

**Political Organization
Report of Contributions and Expenditures**

OMB No 1545-1696

▶ See Separate instructions.

A For the period beginning **April 1**, 20 **13** and ending **June 30**, 20 **13**

B Check applicable boxes Initial report Change of address Amended report Final report

1 Name of organization **Aspire Michigan** **Employer identification number** **45:2247452**

2 Mailing address (P O Box or number, street, and room or suite number)
3279 McKinley Road
City or town, state, and ZIP code
China, MI 48054

3 E-mail address of organization **4** Date organization was formed
10/14/10

5a Name of custodian of records **5b** Custodian's address
Mike Gilleran **3279 McKinley Road**
China, MI 48054-1107

6a Name of contact person **6b** Contact person's address
Mike Gilleran **3279 McKinley Road**
China, MI 48054-1107

7 Business address of organization (if different from mailing address shown above) Number, street, and room or suite number
City or town, state, and ZIP code

8 Type of report (check only one box)

a First quarterly report (due by April 15)

b Second quarterly report (due by July 15)

c Third quarterly report (due by October 15)

d Year-end report (due by January 31)

e Mid-year report (Non-election year only-due by July 31)

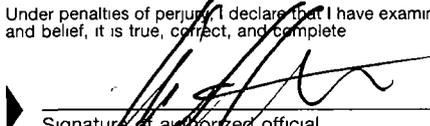
f Monthly report for the month of: **RECEIVED**
(due by the 20th day following the month shown above, except the December report, which is due by January 31) **JUL 08 2013**

g Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election **L**
(2) Date of election: **JULY 08, 2013**
(3) For the state of **UT**

h Post-general election report (due by the 30th day after general election)
(1) Date of election _____
(2) For the state of _____

9 Total amount of reported contributions (total from all attached Schedules A)	9	
10 Total amount of reported expenditures (total from all attached Schedules B)	10	2,600

Sign Here Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete

Signature of authorized official  Date **7/2/13**

SCANNED JUN 30 2013

Schedule B Itemized Expenditures Schedule B page 1 of 2

Name of organization: **Aspire Michigan** Employer identification number: **45:2247452**

Recipient's name, mailing address and ZIP code Blue Water Young Professionals 313 1/2 Huron Ave, Suite 203 Port Huron, MI 48060	Name of recipient's employer	Amount of expenditure
	Recipient's occupation	Date of expenditure
		\$ 500
		4/09/13

Purpose of expenditure
Charitable

Recipient's name, mailing address and ZIP code Capac Community School District 403 North Glassford St Capac, MI 48014	Name of recipient's employer	Amount of expenditure
	Recipient's occupation	Date of expenditure
		\$ 200
		4/22/13

Purpose of expenditure
Charitable

Recipient's name, mailing address and ZIP code Blue Water Branch of Quality Deer Management 5815 Sanjuan Drive Fort Gratiot, MI 48059	Name of recipient's employer	Amount of expenditure
	Recipient's occupation	Date of expenditure
		\$ 250
		5/17/13

Purpose of expenditure
Charitable

Recipient's name, mailing address and ZIP code Boats 4 Vets 2112 Howe Road Burton, MI 48519	Name of recipient's employer	Amount of expenditure
	Recipient's occupation	Date of expenditure
		\$ 100
		5/07/13

Purpose of expenditure
Charitable

Recipient's name, mailing address and ZIP code Masadda 5250-B Northland Drive, Suite D Grand Rapids, MI 49525	Name of recipient's employer	Amount of expenditure
	Recipient's occupation	Date of expenditure
		\$ 1,200
		5/23/13

Purpose of expenditure
Charitable

Recipient's name, mailing address and ZIP code Student Statesmanship Institute 3721 W Michigan Ave, Suite 204 Lansing, MI 48917	Name of recipient's employer	Amount of expenditure
	Recipient's occupation	Date of expenditure
		\$ 100
		6/11/13

Purpose of expenditure
Charitable

Subtotal of expenditures reported on this page only Enter here and also include this amount in the total on line 10 of Form 8872 **\$ 2,350**



Schedule B Itemized Expenditures Schedule B page **2** of **2**

Name of organization: **Aspire Michigan** Employer identification number: **452247452**

Recipient's name, mailing address and ZIP code United Way of St Clair County 1723 Military St Port Huron, MI 48060	Name of recipient's employer Recipient's occupation	Amount of expenditure \$ 250 Date of expenditure 6/28/13
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Purpose of expenditure
Charitable

Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of expenditure \$ Date of expenditure
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Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of expenditure \$ Date of expenditure
--	--	---

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of expenditure \$ Date of expenditure
--	--	---

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of expenditure \$ Date of expenditure
--	--	---

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of expenditure \$ Date of expenditure
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Purpose of expenditure

Subtotal of expenditures reported on this page only Enter here and also include this amount in the total on line 10 of Form 8872 **\$ 250**