	Name of Employer Henry Ford Health System	Occupation Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
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: PAGE 11 OF 15
(check only one)

<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. Full Name (Last, First, Middle Initial)
Mary Whitbread

Mailing Address 44186 Dylan

City State Zip Code
Sterling Heights MI 48314

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

Name of Employer Occupation
Henry Ford Health System VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 24 / 2014

Transaction ID : 8833472

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	9750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 15
<input 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 checked="" type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Henry Ford Health System Govt Affairs Services

Mailing Address 1 Ford Place, 4B

City Detroit	State MI	Zip Code 48202
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
489.68

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	17	/	2014

Transaction ID : 8750561

Amount of Each Receipt this Period
489.68

Reimburse Bank Fees

B. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	489.68
TOTAL This Period (last page this line number only).....▶	489.68

**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"/> 24	<input type="checkbox"/> 25	<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. Debbie Dingell For Congress

Mailing Address PO Box 746

City Dearborn State MI Zip Code 48121

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Debbie Dingell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2014

Transaction ID : 8784569

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Levin for Congress

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1107

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Sander Levin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 09

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2014

Transaction ID : 8784570

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Moolenaar For Congress

Mailing Address 5915 Eastman Avenue Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Mr. John Moolenaar

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2014

Transaction ID : 8784571

Amount of Each Disbursement this Period

250.00

Direct Contribution

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

1250.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Mike Bishop For Congress

Mailing Address PO Box 1148

City Brighton State MI Zip Code 48116

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Michael Bishop

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2014

Transaction ID : 8784572

Amount of Each Disbursement this Period

250.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Brenda Lawrence For Congress

Mailing Address PO Box 3060

City Southfield State MI Zip Code 48037

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Brenda Lawrence

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 14

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2014

Transaction ID : 8784573

Amount of Each Disbursement this Period

250.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Candice Miller for Congress

Mailing Address PO Box 182152

City Utica State MI Zip Code 48318-2152

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Candice Miller

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 10

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2014

Transaction ID : 8784574

Amount of Each Disbursement this Period

250.00

Direct Contribution

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

750.00

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

2000.00

**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"/> 24	<input type="checkbox"/> 25	<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 to Elect Dian Slavens

Mailing Address PO Box 871212

City State Zip Code
Canton MI 48187

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name

Dian Slavens

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
10 / 30 / 2014

Transaction ID : 8784566

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Jim Marleau for State Senate

Mailing Address 3181 Sandoval

City State Zip Code
Lake Orion MI 48360

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name

MI Sen. James Marleau

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
10 / 30 / 2014

Transaction ID : 8784567

Amount of Each Disbursement this Period

250.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Al Pscholka for State Representative

Mailing Address 5810 Longhorn Trail

City State Zip Code
Stevensville MI 49127

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name

MI Rep. Al Pscholka

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
10 / 30 / 2014

Transaction ID : 8784568

Amount of Each Disbursement this Period

250.00

Direct Contribution

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

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

1500.00

1500.00