

1. Type of Report: Initial Pre-Election Final Quarterly Update: Apr 10 Jul 10 Oct 10 Jan 10
 2. Name of Candidate or Committee: Last Name, First Name, Middle Initial Mr. () Mrs. () Ms. ()

The Commonwealth PAC

3. Mailing Address: PO Box 1780
 City: Birmingham State: MI
 Zip: 48012 Phone: 248-227-1765

4. Position Sought: NA
 5. Date of Election: (mo/day/year) 110204
 6. County of Residence: NA

7. Agency: NA

8. Type of Election: Primary Runoff General Special Convention/Caucus

9. If filing fee was paid from personal funds and will be the only expense, enter amount of filing fee \$ _____. If you receive any funds or make any other expenditures, you must open a separate campaign account. If you entered the amount, stop here -- sign, date, and mail this page and page 1 only at least fifteen (15) days before the election.

10. CONTRIBUTIONS (Check if none)	Unitemized (\$100 or less)	Itemized (over \$100)	This Period This Period	TOTAL Election Cycle
A. Candidates: Personal Funds	\$ NA	\$ NA	\$ NA	\$ NA
B. Individual Contributions or	(+) \$ 50.00	(+) \$ 10,500	(+) \$ 10,550	(+) \$ 10,550
C. In-Kind Contributions	(+) 0	(+) 0	(+) 0	(+) 0
D. Total Contributions	(=) \$ 50.00	(=) \$ 10,500	(=) \$ 10,550	(=) \$ 10,550

11. EXPENDITURES	Total (This Period)	Total (Election Cycle)	12. BALANCE OF CONTRIBUTIONS
A. In-Kind Expenditures	\$ 0	\$ 0	A. Contrib. On Hand (Beginning this Period) \$ 0
B. Expenditures	(+) \$ 61.85	(+) \$ 61.85	B. Total Contributions (This Period) (10 D.) (+) \$ 10,550.00
C. Total Expenditures (=)	(=) \$ 61.85	(=) \$ 61.85	C. Total Expenditures (This Period) (11. C) (-) \$ 61.85
			D. Contrib. On Hand (Period End) (=) \$ 10,438.15

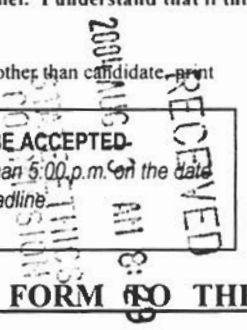
13. LOANS
 Amounts Owed by the Candidate/Committee NA (Must be Itemized in Section C)

CERTIFICATION: I certify that the contents of this statement are true, correct, and complete to the best of my knowledge and belief. I understand that if this statement is not received within five (5) days of the deadline, a late filing penalty of \$100 per day WILL be levied.

Date: 8-12-04 Signature: Trent Wisecup
 name: Trent Wisecup If other than candidate, print

FOR OFFICE USE ONLY:
 Complete Incomplete
 Entered Scanned
 SEP 01 2004
 FAXED COPIES WILL NOT BE ACCEPTED.
 The original must be received no later than 5:00 p.m. on the date of the established deadline.

NOTE: PLEASE PROVIDE ONE ORIGINAL AND ONE COPY OF THIS FORM TO THE APPROPRIATE SUPERVISORY OFFICE, AND KEEP A COPY FOR YOURSELF.



Name: The Commonwealth PAC

3
ITEMIZED CONTRIBUTIONS

DATE	FULL NAME AND FULL ADDRESS OF INDIVIDUAL OR GROUP MAKING CONTRIBUTION	CONTRIBUTIONS THIS PERIOD	CONTRIBUTIONS TO DATE
8-6-04	Robert White 23 Chadwick Rd.; Weston, MA 02493	\$ 3,500	\$ 3,500
8-6-04	Darrell Crate 890 Hale Street; Beverly, MA 01915	\$ 3,500	\$ 3,500
8-11-04	Seth Brennan 5 Charles River Square; Boston, MA 02114	\$ 3,500	\$ 3,500

TOTAL (Must equal amount reported in Number 10 D. Itemized)

B. ITEMIZED EXPENDITURES

DATE	FULL NAME AND FULL ADDRESS OF VENDOR OR CANDIDATE TO WHOM EXPENDITURE WAS MADE	DESCRIPTION OF EXPENDITURE	AMOUNT THIS PERIOD
7-7-04	Cingular Wireless P.O. Box 6416 Carol Stream, IL 60197	Cell Phone	\$ 26.50
7-12-04	Comerica Bank 1712 W. Maple; Birmingham, MI 48009	Check Costs	\$ 12.64 \$ 12.64
8-11-04	Cingular Wireless P.O. Box 6416 Carol Stream, IL 60197	Cell Phone	\$ 22.71

TOTAL (Must equal amount reported in Number 11 C. This Period)