

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>Michigan for All</b>		3. FEC Identification Number <b>C</b> C90015009
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1101 17th Street, NW		
(c) City, State and ZIP Code Washington DC 20036		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

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

b) Is this Report an amendment?  No  Yes, it amends the report filed on  /  /

5. COVERING PERIOD:  
 FROM  /  /   
 THROUGH  /  /

6. TOTAL CONTRIBUTIONS.....  1320000.00

7. TOTAL INDEPENDENT EXPENDITURES .....  65231.12

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Chung Hui	Chung Hui <i>[Electronically Filed]</i>	09/30/2014

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

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

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 FILER (In Full)  
Michigan for All

<b>A.</b> Full Name (Last, First, Middle Initial) AFSCME for Michigan			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 04 / 2014		
Mailing Address 1625 L Street, NW			<b>Transaction ID : F56.4116</b>		
City	State	Zip Code	Amount of Each Receipt this Period		
Washington	DC	20036	250000.00		
FEC ID number of contributing federal political committee.			C		
Name of Employer			Occupation		

<b>B.</b> Full Name (Last, First, Middle Initial) AFSCME for Michigan			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014		
Mailing Address 1625 L Street, NW			<b>Transaction ID : F56.4124</b>		
City	State	Zip Code	Amount of Each Receipt this Period		
Washington	DC	20036	200000.00		
FEC ID number of contributing federal political committee.			C		
Name of Employer			Occupation		

<b>C.</b> Full Name (Last, First, Middle Initial) AFSCME for Michigan Inkind Phone Bank			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 16 / 2014		
Mailing Address 1625 L Street, NW			<b>Transaction ID : F56.4118</b>		
City	State	Zip Code	Amount of Each Receipt this Period		
Washington	DC	20036	20000.00		
FEC ID number of contributing federal political committee.			C		
Name of Employer			Occupation		

<b>D.</b> Full Name (Last, First, Middle Initial) AFT Solidarity 527			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 04 / 2014		
Mailing Address 555 New Jersey Ave., NW			<b>Transaction ID : F56.4120</b>		
City	State	Zip Code	Amount of Each Receipt this Period		
Washington	DC	20005	250000.00		
FEC ID number of contributing federal political committee.			C		
Name of Employer			Occupation		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	720000.00
<b>TOTAL</b> This Period (last page carry total to Line 6) .....	.....

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

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NAME OF FILER (In Full)  
Michigan for All

<b>A. Full Name (Last, First, Middle Initial)</b> AFT Solidarity 527			Date of Receipt 09 / 16 / 2014 <b>Transaction ID : F56.4129</b>		
Mailing Address 555 New Jersey Ave., NW			Amount of Each Receipt this Period 250000.00		
City Washington	State DC	Zip Code 20005	<b>Transaction ID : F56.4129</b>		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250000.00		
Name of Employer			Occupation		

<b>B. Full Name (Last, First, Middle Initial)</b> NEA Advocacy Fund			Date of Receipt 09 / 09 / 2014 <b>Transaction ID : F56.4122</b>		
Mailing Address 1201 16th Street, NW			Amount of Each Receipt this Period 200000.00		
City Washington	State DC	Zip Code 20036	<b>Transaction ID : F56.4122</b>		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 200000.00		
Name of Employer			Occupation		

<b>C. Full Name (Last, First, Middle Initial)</b> SEIU Community Alliance - MI			Date of Receipt 09 / 25 / 2014 <b>Transaction ID : F56.4127</b>		
Mailing Address 2604 Fourth Street			Amount of Each Receipt this Period 150000.00		
City Detroit	State MI	Zip Code 48201	<b>Transaction ID : F56.4127</b>		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 150000.00		
Name of Employer			Occupation		

<b>D. Full Name (Last, First, Middle Initial)</b>			Date of Receipt		
Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period		
Name of Employer			Occupation		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	600000.00
<b>TOTAL</b> This Period (last page carry total to Line 6) .....	1320000.00

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Michigan for All

Full Name (Last, First, Middle Initial) of Payee AFSCME		Date of Public Distribution/Dissemination 09 / 16 / 2014	
Mailing Address 1625 L Street, NW		Amount 10000.00	
City Washington	State DC	Zip Code 20036	Transaction ID : F57.4138
Purpose of Expenditure Phonebank Inkind	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Gary Peter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 23347.00		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee GRSC Consulting		Date of Public Distribution/Dissemination 09 / 15 / 2014	
Mailing Address 2828 University Ave., SE #150		Amount 13347.00	
City Minneapolis	State MN	Zip Code 55414	Transaction ID : F57.4130
Purpose of Expenditure Canvassing Program	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Gary Peter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 13347.00		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Mission Control, Inc.		Date of Public Distribution/Dissemination 09 / 29 / 2014	
Mailing Address 114A Mansfield Hollow Rd.		Amount 41884.12	
City Mansfield Center	State CT	Zip Code 06250	Transaction ID : F57.4139
Purpose of Expenditure Mail	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Gary Peter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 65231.12		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	65231.12
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	65231.12