

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
2014 APR 15 AM 11:59
FEC PHOENIX 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

ADDRESS (number and street)

c/o Comerica Bank, PAC Services



(Check if address
is changed)

3551 Hamlin Road, MC2250

Auburn Hills

CITY ▲

MI

STATE ▲

48326

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address
is changed)

slming@comerica.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address
is changed)

2. DATE

04 / 04 / 2014

3. FEC IDENTIFICATION NUMBER ►

C C00552141

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

Date

04 / 04 / 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)

14031213707

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 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

14031213708

Write or Type Committee Name

Henry Ford Health System Government Affairs Services PAC

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: 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 PAC Services

Mailing Address

P.O. Box 75000

MC2250

Detroit

MI

48275

Title or Position

CITY

STATE

ZIP CODE

Recordkeeper

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

3551 Hamlin Road, MC2250

Auburn Hills

MI

48326

Title or Position

CITY

STATE

ZIP CODE

PAC Treasurer

Telephone number

248

371

7268

14031213709

Write or Type Committee Name

Henry Ford Health System Government Affairs Services PAC

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

Health Alliance Plan PAC

Mailing Address 2850 West Grand Boulevard
Detroit MI 48202
CITY STATE ZIP CODE

Relationship: [] Connected Organization [x] 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
Mailing Address
Title or Position CITY STATE ZIP CODE
Telephone number

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
Mailing Address
Title or Position CITY STATE ZIP CODE
Telephone number

14031213710

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for 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

[Grid for Name of Bank, Depository, etc.]

Mailing Address

P.O. Box 75000

[Grid for Mailing Address Line 2]

Detroit MI 48275

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

14031213711

14031213712



Extremely Urgent

From: (248) 371-7260
PAC Services
COMERICA BANK
3551 Hamlin Road MC 2250
Auburn Hills, MI 48326

Origin ID: MTCA



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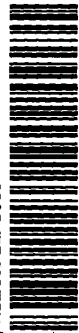
BILL SENDER

SHIP TO: (800) 424-9530
Public Records Office
Federal Election Commission
999 E ST NW

WASHINGTON, DC 20463

Ship Date: 14APR14
Act/Wgt: 0.8 LB
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Ref # 002-91925
Invoice # Henry Ford Health Sys Govt
PO # FEC Form 1- Stmt of Org for
Dept # Affairs Serv PAC 4-14-14

Page 1 of 2

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7890
04.15

TTIS

Insert shipping document here

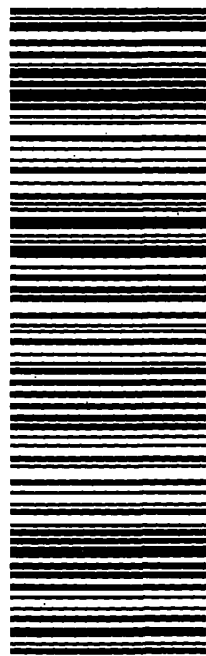
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TUE - 15 APR AA
STANDARD OVERNIGHT

20463
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IAD

XCRDVA



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Federal Election Commission
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<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): Fed Ex	Shipping Date 4/14/14
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

[Handwritten Signature]

PREPARER
(8/2013)

4/15/14

DATE PREPARED

14031213713