

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

Move On Up.org Pac

ADDRESS (number and street)

PO Box 46821

Check if different than previously reported. (ACC)

St Louis

MO

63146

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00474734

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on / / in the State of

- (d) 30-Day **POST-Election** Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on / / in the State of

5. Covering Period

/ / 2013 through / / 2013

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 Rebecca L Davidson

Signature of Treasurer

Rebecca L Davidson

[Electronically Filed]

Date

/ / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Move On Up.org 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="2013"/> | <input type="text" value="475.91"/> | <input type="text" value="475.91"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="348.00"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="2870.00"/> | <input type="text" value="2925.00"/> |
| (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="3218.00"/> | <input type="text" value="3400.91"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="2706.85"/> | <input type="text" value="2889.76"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="511.15"/> | <input type="text" value="511.15"/> |
| 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="7833.13"/> | |

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Move On Up.org Pac

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2013 To: M M / D D / Y Y Y Y 06 / 30 / 2013

| 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 | 290.00 | 345.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 290.00 | 345.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 2580.00 | 2580.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 2870.00 | 2925.00 |
| 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))..... ▶ | 2870.00 | 2925.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 2870.00 | 2925.00 |

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 | 2706.85 | 2839.76 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 2706.85 | 2839.76 |
| 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 (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 50.00 |
| 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) 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)) .. | 2706.85 | 2889.76 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 2706.85 | 2889.76 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) | 2870.00 | 2925.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 2870.00 | 2925.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 2706.85 | 2839.76 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 2706.85 | 2839.76 |

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

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

FOR LINE NUMBER: PAGE 6 OF 13
(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)
Move On Up.org Pac

Full Name (Last, First, Middle Initial)
A. The TeaParty.Net Leadership Fund

Mailing Address 717 KING STREETSUITE 300

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00520825

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2580.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 09 / 2013
Transaction ID : SA11C.4747

Amount of Each Receipt this Period
2580.00

Get out the vote

Full Name (Last, First, Middle Initial)
B.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2580.00 |
| TOTAL This Period (last page this line number only).....▶ | 2580.00 |

**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 |

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)
Move On Up.org Pac

Full Name (Last, First, Middle Initial)

A. Jamil Ashley

Mailing Address 5050 N Sheridan Rd
Apt 402

City Chicago State IL Zip Code 60640

Purpose of Disbursement
Event Food

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 08 / 2013

Transaction ID : SB21B.4755

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

B. Kenn Blanchard

Mailing Address 14713 Kent Dr

City Upper Marlboro State MD Zip Code 20772

Purpose of Disbursement
Speaker fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 08 / 2013

Transaction ID : SB21B.4749

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. K Puckett Youth Center

Mailing Address 7362 S Coles Ave @nd

City Chicago State IL Zip Code 60649

Purpose of Disbursement
Bus Rental

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 08 / 2013

Transaction ID : SB21B.4753

Amount of Each Disbursement this Period

300.00

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

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

2100.00

2100.00

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Move On Up.org Pac** Transaction ID : **SC/10.4581**

| | |
|--|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Christopher Arps | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address PO Box 46821 | |
| City St Louis State MO ZIP Code 63146 | |

| | | |
|---|--|---|
| Original Amount of Loan <input type="text" value="3409.13"/> | Cumulative Payment To Date <input type="text" value="1200.00"/> | Balance Outstanding at Close of This Period <input type="text" value="2209.13"/> |
|---|--|---|

TERMS

| | | | |
|--|--|---|---|
| Date Incurred MM / DD / YYYY <input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2011"/> | Date Due MM / DD / YYYY <input type="text"/> / <input type="text"/> / <input type="text"/> | Interest Rate <input type="text"/> % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|--|---|---|

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

| | |
|--|---|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|---|--------------------------------------|
| SUBTOTALS This Period This Page (optional).....▶ | <input type="text" value="2209.13"/> |
| TOTALS This Period (last page in this line only).....▶ | <input type="text"/> |

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.4581

(Current loan amount of 500.00 from a balance of 2559.13 has been forgiven)(A previous settlement amount of 500.00 has been rescinded)

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Move On Up.org Pac** Transaction ID : SC/10.4606

| | |
|--|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Rebecca L Davidson | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address PO Box 46821 | |
| City St Louis State MO ZIP Code 63146 | |

| | | |
|--|---|--|
| Original Amount of Loan <input type="text" value="350.00"/> | Cumulative Payment To Date <input type="text" value="0.00"/> | Balance Outstanding at Close of This Period <input type="text" value="350.00"/> |
|--|---|--|

TERMS

Date Incurred: / / Date Due: / / Interest Rate: % (apr) Secured: Yes No

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

| | |
|--|---|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|---|--------------------------------------|
| SUBTOTALS This Period This Page (optional).....▶ | <input type="text" value="350.00"/> |
| TOTALS This Period (last page in this line only).....▶ | <input type="text" value="2559.13"/> |

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

: 97 `A -G7 9 @ @ B9 CI G`H9 LH`F9 @ H98 `HC `5 `F9 DCFH`ZG7 <98 I @ `CF `H9 A -N5 H-CB

Form/Schedule: SC/10

Transaction ID : SC/10.4606

(Current loan amount of 100.00 from a balance of 350.00 has been forgiven)(A previous settlement amount of 100.00 has been rescinded)

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 12 OF 13 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
Move On Up.org Pac

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Geneva Smith | Nature of Debt (Purpose): Event planning services |
| Mailing Address 3948 Brittany Circle # D | |
| City State Zip Code Bridgeton MO 63044 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="5424.00"/> | Transaction ID : SD10.4437 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="150.00"/> | Outstanding Balance at Close of This Period <input type="text" value="5274.00"/> |

| | |
|--|---------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor | Nature of Debt (Purpose): |
| Mailing Address | |
| City State Zip Code | |

| | | | |
|---|---|---|---|
| Outstanding Balance Beginning This Period <input type="text"/> | Amount Incurred This Period <input type="text"/> | Payment This Period <input type="text"/> | Outstanding Balance at Close of This Period <input type="text"/> |
|---|---|---|---|

| | |
|--|---------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor | Nature of Debt (Purpose): |
| Mailing Address | |
| City State Zip Code | |

| | | | |
|---|---|---|---|
| Outstanding Balance Beginning This Period <input type="text"/> | Amount Incurred This Period <input type="text"/> | Payment This Period <input type="text"/> | Outstanding Balance at Close of This Period <input type="text"/> |
|---|---|---|---|

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | <input type="text" value="5274.00"/> |
| 2) TOTALS This Period (last page this line number only)..... ▶ | <input type="text" value="5274.00"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | <input type="text" value="2559.13"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text" value="7833.13"/> |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.4437

(Current loan amount of 676.00 from a balance of 6100.00 has been forgiven)(A previous settlement amount of 676.00 has been rescinded)

Form/Schedule:

Transaction ID: