

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
MISSION FIRST PEOPLE ALWAYS PAC

ADDRESS (number and street) **PO BOX 585**
Check if different than previously reported. (ACC) **ST. CLAIR SHORES MI 48080**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00774588 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on **02 / 13 / 2024** in the State of **NY**
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period **01 / 01 / 2024** through **01 / 24 / 2024**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer **QUICK, KIRSTEN, , ,**

Signature of Treasurer **QUICK, KIRSTEN, , ,** Date **02 / 01 / 2024**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

MISSION FIRST PEOPLE ALWAYS PAC

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---------------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2024"/> | | <input type="text" value="32225.54"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="32225.54"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="56.00"/> | <input type="text" value="56.00"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="32281.54"/> | <input type="text" value="32281.54"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="3034.57"/> | <input type="text" value="3034.57"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="29246.97"/> | <input type="text" value="29246.97"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE of Receipts

Write or Type Committee Name

MISSION FIRST PEOPLE ALWAYS PAC

Report Covering the Period: From: M M / D D / Y Y Y Y
01 / 01 / 2024 To: M M / D D / Y Y Y Y
01 / 24 / 2024

| 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)..... | 0.00 | 0.00 |
| (ii) Unitemized | 56.00 | 56.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 56.00 | 56.00 |
| (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) | 56.00 | 56.00 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 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 Transfers (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)).....▶ | 56.00 | 56.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 56.00 | 56.00 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated 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 | 3034.57 | 3034.57 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 3034.57 | 3034.57 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 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 (Including Non-Federal Donations)..... | 0.00 | 0.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated 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)) .. | 3034.57 | 3034.57 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 3034.57 | 3034.57 |

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

| 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) | 56.00 | 56.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 56.00 | 56.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 3034.57 | 3034.57 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 3034.57 | 3034.57 |

**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"/> 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 |

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)

MISSION FIRST PEOPLE ALWAYS PAC

Full Name (Last, First, Middle Initial)

A. CROSBY OTTENHOFF GROUP

Mailing Address 611 PENNSYLVANIA AVE SE
STE 267

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 0 | 3 | | 2 | 0 | 2 | 4 |

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I4915

Amount of Each Disbursement this Period

| | |
|------------|---------|
| [REDACTED] | 1000.00 |
|------------|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. DICKINSON WRIGHT PLLC

Mailing Address 1825 EYE STREET N.W.
SUITE 900

City
WASHINGTON

State
DC

Zip Code
20006

Purpose of Disbursement
LEGAL FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 0 | 3 | | 2 | 0 | 2 | 4 |

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I4916

Amount of Each Disbursement this Period

| | |
|------------|--------|
| [REDACTED] | 539.00 |
|------------|--------|

Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City
TYSONS CORNER

State
VA

Zip Code
22182

Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 1 | 0 | | 2 | 0 | 2 | 4 |

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I4913

Amount of Each Disbursement this Period

| | |
|------------|--------|
| [REDACTED] | 101.60 |
|------------|--------|

Memo Item

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

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

| | |
|------------|---------|
| [REDACTED] | 1640.60 |
|------------|---------|

| | |
|------------|--|
| [REDACTED] | |
|------------|--|

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)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)
MISSION FIRST PEOPLE ALWAYS PAC

Form A: AMERICAN EXPRESS. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (CREDIT CARD PAYMENT), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (01/12/2024), FEC Identification Number (C), Transaction ID (SB21B.I4921), Amount of Each Disbursement (1138.96), and Memo Item checkbox.

Form B: DON CHRISTOS CIGARS. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (FOOD / BEVERAGE), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (01/12/2024), FEC Identification Number (C), Transaction ID (SB21B.I4923), Amount of Each Disbursement (545.84), and Memo Item checkbox (checked).

Form C: MARTHA'S VINEYARD. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (FOOD / BEVERAGE), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (01/12/2024), FEC Identification Number (C), Transaction ID (SB21B.I4922), Amount of Each Disbursement (593.12), and Memo Item checkbox (checked).

SUBTOTAL of Disbursements This Page (optional) 1138.96
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)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <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)

MISSION FIRST PEOPLE ALWAYS PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 1 | | 2 | 4 | | 2 | 0 | 2 | 4 | | |

FEC Identification Number

C

Transaction ID : SB21B.I4914

Amount of Each Disbursement this Period

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|--|--|--|--|--|
| 2 | 5 | 0 | 0 | . | 0 | 0 | | | | | |
|---|---|---|---|---|---|---|--|--|--|--|--|

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| | | | | | | | | | | | |

FEC Identification Number

C

Amount of Each Disbursement this Period

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| | | | | | | | | | | | |

FEC Identification Number

C

Amount of Each Disbursement this Period

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

Memo Item

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

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

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|--|--|--|--|--|
| 2 | 5 | 0 | 0 | . | 0 | 0 | | | | | |
|---|---|---|---|---|---|---|--|--|--|--|--|

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|--|--|--|--|--|
| 3 | 0 | 2 | 9 | . | 5 | 6 | | | | | |
|---|---|---|---|---|---|---|--|--|--|--|--|