

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.
MOTOR CITY PAC

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** **CITY** **STATE** **ZIP CODE**
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 / / in the State of
(d) 30-Day **POST-Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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 Reva Smith

Signature of Treasurer Reva Smith [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

MOTOR CITY 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"/> | | 17300.41 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 17959.52 | |
| (c) Total Receipts (from Line 19) | 22500.00 | 42500.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 40459.52 | 59800.41 |
| 7. Total Disbursements (from Line 31)..... | 10067.12 | 29408.01 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 30392.40 | 30392.40 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY 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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

MOTOR CITY PAC

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

| 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 | 0.00 | 0.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 22500.00 | 42500.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 22500.00 | 42500.00 |
| 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))..... ▶ | 22500.00 | 42500.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 22500.00 | 42500.00 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| 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 | 5567.12 | 19908.01 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 5567.12 | 19908.01 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 3500.00 | 8500.00 |
| 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 | 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 | 1000.00 | 1000.00 |
| 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)) .. | 10067.12 | 29408.01 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 10067.12 | 29408.01 |

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) | 22500.00 | 42500.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 22500.00 | 42500.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 5567.12 | 19908.01 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 5567.12 | 19908.01 |

**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 6 OF 12 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" 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 |

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)
MOTOR CITY PAC

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION | | Date of Receipt M M / D D / Y Y Y Y Y 06 / 24 / 2013 Transaction ID : SA11C.4347 |
| Mailing Address 601 PENNSYLVANIA AVENUE, NW SOUTH BUILDING, SUITE 600 | | Amount of Each Receipt this Period 5000.00 |
| City WASHINGTON State DC Zip Code 20004 | | |
| FEC ID number of contributing federal political committee. C C00007880 | Name of Employer Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. DTE ENERGY CO. PAC - FEDERAL | | Date of Receipt M M / D D / Y Y Y Y Y 06 / 26 / 2013 Transaction ID : SA11C.4348 |
| Mailing Address ONE ENERGY PLAZA ROOM 1583 WCB | | Amount of Each Receipt this Period 5000.00 |
| City DETROIT State MI Zip Code 48226 | | |
| FEC ID number of contributing federal political committee. C C00081547 | Name of Employer Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. FORD MOTOR COMPANY CIVIC ACTION FUND | | Date of Receipt M M / D D / Y Y Y Y Y 06 / 26 / 2013 Transaction ID : SA11C.4351 |
| Mailing Address P.O. BOX 75000, PAC SVS MC 2250 | | Amount of Each Receipt this Period 2500.00 |
| City DETROIT State MI Zip Code 48275 | | |
| FEC ID number of contributing federal political committee. C C00046474 | Name of Employer Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2500.00 | |

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 12500.00 |
| 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 OF 12 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" 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 |

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NAME OF COMMITTEE (In Full)
MOTOR CITY PAC

A. Full Name (Last, First, Middle Initial)
INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE (INSURP)

Mailing Address 412 FIRST STREET, SE, SUITE 300

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| WASHINGTON | DC | 20003 |

FEC ID number of contributing federal political committee. **C** C00022343

| | |
|------------------|------------|
| Name of Employer | Occupation |
| | |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06 | / | 26 | / | 2013 |

Transaction ID : SA11C.4349

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE

Mailing Address 430 NORTH MICHIGAN AVENUE

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| CHICAGO | IL | 60611 |

FEC ID number of contributing federal political committee. **C** C00030718

| | |
|------------------|------------|
| Name of Employer | Occupation |
| | |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06 | / | 04 | / | 2013 |

Transaction ID : SA11C.4345

Amount of Each Receipt this Period
5000.00

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

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 |
| | / | | / | |

Amount of Each Receipt this Period

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 10000.00 |
| TOTAL This Period (last page this line number only).....▶ | 22500.00 |

**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)
MOTOR CITY PAC

Full Name (Last, First, Middle Initial)

A. Atheneum Suite Hotel

Mailing Address 1000 Brush Street

City Detroit State MI Zip Code 48226

Purpose of Disbursement
Travel Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2013

Transaction ID : SB21B.4356

Amount of Each Disbursement this Period

777.40

Category/
Type

Full Name (Last, First, Middle Initial)

B. Whitney W. Burns

Mailing Address P.O. Box 1174

City Springfield State VA Zip Code 22151

Purpose of Disbursement
Financial Compliance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2013

Transaction ID : SB21B.4354

Amount of Each Disbursement this Period

500.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Delaware North Company Sportservice

Mailing Address 301 S. Center Street

City Northville State MI Zip Code 48167

Purpose of Disbursement
Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2013

Transaction ID : SB21B.4369

Amount of Each Disbursement this Period

803.21

Category/
Type

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

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

2080.61

**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)
MOTOR CITY PAC

Full Name (Last, First, Middle Initial)

A. Allison Griner

Mailing Address 410 1st Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Fundraising Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2013

Transaction ID : SB21B.4353

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Henry Ford Museum

Mailing Address 20900 Oakwood Blvd.

City Dearborn State MI Zip Code 48124

Purpose of Disbursement
Facility Rental

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2013

Transaction ID : SB21B.4363

Amount of Each Disbursement this Period

1079.50

Full Name (Last, First, Middle Initial)

C. Jimmy Johns

Mailing Address 1101 14th Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Food and Beverage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 19 / 2013

Transaction ID : SB21B.4362

Amount of Each Disbursement this Period

335.15

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

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

2414.65

**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)
MOTOR CITY PAC

Full Name (Last, First, Middle Initial)

A. London Chop House

Mailing Address 155 W. Congress Street

City Detroit State MI Zip Code 48226

Purpose of Disbursement
Catering

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2013

Transaction ID : SB21B.4365

Amount of Each Disbursement this Period

651.78

Full Name (Last, First, Middle Initial)

B. Oakland County Democratic Party

Mailing Address 515 South Lafayette Avenue

City Royal Oak State MI Zip Code 48067

Purpose of Disbursement
Office Rent

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2013

Transaction ID : SB21B.4355

Amount of Each Disbursement this Period

300.00

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

951.78

5447.04

**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 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)
MOTOR CITY PAC

Full Name (Last, First, Middle Initial)

A. BRALEY FOR IOWA

Mailing Address PO BOX 856

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement
Contribution

Candidate Name
BRUCE L BRALEY

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify) ▼
 State: IA District: 00

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 | | 2 | 7 | | 2 | 0 | 1 | 3 | | |

Transaction ID : SB23.4375

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. SCHNEIDER FOR CONGRESS

Mailing Address PO BOX 1318

City DEERFIELD State IL Zip Code 60015

Purpose of Disbursement
Contribution

Candidate Name
BRADLEY SCOTT SCHNEIDER

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify) ▼
 State: IL District: 10

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 | | 2 | 7 | | 2 | 0 | 1 | 3 | | |

Transaction ID : SB23.4376

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

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 | Y | Y |
| | | | | | | | | | | | |

Amount of Each Disbursement this Period

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

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

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 3 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| 3 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

**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 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
MOTOR CITY PAC

Full Name (Last, First, Middle Initial)

A. Black United Fund of Michigan

Mailing Address 2187 W. Grand Blvd.

City Detroit State MI Zip Code 48208

Purpose of Disbursement
Donation

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 17 / 2013

Transaction ID : SB29.4358

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

1000.00

1000.00