

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Henry Ford Health System Government Affairs Services PAC

ADDRESS (number and street) c/o Comerica Bank, PAC Services 3551 Hamlin Road, MC2250 Auburn Hills MI 48326 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00552141 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (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 Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on MM/DD/YYYY in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY 10/01/2016 through MM/DD/YYYY 11/28/2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Connolly, James M., , , Type or Print Name of Treasurer

Signature of Treasurer Connolly, James M., , , [Electronically Filed] Date MM/DD/YYYY 12/08/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2016"/>		19919.00
(b) Cash on Hand at Beginning of Reporting Period.....	24423.00	
(c) Total Receipts (from Line 19)	788.00	31292.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	25211.00	51211.00
7. Total Disbursements (from Line 31).....	2200.00	28200.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	23011.00	23011.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Henry Ford Health System Government Affairs Services PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	788.00	30162.00
(ii) Unitemized	0.00	1130.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	788.00	31292.00
(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)	788.00	31292.00
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.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	788.00	31292.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	788.00	31292.00

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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	100.00	1350.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	2100.00	26850.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2200.00	28200.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2200.00	28200.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	788.00	31292.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	788.00	31292.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
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	0.00

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 6 OF 10
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Kolpasky, Paul, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5196 Westmoreland Dr
 City Troy State MI Zip Code 48085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Vice President/Corp Controller
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 592.00

Date of Receipt 11 / 28 / 2016
Transaction ID : PR129695326866
 Amount of Each Receipt this Period 148.00
 Memo Item
 P/R Deduction (\$37.00 Bi-Weekly)

B. O'connor, James, Patrick, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3237 Glen Iris Drive
 City Commerce Township State MI Zip Code 48382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) VP- Supply Chain
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 28 / 2016
Transaction ID : PR129707426866
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. Kalkanis, Steven, N, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 528 Barrington Court
 City Bloomfield Hills State MI Zip Code 48304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Chair- Neurosurgery
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 28 / 2016
Transaction ID : PR130080526866
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	308.00
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 10
<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. Malloy, John, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4840 Stoddard Drive
 City Troy State MI Zip Code 48085-3506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) VP IT Svc Integration&IT Qual
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 11 / 28 / 2016
Transaction ID : PR131039526866
 Amount of Each Receipt this Period 180.00
 Memo Item
 P/R Deduction (\$45.00 Bi-Weekly)

B. Malhotra, Manu, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2532 Beachview Ct.
 City Troy State MI Zip Code 48098
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Chief Medical Officer-Assoc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 11 / 28 / 2016
Transaction ID : PR131139726866
 Amount of Each Receipt this Period 160.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

C. Harper, Takisha Jane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Po Box 214237
 City Auburn Hills State MI Zip Code 48321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Dir- IT Risk Management
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt 11 / 28 / 2016
Transaction ID : PR132006126866
 Amount of Each Receipt this Period 140.00
 Memo Item
 P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	480.00
TOTAL This Period (last page this line number only).....	788.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Debbie Dingell For Congress

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 746

City Dearborn State MI Zip Code 48121

Purpose of Disbursement Direct Contribution

011
Category/Type

Candidate Name
Dingell, Debbie, , ,

Office Sought: House Senate President
State: MI District: 12

Disbursement For: 2016
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2016

FEC Identification Number

C C00558213

Transaction ID : 10173363

Amount of Each Disbursement this Period

300.00

Direct Contribution

Memo Item

B. Conyers For Congress

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement stop payment

011
Category/Type

Candidate Name
Conyers, John, , Rep., Jr.

Office Sought: House Senate President
State: MI District: 13

Disbursement For: 2014
 Primary General Other (specify)

Date of Disbursement

MM / DD / YYYY
11 / 15 / 2016

FEC Identification Number

C C00409797

Transaction ID : 10235936

Amount of Each Disbursement this Period

-400.00

stop payment

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

100.00

100.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Committee to Elect Sylvania Santana			Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 12 / 2016		
Mailing Address 5700 Brace Street			FEC Identification Number C [] Transaction ID : 10126336 Amount of Each Disbursement this Period [] 250.00 Direct Contribution <input type="checkbox"/> Memo Item		
City Detroit	State MI	Zip Code 48228	Category/Type 011		
Purpose of Disbursement Direct Contribution			Candidate Name Santana, Sylvania, , ,		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:		
Full Name (Last, First, Middle Initial) B. CTE Jeff Noble			Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 25 / 2016		
Mailing Address 4311 Joy Rd #424			FEC Identification Number C [] Transaction ID : 10160472 Amount of Each Disbursement this Period [] 100.00 Direct Contribution <input type="checkbox"/> Memo Item		
City Canton	State MI	Zip Code 48187	Category/Type 011		
Purpose of Disbursement Direct Contribution			Candidate Name Noble, Jeff, , ,		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:		
Full Name (Last, First, Middle Initial) C. Colleen Pobur for State Representative			Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 25 / 2016		
Mailing Address PO Box 5441			FEC Identification Number C [] Transaction ID : 10160586 Amount of Each Disbursement this Period [] 250.00 Direct Contribution <input type="checkbox"/> Memo Item		
City Plymouth	State MI	Zip Code 48170	Category/Type 011		
Purpose of Disbursement Direct Contribution			Candidate Name Pobur, Colleen, , ,		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:		
SUBTOTAL of Disbursements This Page (optional)..... ▶			[] 600.00		
TOTAL This Period (last page this line number only)..... ▶			[]		

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Henry Ford Health System Government Affairs Services PAC

Full Name (Last, First, Middle Initial)

A. Greimel for Michigan

Mailing Address PO Box 16045

City
Lansing

State
MI

Zip Code
48901

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2016			

FEC Identification Number

C

Transaction ID : 10173361

Amount of Each Disbursement this Period

500.00

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Durhal for Michigan

Mailing Address 4055 Leslie Street

City
Detroit

State
MI

Zip Code
48238

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2016			

FEC Identification Number

C

Transaction ID : 10173362

Amount of Each Disbursement this Period

500.00

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Ayers for Detroit

Mailing Address PO Box 44562

City
Detroit

State
MI

Zip Code
44562

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Ayers, Janee', L, ,

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2016			

FEC Identification Number

C

Transaction ID : 10173364

Amount of Each Disbursement this Period

500.00

Direct Contribution

Memo Item

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

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

1500.00

2100.00