



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
MOPAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		1453.79
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	1824.29									
(c) Total Receipts (from Line 19) .....	13780.00	17630.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	15604.29	19083.79								
7. Total Disbursements (from Line 31) .....	7223.11	10702.61								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	8381.18	8381.18								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
MOPAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	11600.00	15350.00
(ii) Unitemized .....	180.00	280.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	11780.00	15630.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	11780.00	15630.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	2000.00	2000.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	13780.00	17630.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	13780.00	17630.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	223.11	3702.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	223.11	3702.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	2000.00	2000.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	7223.11	10702.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7223.11	10702.61

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	11780.00	15630.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11780.00	15630.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	223.11	3702.61
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	223.11	3702.61

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 14  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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 COMMITTEE (In Full)  
MOPAC

**A.** Full Name (Last, First, Middle Initial)  
Mandell L. Berman

Mailing Address 29100 Northwestern Hwy., Ste. 370

City State Zip Code  
Southfield MI 48034

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation  
Investor Real Estate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 29 / 2009

**Transaction ID:** SA11AI.6244

Amount of Each Receipt this Period  
5000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Samuel Bernstein

Mailing Address 31100 Northwestern Hwy.

City State Zip Code  
Farmington Hills MI 48334

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation  
Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 23 / 2009

**Transaction ID:** SA11AI.6229

Amount of Each Receipt this Period  
250.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Douglas Bloom

Mailing Address 1390 Lake Park

City State Zip Code  
Birmingham MI 48009

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 23 / 2009

**Transaction ID:** SA11AI.6222

Amount of Each Receipt this Period  
500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5750.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
MOPAC

**A.** Full Name (Last, First, Middle Initial)  
Ralph Gerson

Mailing Address 394 Cranbrook Rd.

City Bloomfield Hills State MI Zip Code 48304

FEC ID number of contributing federal political committee. **C**

Name of Employer Guardian Industries, Corp. Occupation Businessman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 23 / 2009

Transaction ID: SA11AI.6230

Amount of Each Receipt this Period 1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Aileen Kleiman

Mailing Address 24201 Bingham Ct.

City Bingham Farms State MI Zip Code 48025

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 23 / 2009

Transaction ID: SA11AI.6227

Amount of Each Receipt this Period 350.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Emery Klein

Mailing Address 29260 Franklin Road, Apt. 618

City Southfield State MI Zip Code 48034

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Investments

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 16 / 2009

Transaction ID: SA11AI.6221

Amount of Each Receipt this Period 1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2350.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 14  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOPAC

**A.** Full Name (Last, First, Middle Initial)  
Josh Mondry  
Mailing Address 800 E. Hopkins Ave, B-5  
City Aspen State CO Zip Code 81611  
FEC ID number of contributing federal political committee. **C**  
Name of Employer M Group, Inc Occupation Investments  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 06 / 29 / 2009  
Transaction ID: SA11AI.6242  
Amount of Each Receipt this Period 500.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Robert Naftaly  
Mailing Address 5402 Pleasant Lake Dr.  
City West Bloomfield State MI Zip Code 48322  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Business Executive  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 06 / 23 / 2009  
Transaction ID: SA11AI.6226  
Amount of Each Receipt this Period 1000.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Robert Sher  
Mailing Address 17672 N. Laurel Park Dr. Ste. 400E  
City Livonia State MI Zip Code 48152  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Robert S. Sher & Associates Occupation President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 06 / 29 / 2009  
Transaction ID: SA11AI.6245  
Amount of Each Receipt this Period 500.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 9 / 14</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
MOPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Jerome Soble		Date of Receipt
	Mailing Address 1281 Gulf of Mexico Dr. Unit 308		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Longboat Key	FL	34228
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self-Employed		Occupation Investments	Transaction ID: SA11AI.6243 Amount of Each Receipt this Period <input type="text" value="1000.00"/> Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) David R. Victor		Date of Receipt
	Mailing Address 401 S. Old Woodward Ave., Ste. 333		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Birmingham	MI	48009
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer American Education Institute		Occupation President	Transaction ID: SA11AI.6225 Amount of Each Receipt this Period <input type="text" value="500.00"/> Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="11600.00"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 14  
(check only one)

<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
<input checked="" type="checkbox"/>									X								

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NAME OF COMMITTEE (In Full)  
MOPAC

A.

Full Name (Last, First, Middle Initial)  
Ira Mondry

Mailing Address 31098 Oakleaf

City State Zip Code  
Franklin MI 48025

FEC ID number of contributing federal political committee. **C**

Name of Employer M Group Occupation  
Investments

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 0 9

Transaction ID: SA13.6240

Amount of Each Receipt this Period  
2000.00

Loan

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MOPAC

**A.** Full Name (Last, First, Middle Initial)  
Jackier, Gould, Bean, Upfal & Eizelman

Mailing Address 121 W. Long Lake Rd.  
2nd Floor

City Bloomfield Hills State MI Zip Code 48304

Purpose of Disbursement  
FedEx

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.6234  
Date of Disbursement

/  /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
M Group

Mailing Address 805 East Maple, Ste. 333

City Birmingham State MI Zip Code 48009

Purpose of Disbursement  
Postage Reimbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.6233  
Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MOPAC

A.	Full Name (Last, First, Middle Initial) Friends of Harry Reid	Transaction ID: SB23.6219 Date of Disbursement																			
	Mailing Address P.O. Box 19163	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	1		2	0	0	9												
	City Las Vegas State NV Zip Code 89132	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>3000.00</td></tr></table>	3000.00																		
3000.00																					
	Candidate Name HARRY REID	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) JEFF MERKLEY FOR OREGON	Transaction ID: SB23.6232 Date of Disbursement																			
	Mailing Address PO BOX 29136	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	6		2	0	0	9												
	City PORTLAND State OR Zip Code 97296	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name JEFFREY ALAN MERKLEY	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) MIKULSKI FOR SENATE COMMITTEE	Transaction ID: SB23.6238 Date of Disbursement																			
	Mailing Address P O B 13147	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	0	9												
	City BALTIMORE State MD Zip Code 21203	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name BARBARA MIKULSKI	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00
5000.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00
5000.00		

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input checked="" type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MOPAC

A.

Full Name (Last, First, Middle Initial)  
Ira Mondry

Transaction ID: SB26.6344  
Date of Disbursement

Mailing Address 31098 Oakleaf

/   /

City State Zip Code  
Franklin MI 48025

Amount of Each Disbursement this Period

Purpose of Disbursement  
Loan Re-payment

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ►

TOTAL This Period (last page this line number only) ..... ►

# SCHEDULE C (FEC Form 3X)

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE 13 OF FORM 3X

## LOANS

NAME OF COMMITTEE (In Full)  
MOPAC

Transaction ID: SC/10.6240

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Ira Mondry

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 31098 Oakleaf

City Franklin State MI ZIP Code 48025

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	2000.00	0.00

### TERMS

Date Incurred: MM DD YY YY  Date Due:  Interest Rate: 0.0000 % (apr) Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text" value="0.00"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.