

1. Type of Report: Initial Final Quarterly Update: Apr 10 Jul 10 Oct 10 Jan 10

2. Name of Committee:

The Commonwealth DAC

3. Mailing Address: PO Box 1780

City: Birmingham State: MI

Zip: 48012 Phone: 248-227-1765

4. County:

5. CONTRIBUTIONS (Check if none _____)	Unitemized (\$100.00 or less)	Itemized (over \$100.00)	TOTAL	
			This Period	Election Cycle
A. Individual Contributions or other	(+) 0	(+) 5,780	(+) 5,780	(+) 5,780
B. In-Kind Contributions (Must equal 6A)	(+) 0	(+) 0	(+) 0	(+) 0
C. Total Contributions	(=) 0	(=) 5,780	(=) 5,780	(=) 5,780

6. EXPENDITURES	Total (This Period)	Total (Election Cycle)	7. BALANCE OF CONTRIBUTIONS
A. In-Kind Expenditures (Must equal 5B)	\$ 0	\$ 0	A. Contrib. On Hand (Beginning this Period) \$ 7,737.57
B. Expenditures	(+) 3,887.33	(+) 3,887.33	B. Total Contributions (This Period) (5C.) (+) 5,780
C. Total Expenditures (=)	(=) 3,887.33	(=) 3,887.33	C. Total Expenditures (This Period) (6C.) (-) 3,887.33
			D. Contrib. On Hand (Period End) (=) 9,630.24

8. LOANS
 Amounts owed by the Committee _____ (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 \$100.00 per day WILL be levied.

Date: 4-10-05 Signature: *Trent Wiselup* Chair or Treasurer
 Print Name: Trent Wiselup

FOR OFFICE USE ONLY: <input type="checkbox"/> Complete _____ <input type="checkbox"/> Incomplete <input type="checkbox"/> Entered _____ <input type="checkbox"/> Scanned	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.
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NOTE: PLEASE PROVIDE ONE ORIGINAL AND ONE COPY OF THIS FORM TO THE APPROPRIATE SUPERVISORY OFFICE, AND KEEP A COPY FOR YOURSELF.

F4A.3

Committee Name: the Commonwealth PAC

A. ITEMIZED CONTRIBUTIONS

DATE	FULL NAME, FULL ADDRESS, AND OCCUPATION OF INDIVIDUAL CONTRIBUTOR(S) OR FULL NAME AND FULL ADDRESS OF GROUP MAKING CONTRIBUTION	CONTRIBUTIONS THIS PERIOD	CONTRIBUTIONS TO DATE
1-5-05	John Kingston 16 Chestnut St., Manchester, MA 01890	\$ 2,280	\$ 2,280
1-10-05	Herb Collins 15 Clarendon St. Gloucester, MA 01930	\$ 3,500	\$ 3,500

TOTAL (Must equal amount reported in Number 5C. 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
see Attachment			

TOTAL (Must equal amount reported in Number 6C. This Period)

E4A.3**ITEMIZED EXPENDITURES**

Date	Name & Address	Description of Expenditure	Amount This Period
1-5-05	Bob Walker for House P.O. Box 367 Landrum, SC 29651	Political Contribution	\$500
1-5-05	Joe Mahaffey for House 220 Bennetts Bridge Greer, SC 29651	Political Contribution	\$500
1-5-05	Doug Smith for House P.O. Drawer 5587 Spartanburg, SC 29304	Political Contribution	\$1,000
2-3-05	Ralph Davenport for House 105 Ashland Terrace Boiling Springs, SC	Political Contribution	\$500
2-7-05	Northwest Airlines 7500 Airline Drive Minneapolis, MN 55450	Airfare	\$487.90
2-7-05	McNair Travel 1215 17 th Street, NW Washington, DC 20036	Travel Agent Fee	\$35
2-22-05	Radisson Hotel 9027 Forest Rd. Spartanburg, SC 29301	Hotel	\$147.40
2-21-05	IHOP 8135 Greenville Highway Spartanburg, SC 29301	Meal Expense	\$11.06
2-22-05	Thrifty Car Rental 2000 GSP Drive Greer, SC 29650	Rental Car	\$111.73
3-13-05	Cingular Wireless P.O. Box 6416 Carol Stream, IL 60197	Cell Phone	\$94.24
3-18-05	Horry County Republicans 3803 Myrtle Beach Drive Myrtle Beach, SC 29577	Political Contribution	\$500