

# 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 <i>Working for Michigan</i>		3. FEC Identification Number  <i>C90013863</i>
(b) Address (number and street) check if different than previously reported <i>2627 Gratiot Avenue</i>		
(c) City, State and ZIP Code <i>Detroit, MI 48207</i>		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report       24-Hour Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year-End Report       48-Hour Report

b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM *10 20 2012*  
THROUGH *10 20 2012*

6. TOTAL CONTRIBUTIONS .....

7. TOTAL INDEPENDENT EXPENDITURES ..... *80,765.00*

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. 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
<i>Steve Rasnitsin</i>	<i>Steve Rasnitsin</i>	<i>10/23/2012</i>

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, 909 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9630, Local 202-694-1100

12030924220

SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 2  
FOR LINE 7 OF FORM 5

NAME OF FILER (If Full)  
*Working For Michigan*

Full Name (Last, First, Middle Initial) of Payee  
*Field Strategies*  
Date  
*10 20 2012*  
Mailing Address  
*888 16th Street, NW Suite 660*  
Amount  
*80,000.00*  
City  
*Washington* State  
*DC* Zip Code  
*20005*

Purpose of Expenditure  
*Field outreach - 10/20/2012* Category/Type  
*004* Office Sought: House State: \_\_\_\_\_  
Senate District: \_\_\_\_\_  
 President  
Check One:  Support Oppose  
Name of Federal Candidate Supported or Opposed by Expenditure:  
*Barack Obama*  
Calendar Year-To-Date Per Election for Office Sought  
Disbursement For: Primary  General  
Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee  
*Mack Course Group*  
Date  
*10 20 2012*  
Mailing Address  
*2001 N. Beauregard St. Suite 400*  
Amount  
*765.00*  
City  
*Alexandria* State  
*VA* Zip Code  
*22311*

Purpose of Expenditure  
*Canvass Literature - 10/20/2012* Category/Type  
*004* Office Sought: House State: \_\_\_\_\_  
Senate District: \_\_\_\_\_  
 President  
Check One:  Support Oppose  
Name of Federal Candidate Supported or Opposed by Expenditure:  
*Barack Obama*  
Calendar Year-To-Date Per Election for Office Sought  
*80,765.00* Disbursement For: Primary  General  
Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee  
Date  
Mailing Address  
Amount  
City State Zip Code

Purpose of Expenditure Category/Type Office Sought: House State: \_\_\_\_\_  
Senate District: \_\_\_\_\_  
President  
Check One: Support Oppose  
Name of Federal Candidate Supported or Opposed by Expenditure:  
Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General  
Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<i>80,765.00</i>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	<i>80,765.00</i>

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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<input type="checkbox"/> USPS Priority Mail	Postmarked
	Delivery Confirmation™ Label <input type="checkbox"/>

<input type="checkbox"/> USPS Express Mail	Postmarked
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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A PREPARER	N/A DATE PREPARED
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