

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

|  |   |  |
|--|---|--|
| 1. (a) Name of Individual, Organization or Corporation<br>Working America  |   | 3. FEC Identification Number<br><b>C</b> C90011156 |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported<br>815 16th St., NW |   |  |
| (c) City, State and ZIP Code<br>Washington DC 20006  |   |  |
| 2. <b>Corporate filers only</b>  | Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>Individual filers only</b>  | Name of Employer Occupation   |  |

4. TYPE OF REPORT (check appropriate boxes):

- (a)  April 15 Quarterly Report  24-Hour Notice  48-Hour Notice
- July 15 Quarterly Report
- October Quarterly Report
- January 31 Year-End Report

(b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM  /  /

THROUGH

/  /

6. TOTAL CONTRIBUTIONS .....

7. TOTAL INDEPENDENT EXPENDITURES.....

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

**TYPE OR PRINT NAME OF PERSON COMPLETING FORM**

**SIGNATURE**

**DATE**

Jeff Prior

09/20/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

Image# 10991212013  
**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
 Working America

|   |  |
|---|--|
| Full Name (Last, First, Middle Initial) of Payee<br>Jeremy Al-Haj | Date<br>MM / DD / YYYY<br>09 / 17 / 2010 |
| Mailing Address<br>1501 Briarwood Cir. Dr.                        | Amount<br>25.00                          |
| City<br>Ann Arbor   | State<br>MI                              |
| Zip Code<br>48104   |  |

|   |                   |   |
|---|-------------------|---|
| Purpose of Expenditure<br>Per diem  | Category/<br>Type | Office Sought:<br><input checked="" type="checkbox"/> House      State: MI<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President      District: 07 |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>MARK HAMILTON SCHAUER |                   | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |
| Calendar Year-To-Date Per Election<br>for Office Sought                                 | 2210.63           | Disbursement For:<br>2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 |

|   |  |
|---|--|
| Full Name (Last, First, Middle Initial) of Payee<br>Jeremy Al-Haj | Date<br>MM / DD / YYYY<br>09 / 17 / 2010 |
| Mailing Address<br>1501 Briarwood Cir. Dr.                        | Amount<br>211.79                         |
| City<br>Ann Arbor   | State<br>MI                              |
| Zip Code<br>48104   |  |

|   |                   |   |
|---|-------------------|---|
| Purpose of Expenditure<br>Salary and benefits   | Category/<br>Type | Office Sought:<br><input checked="" type="checkbox"/> House      State: MI<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President      District: 07 |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>MARK HAMILTON SCHAUER |                   | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |
| Calendar Year-To-Date Per Election<br>for Office Sought                                 | 2422.42           | Disbursement For:<br>2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 |

|   |  |
|---|--|
| Full Name (Last, First, Middle Initial) of Payee<br>Cara Alcantar | Date<br>MM / DD / YYYY<br>09 / 17 / 2010 |
| Mailing Address<br>155 Charlevoix St.                             | Amount<br>273.28                         |
| City<br>Clawson   | State<br>MI                              |
| Zip Code<br>48017   |  |

|   |                   |   |
|---|-------------------|---|
| Purpose of Expenditure<br>Salary and benefits   | Category/<br>Type | Office Sought:<br><input checked="" type="checkbox"/> House      State: MI<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President      District: 07 |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>MARK HAMILTON SCHAUER |                   | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |
| Calendar Year-To-Date Per Election<br>for Office Sought                                 | 2263.08           | Disbursement For:<br>2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 |

|  |        |
|--|--------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....   | 510.07 |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... |        |
| (c) <b>TOTAL</b> Independent Expenditures .....                  |        |

(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Theresa Cummings

Date

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Mailing Address  
11368 Asbury Park

Amount

125.66

City State Zip Code  
Detroit MI 48227

Purpose of Expenditure  
Salary and benefits

Category/  
Type

Office Sought:  House State: MI  
 Senate District: 07  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
MARK HAMILTON SCHAUER

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 879.62

Disbursement For:  Primary  General  
2010  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
Dollar Rental

Date

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Mailing Address  
100 N. Fifth Street

Amount

77.50

City State Zip Code  
Detroit MI 48242

Purpose of Expenditure  
Car rental

Category/  
Type

Office Sought:  House State: MI  
 Senate District: 07  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
MARK HAMILTON SCHAUER

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 852.50

Disbursement For:  Primary  General  
2010  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
Marcel Duvoix

Date

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Mailing Address  
801 N. Congress St., Apt #5

Amount

125.66

City State Zip Code  
Ypsilanti MI 48197

Purpose of Expenditure  
Salary and benefits

Category/  
Type

Office Sought:  House State: MI  
 Senate District: 07  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
MARK HAMILTON SCHAUER

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 1005.28

Disbursement For:  Primary  General  
2010  
 Other (specify)

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

328.82

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....

(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Extended Stay America

Date

M M / D D / Y Y Y Y  
09 / 17 / 2010

Mailing Address  
1501 Briarwood Cir

Amount

43.99

City State Zip Code  
Ann Arbor MI 48108

Purpose of Expenditure  
Lodging

Category/  
Type

Office Sought:  House State: MI  
 Senate District: 07  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
MARK HAMILTON SCHAUER

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 1319.70

Disbursement For:  Primary  General  
2010  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
Extended Stay America

Date

M M / D D / Y Y Y Y  
09 / 17 / 2010

Mailing Address  
1501 Briarwood Cir

Amount

43.99

City State Zip Code  
Ann Arbor MI 48108

Purpose of Expenditure  
Lodging

Category/  
Type

Office Sought:  House State: MI  
 Senate District: 07  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
MARK HAMILTON SCHAUER

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 1363.69

Disbursement For:  Primary  General  
2010  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
Jamil Khalid

Date

M M / D D / Y Y Y Y  
09 / 17 / 2010

Mailing Address  
41166 Wyndchase

Amount

125.66

City State Zip Code  
Canton MI 48188

Purpose of Expenditure  
Salary and benefits

Category/  
Type

Office Sought:  House State: MI  
 Senate District: 07  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
MARK HAMILTON SCHAUER

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 628.30

Disbursement For:  Primary  General  
2010  
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....

213.64

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

Image# 10991212016  
**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
 Working America

|  |  |
|--|--|
| Full Name (Last, First, Middle Initial) of Payee<br>Kevin Litten | Date<br>MM / DD / YYYY<br>09 / 17 / 2010 |
| Mailing Address<br>1501 Briarwood Cir. Dr.                       | Amount<br>25.00                          |
| City<br>Ann Arbor  | State<br>MI                              |
| Zip Code<br>48104  |  |

|   |                   |  |
|---|-------------------|--|
| Purpose of Expenditure<br>Per diem  | Category/<br>Type | Office Sought: <input checked="" type="checkbox"/> House State: MI<br><input type="checkbox"/> Senate District: 07<br><input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>MARK HAMILTON SCHAUER |                   | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election<br>for Office Sought                                 | 1633.07           | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          |

|  |  |
|--|--|
| Full Name (Last, First, Middle Initial) of Payee<br>Kevin Litten | Date<br>MM / DD / YYYY<br>09 / 17 / 2010 |
| Mailing Address<br>1501 Briarwood Cir. Dr.                       | Amount<br>176.51                         |
| City<br>Ann Arbor  | State<br>MI                              |
| Zip Code<br>48104  |  |

|   |                   |  |
|---|-------------------|--|
| Purpose of Expenditure<br>Salary and benefits   | Category/<br>Type | Office Sought: <input checked="" type="checkbox"/> House State: MI<br><input type="checkbox"/> Senate District: 07<br><input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>MARK HAMILTON SCHAUER |                   | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election<br>for Office Sought                                 | 1809.58           | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          |

|   |  |
|---|--|
| Full Name (Last, First, Middle Initial) of Payee<br>Paul Sowa | Date<br>MM / DD / YYYY<br>09 / 17 / 2010 |
| Mailing Address<br>801 N. Congress St.<br>Apt. 5              | Amount<br>125.66                         |
| City<br>Ypsilanti   | State<br>MI                              |
| Zip Code<br>48197   |  |

|   |                   |  |
|---|-------------------|--|
| Purpose of Expenditure<br>Salary and benefits   | Category/<br>Type | Office Sought: <input checked="" type="checkbox"/> House State: MI<br><input type="checkbox"/> Senate District: 07<br><input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>MARK HAMILTON SCHAUER |                   | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election<br>for Office Sought                                 | 753.96            | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          |

|   |        |
|---|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures .....   | 327.17 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... |        |
| (c) TOTAL Independent Expenditures .....                  |        |

(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Lynelle Stewart

Date

/   /

Mailing Address  
36115 Bibbins St.

Amount

164.75

City State Zip Code  
Romulus MI 48174

Purpose of Expenditure  
Salary and benefits

Category/  
Type

Office Sought:  House State: MI  
 Senate District: 07  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
MARK HAMILTON SCHAUER

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 1341.28

Disbursement For:  Primary  General  
2010  
 Other (specify)

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

164.75

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....

(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

1544.45