# **REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees)

(b) Address (number and street)       check if different than previously reported         1101 17h Street, NW       . FEC Identification Number         (c) City, State and ZIP Code       DC       20036         2. Occupation and Name of Employer (for Individual Filers Only)       3. FEC Identification Number         2. Occupation and Name of Employer (for Individual Filers Only)       3. FEC Identification Number         4. TYPE OF REPORT (check appropriate boxes);       (a)       April 15 Quarterly Report       24 Hour Report         July 15 Quarterly Report       24 Hour Report       48 Hour Report       3 anuary 31 Year End Report         b) Is this Report an amendment?       No       Yes, it amends the report filed on       10 // 0 // 0 // 0 // 0 // 0 // 0 // 0 /	1. (a) Name of Individual, Organization or Corporation Michigan for All		
Washington       DC       20036       3. FEC (defittication Number)         2. Occupation and Name of Employer (for Individual Filers Only)       C 30015009       C 30015009         4. TYPE OF REPORT (check appropriate boxes):       (a)       (b)       (c)       (c)         (a)       April 15 Quarterly Report       24-Hour Report       (c)       (c)         (b)       Is this Report an amendment?       (c)       (c)       (c)       (c)         (b)       Is this Report an amendment?       (c)       (c)       (c)       (c)       (c)         5. COVERING PERIOD:       FROM       (c)       (c)       (c)       (c)       (c)       (c)         6. TOTAL CONTRIBUTIONS.       FROM       (c)       <		ly reported	-
Washington       DC       20036         2. Occupation and Name of Employer (for Individual Filers Only)       C       C       C         4. TYPE OF REPORT (check appropriate boxes):       (a)       April 15 Quarterly Report       24-Hour Report         (a)       April 15 Quarterly Report       24-Hour Report       24-Hour Report         (b)       October 15 Quarterly Report       48-Hour Report         (c)       January 31 Year-End Report       48-Hour Report         (c)       January 31 Year-End Report       (c)         (c)       Is this Report an amendment?       (c)         (c)       THROUGH       (c)         (c)       THROUGH       (c)         (c)       THROUGH       (c)         (c)       TOTAL CONTRIBUTIONS       (c)         (c)       TOTAL INDEPENDENT EXPENDITURES       (c)         Under penalty of perjory footify 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.	(c) City, State and ZIP Code		
	Washington D	C 20036	3. FEC Identification Number
Image: second constraints of period second constraints of the second consecond constraints of the second constraints	Occupation and Name of Employer (for Individual Filers Only)		С С90015009
(a)       April 15 Quarterly Report         (a)       April 15 Quarterly Report         (b)       Quarterly Report         (c)       State Report an amendment?         (c)       No         (c)       Yes, it amends the report filed on         (c)       FROM         (c)       THROUGH         (c)       THROUGH         (c)       TOTAL CONTRIBUTIONS         (c)       TOTAL INDEPENDENT EXPENDITURES         (c)       TOTAL INDEPENDENT EXPENDITURES         (c)       TOTAL INDEPENDENT EXPENDITURES         (c)       TOTAL INDEPENDENT EXPENDITURES or any political party committee or its agent.			
Image: Second	4. TYPE OF REPORT (check appropriate boxes):		
Couber 15 Quarterly Report  AB-Hour Report AB-Hour Report  AB-Hour Report  AB-Hour Report  AB-Hour Report  AB-Hour Report  AB-Hour Report  AB-Hour Report  AB-Hour Report  AB-Hour Report  AB-Hour Report  AB-Hour Report  AB-Hour Report  AB-Hour Report  AB-Hour AB-Hour AB-Hour Report  AB-Hour AB-Hour AB-Hour Report  AB-Hour AB-Hour AB-Hour Report  AB-Hour AB	(a) April 15 Quarterly Report		
A January 31 Year-End Report      () Is this Report an amendment? No     (Yes, it amends the report filed on     ()		24-Hour Report	
b) Is this Report an amendment? No   • Scovering Period: FROM   • THROUGH • • • • • • • • • • • • • • • • • • •	October 15 Quarterly Report	48-Hour Report	
b) Is this Report an amendment?       No       Yes, it amends the report filed on         5. COVERING PERIOD:       FROM       10       1       2014         THROUGH       12       31       2014       1         6. TOTAL CONTRIBUTIONS	January 31 Year-End Report		
FROM       10       01       2014         THROUGH       THROUGH       2014         6. TOTAL CONTRIBUTIONS       745800.00         7. TOTAL INDEPENDENT EXPENDITURES       133100.00         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.         TYPE OR PRINT NAME OF PERSON COMPLETING FORM         Signature       [Lectronically Filed]         Chung Hui       Chung Hui		it amends the report filed on	M / D D / Y Y Y Y
7. TOTAL INDEPENDENT EXPENDITURES       133100.00         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.         TYPE OR PRINT NAME OF PERSON COMPLETING FORM       SIGNATURE       DATE         Chung Hui       Chung Hui       Chung Hui	FROM 10 01	2014	
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.          TYPE OR PRINT NAME OF PERSON COMPLETING FORM       SIGNATURE       DATE         Chung Hui       Chung Hui	6. TOTAL CONTRIBUTIONS		745800.00
of, any candidate or authorized committee or agent of either, or any political party committee or its agent.          TYPE OR PRINT NAME OF PERSON COMPLETING FORM       SIGNATURE       DATE         Chung Hui       Chung Hui       Chung Hui	7. TOTAL INDEPENDENT EXPENDITURES	[	133100.00
[Electronically Filed] Chung Hui	Under penalty of perjury I certify that the independent expenditures reported herein were of, any candidate or authorized committee or agent of either, or any political party cor	e not made in cooperation, consultation, nmittee or its agent.	or concert with, or at the request or suggestion
	TYPE OR PRINT NAME OF PERSON COMPLETING FORM	[Ele	
	Chung Hui	Chung Hui	01/26/2015

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# 15950087414

## SCHEDULE 5-A ITEMIZED RECEIPTS

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NAME OF FILER (In Full) Michigan for All		
Full Name (Last, First, Middle Initial) AFSCME for Michigan		Date of Receipt
Mailing Address 1625 L Street, NW		10 17 2014
City	State Zip Code	Transaction ID : F56.4147
Washington	DC 20036	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250000.00
Name of Employer	Occupation	<u>ן</u> ז
Full Name (Last, First, Middle Initial) AFSCME for Michigan		Date of Receipt
Mailing Address 1625 L Street, NW		10 28 2014
City	State Zip Code	Transaction ID : F56.4154
Washington	DC 20036	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50000.00
Name of Employer	Occupation	1
Full Name (Last, First, Middle Initial) Michigan State Council of Service Employees		Date of Receipt
Mailing Address 2604 Fourth Street		10 30 2014
City	State Zip Code	Transaction ID : F56.4159
Detroit	MI 48201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30000.00
Name of Employer	Occupatior	
Full Name (Last, First, Middle Initial) NEA Advocacy Fund		Date of Receipt
Full Name (Last, First, Middle Initial) NEA Advocacy Fund Mailing Address 1201 16th Street, NW		Date of Receipt
Mailing Address 1201 16th Street, NW	State Zip Code	10         01         2014           Transaction ID : F56.4146
Mailing Address 1201 16th Street, NW City Washington	State Zip Code DC 20036	10 / Y Y Y Y Y 2014
Mailing Address 1201 16th Street, NW		10         01         2014           Transaction ID : F56.4146
City Washington FEC ID number of contributing	DC 20036	M m       /       P D       /       Y Y Y Y         10       01       2014         Transaction ID : F56.4146         Amount of Each Receipt this Period         240800.00

### Image# 15950087415

### SCHEDULE 5-A ITEMIZED RECEIPTS

PAGE 3 OF 4

	g the name and address of any political committee	e to solicit contributions from such committee.
NAME OF FILER (In Full) Michigan for All		
Full Name (Last, First, Middle Initial)		Data of Descript
NEA Advocacy Fund Mailing Address 1201 16th Street, NW		Date of Receipt
1201 16th Street, NW		10 28 2014
City	State Zip Code	Transaction ID : F56.4155
Washington	DC 20036	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25000.00
Name of Employer	Occupatio	Dn
Full Name (Last, First, Middle Initial) SEIU Community Alliance - MI		Data of Respirit
Mailing Address 2604 Fourth Street		Date of Receipt
		10 20 2014
City	State Zip Code	Transaction ID : F56.4148
Detroit	MI 48201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150000.00
	Occupatio	n
Name of Employer Full Name (Last, First, Middle Initial) Mailing Address	Occupatio	Date of Receipt
Full Name (Last, First, Middle Initial)	Occupation	
Full Name (Last, First, Middle Initial) Mailing Address		
Full Name (Last, First, Middle Initial) Mailing Address		Date of Receipt
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing	State Zip Code	Date of Receipt
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee.	State Zip Code	Date of Receipt
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer	State Zip Code	Date of Receipt
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Full Name (Last, First, Middle Initial) Mailing Address	State Zip Code	Date of Receipt Amount of Each Receipt this Period Date of Receipt
Full Name (Last, First, Middle Initial)         Mailing Address         City         FEC ID number of contributing federal political committee.         Name of Employer         Full Name (Last, First, Middle Initial)	State Zip Code	Date of Receipt  Amount of Each Receipt this Period  Date of Receipt  MIM / DID / YIYIY
Full Name (Last, First, Middle Initial)         Mailing Address         City         FEC ID number of contributing federal political committee.         Name of Employer         Full Name (Last, First, Middle Initial)         Mailing Address	State Zip Code	Date of Receipt Amount of Each Receipt this Period Date of Receipt
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing	State Zip Code C Occupation	Date of Receipt  Amount of Each Receipt this Period  Date of Receipt  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial)         Mailing Address         City         FEC ID number of contributing federal political committee.         Name of Employer         Full Name (Last, First, Middle Initial)         Mailing Address         City         FEC ID number of contributing federal political committee.         Name of Employer         Full Name (Last, First, Middle Initial)         Mailing Address         City         FEC ID number of contributing federal political committee.         Name of Employer	State Zip Code C Occupation State Zip Code	Date of Receipt Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period

#### SCHEDULE 5-E PAGE OF 4 4 **ITEMIZED INDEPENDENT EXPENDITURES** FOR LINE 7 OF FORM 5 NAME OF FILER (In Full) Michigan for All Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination **GRSC** Consulting 10 27 2014 Mailing Address 2828 University Ave., SE #150 Amount Zip Code City State 126350.00 Minneapolis MN 55414 Transaction ID : F57.4149 MI Purpose of Expenditure Office Sought: House Category/ State: 004 Canvassing Program Туре Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: Gary Peter Х Check One: Support Oppose X General **Disbursement For:** Primary Calendar Year-To-Date Per Election 2014 191581.12 Other (specify) for Office Sought Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Mission Control, Inc. 11 01 2014 Mailing Address 114A Mansfield Hollow Rd. Amount City State Zip Code 6750.00 Mansfield Center СТ 06250 Transaction ID : F57.4152 MI Purpose of Expenditure Office Sought: House Category/ State: 006 **Door Hangers** Туре Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: Gary Peter Check One: X Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 2014 198331.12 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Mailing Address Amount State Zip Code City Purpose of Expenditure Office Sought: House Category/ State: Туре Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Oppose Support Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 133100.00 (b) SUBTOTAL of Unitemized Independent Expenditures .....

133100.00

(carry total from last page forward to Line 7)

(c) TOTAL Independent Expenditures.....

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