

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. Nelson, Joielinn, L, ,

Mailing Address 15201 Wolflake Forrest

City
Jackson

State
MI

Zip Code
49201

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Henry Ford Health System

Occupation (for Individual)
Nursing Administrator- Pt Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : PR152667145551

Amount of Each Receipt this Period

195.00

☐ Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

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

B. Williams, Jason, C, ,

Mailing Address 24667 Brentwood Dr

City
Brownstown

State
MI

Zip Code
48183

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Henry Ford Health System

Occupation (for Individual)
Dir- Corporate Reimbursement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID : PR153025645551

Amount of Each Receipt this Period

325.00

☐ Memo Item

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

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

C. Rusch, Matthew, , ,

Mailing Address 13550 North Partridge Drive

City
Valley View

State
OH

Zip Code
44125

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Henry Ford Health System

Occupation (for Individual)
VP-Revenue Cycle

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

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

Transaction ID : PR153026045551

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)..... ►

780.00