

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 MICHIGAN FOR ALL			3. FEC Identification Number C C90015009
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1101 17TH STREET NW SUITE 900			
(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..... 400000.00

7. TOTAL INDEPENDENT EXPENDITURES 41884.12

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.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
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

A. Full Name (Last, First, Middle Initial) AFT Solidarity 527			Date of Receipt 09 / 16 / 2014 Transaction ID : F56.000001		
Mailing Address 555 New Jersey Ave., NW					
City Washington	State DC	Zip Code 20005			
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 250000.00		
Name of Employer			Occupation		

B. Full Name (Last, First, Middle Initial) SEIU Community Alliance - MI			Date of Receipt 09 / 25 / 2014 Transaction ID : F56.000002		
Mailing Address 2604 Fourth Street					
City Detroit	State MI	Zip Code 48201			
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 150000.00		
Name of Employer			Occupation		

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

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

SUBTOTAL of Receipts This Page (optional)	400000.00
TOTAL This Period (last page carry total to Line 6)	400000.00

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
MICHIGAN FOR ALL

Full Name (Last, First, Middle Initial) of Payee Mission Control, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 114 A Mansfield Hollow Rd.		Amount 41884.12	
City Mansfield Center	State CT	Zip Code 06250	Transaction ID : F57.000001
Purpose of Expenditure Mail	Category/ Type 004	Office Sought: <input 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 Peters		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 65231.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	41884.12
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	41884.12