

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 15 OF 74

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sears, Michele, Harrison, ,

Mailing Address 1037 S 16th StPob 175

City

Au Gres

State

MI

Zip Code

48703

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Henry Ford Health System

Occupation (for Individual)

Dir-Foundation Relations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

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

Transaction ID : PR133616345551

Amount of Each Receipt this Period

156.00

☐ Memo Item

P/R Deduction (\$12.00 Bi-Weekly)

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

B. Tata, Beverly, E, ,

Mailing Address 632 E Elm Ave

City

Monroe

State

MI

Zip Code

48162

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Henry Ford Health System

Occupation (for Individual)

Mgr-Culinary Wellness

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID : PR133681545551

Amount of Each Receipt this Period

130.00

☐ Memo Item

P/R Deduction (\$10.00 Bi-Weekly)

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

C. Barkley, Gregory, , ,

Mailing Address 2890 Burlington

City

Ann Arbor

State

MI

Zip Code

48105

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Henry Ford Health System

Occupation (for Individual)

Neurologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID : PR133695945551

Amount of Each Receipt this Period

325.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

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

611.00