

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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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

A. Kolpasky, Paul, M., ,

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 ▼

702.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2019

Transaction ID : PR129695345551

Amount of Each Receipt this Period

351.00

☐ Memo Item

P/R Deduction (\$27.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Baril, Noel, Russell, ,

Mailing Address 8 Dodge Place

City

Grosse Pointe

State

MI

Zip Code

48230

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Henry Ford Health System

Occupation (for Individual)

VP- Total Rewards & HFM Hosp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2019

Transaction ID : PR129709045551

Amount of Each Receipt this Period

455.00

☐ Memo Item

P/R Deduction (\$35.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Collins, Denise, , ,

Mailing Address 826 Edgemont Run

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)

Vice Chair- Radiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2019

Transaction ID : PR130036545551

Amount of Each Receipt this Period

260.00

☐ Memo Item

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

1066.00