REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

5/1/96 through 5/31/96

JUN 11

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
UAW V-CAP

ADDRESS (number and street) ☐ Check if different than previously reported
8000 East Jefferson

CITY, STATE and ZIP CODE
Detroit, Michigan 48214

2. FEC IDENTIFICATION NUMBER
C 0000 2840

3. [X] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
Prior to 1/1/94.

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:

☐ February 20	[X] June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 5/1/96 through 5/31/96		
6. (a) Cash on Hand January 1, 19 96		$ 4,597,787.31
(b) Cash on Hand at Beginning of Reporting Period	$ 4,766,159.87	
(c) Total Receipts (from Line 19)	$ 200,189.35	$ 919,086.09
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 4,966,349.22	$ 5,516,873.40
7. Total Disbursements (from Line 30)	$ 167,427.51	$ 717,951.69
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 4,798,921.71	$ 4,798,921.71
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
ROY D. WYSE, TREASURER

Signature of Treasurer
Roy D Wyse

Date
6/12/96

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

FEC FORM 3X
(revised 9/93)

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DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: UAW V-CAP

REPORT COVERING PERIOD FROM 5/1/96 TO: 5/31/96

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)		
ii. Unitemized	195,579.80	862,966.25
iii. Total (add i and ii) ➤	195,579.80	862,966.25
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	195,579.80	862,966.25
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	4,609.55	56,119.84
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	200,189.35	919,086.09
20. Total Federal Receipts (subtract line 18 from line 19) ➤	200,189.35	919,086.09
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	20,427.51	49,651.69
c. Total Operating Expenditures (add a i, a ii, and b) ➤	20,427.51	49,651.69
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	147,000.00	666,300.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤		
29. Other Disbursements	0.00	2,000.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	167,427.51	717,951.69
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	167,427.51	717,951.69
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	195,579.80	
33. Total Contribution Refunds (from line 28d)	0.00	
34. Net Contributions (other than loans)(subtract line 33 from 32)	195,579.80	
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	20,427.51	
36. Offsets to Operating Expenditures (from line 15)	0.00	
37. Net Operating Expenditures (subtract line 36 from 35) ➤	20,427.51	

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SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 17(a)

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NAME OF COMMITTEE (In Full)

UAW V-CAP

A. Full Name, Mailing Address and ZIP Code National Bank of Detroit P.O. Box 206A Detroit, MI 48232 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer 5/96 interest earned on checking account Occupation Aggregate Year-to-Date $	Date (month, day, year) 6/31/96	Amount of Each Receipt this Period 4,609.55
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	4,609.55

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2

FOR LINE NUMBER 21(b)

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NAME OF COMMITTEE (In Full)

UAW V-CAP

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Clarence H. Johnson, P.C. Certified Public Accountants 705 S. Woodward Avenue, P.O. Box 427 Royal Oak, MI 48068-0427	1995 audit	5/1/96	2,388.00
Swift Printing Company, Inc. 404 Bridge Street, NW Grand Rapids, MI 49504	Printing of Region 1D V-CAP Raffle Tickets	5/3/96	3,434.40
Tigereye Design 11198 SR 185 Versailles, OH 45380	V-CAP Pins	5/7/96	8,112.50
The Keystone Press, Inc. 1801 Broadway P.O. Box 4343 Toledo, OH 43609-0343	Printing of Region 2B V-CAP Raffle Tickets	5/9/96	430.31
Swift Printing Company, Inc. 404 Bridge Street, NW Grand Rapids, MI 49504	Printing of Region 1D Local Union Report Forms for Dollar Drive Tickets	5/9/96	355.10
The Keystone Press, Inc. 1801 Broadway P.O. Box 4343 Toledo, OH 43609-0343	Printing of Region 2B V-CAP Raffle Tickets	5/9/96	1,734.00
Tigereye Design 11198 SR 185 Versailles, OH 45380	V-CAP Pins	5/10/96	839.60
Tigereye Design 11198 SR 185 Versailles, OH 45380	V-CAP Pins	5/17/96	400.07
Tigereye Design 11198 SR 185 Versailles, OH 45380	V-CAP Pins	5/17/96	268.03

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

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 21(b)

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NAME OF COMMITTEE (In Full)

UAW V-CAP

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tigereye Design 11198 SR 185 Versailles, OH 45380	V-CAP Pins Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/28/96	1,865.50
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

TOTAL This Period (last page this line number only) 20,427.51

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ALABAMA ONLY

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23(b)

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NAME OF COMMITTEE (In Full)

UAH F-CAP

A. Full Name, Mailing Address and ZIP Code Bedford for U. S. Senate 2361 Fairlane Drive, Suite N 320 Montgomery, AL 36116	Purpose of Disbursement Roger Bedford U. S. Senate--Alabama Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 5/3/96	Amount of Each Disbursement This Period 5,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Bud Cramer 38 Ivy Street, S.E. Washington, DC 20003	Purpose of Disbursement Bud Cramer 5th C.D.--Alabama Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 5/17/96	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Gaines in Congress '96 P.O. Box 432 Daleville, AL 36322	Purpose of Disbursement Robert (Bob) Gaines 2nd C.D.--Alabama Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 5/17/96	Amount of Each Disbursement This Period 1,500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

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CALIFORNIA ONLY

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 24

FOR LINE NUMBER 23(b)

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NAME OF COMMITTEE (In Full)

UAW V-CAP

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Woolsey for Congress Committee P.O. Box 15416 Washington, DC 20003	Lynn Woolsey 6th C.D.--California Disbursement for: [ ] Primary [X] General [ ] Other (specify)	5/3/96	500.00
B. Friends of Farr Committee 635-B Pennsylvania Ave., S.E. Washington, DC 20003	Sam Farr 17th C.D.--California Disbursement for: [ ] Primary [X] General [ ] Other (specify)	5/17/96	500.00
C. Friends of George Brown 1560 Wilson Blvd., Suite 902 Arlington, VA 22209	George Brown 42nd C.D.--California Disbursement for: [ ] Primary [X] General [ ] Other (specify)	5/17/96	500.00
D. Victory USA P.O. Box 990 Washington, DC 20044-0990	Vic Fazio 3rd C.D.--California Disbursement for: [ ] Primary [X] General [ ] Other (specify)	5/17/96	5,000.00
E. Lucille Roybal-Allard for Congress 5501 Cherokee Avenue, Suite 112 Alexandria, VA 22312	Lucille Roybal-Allard 33rd C.D.--California Disbursement for: [ ] Primary [X] General [ ] Other (specify)	5/28/96	500.00
F. Tom Lantos for Congress 7713 Falstaff Court McLean, VA 22102	Tom Lantos 12th C.D.--California Disbursement for: [ ] Primary [X] General [ ] Other (specify)	5/28/96	500.00
G.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

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FLORIDA ONLY

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23(b)

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NAME OF COMMITTEE (In Full)

NW Y-CMP

A. Full Name, Mailing Address and ZIP Code Peter Deutsch for Congress P.O. Box 817689 Hollywood, FL 33081	Purpose of Disbursement Peter Deutsch 20th C.D.--Florida Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 5/3/96	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

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GEORGIA ONLY

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23(b)

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NAME OF COMMITTEE (In Full)

UAW V-CAP

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Max Cleland P.O. Box 7843 Atlanta, GA 30357	Max Cleland U.S. Senate--Georgia Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/6/96	5,000.00
Cynthia McKinney for Congress P.O. Box 371125 2600 Rainbow Way Decatur, GA 30037	Cynthia McKinney 11th C.D.--Georgia Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/6/96	2,500.00
Friends of Ken Poston Committee P.O. Box 1996 Ringgold, GA 30736	McCracken "Ken" Poston 9th C.D.--Georgia Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/3/96	1,500.00
Bishop for Congress 421 New Jersey Avenue, S.E. Washington, DC 20003	Sanford Bishop 2nd C.D.--Georgia Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/17/96	500.00
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

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

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

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FEC Form 3X

ILLINOIS ONLY

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 5 OF 24
			FOR LINE NUMBER 23(b)

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NAME OF COMMITTEE (In Full)

UAW V-CAP

A. Full Name, Mailing Address and ZIP Code "Blagojevich for Congress" 3657 North Kedzie Chicago, IL 60618	Purpose of Disbursement Rod Blagojevich 5th C.D.--Illinois Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 5/9/96	Amount of Each Disbursement This Period 5,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Lane Evans Committee P.O. Box 5263 Rock Island, IL 61204	Purpose of Disbursement Lane Evans 17th C.D.--Illinois Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 5/9/96	Amount of Each Disbursement This Period 5,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23(b)

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NAME OF COMMITTEE (In Full)

UAW V-CAP

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MacDonald Smith for Congress P.O. Box 644 Sioux City, IA 51102	MacDonald Smith 5th C.D.--Iowa Disbursement for: [ ] Primary [x] General [ ] Other (specify)	5/28/96	5,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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KANSAS ONLY

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 7 OF 24 FOR LINE NUMBER 23(b)

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NAME OF COMMITTEE (In Full)

UAW V-CAP

A. Full Name, Mailing Address and ZIP Code Kansans for Rathbun P.O. Box 3454 Wichita, KS 67201	Purpose of Disbursement Randy Rathbun 4th C.D.--Kansas Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 5/6/96	Amount of Each Disbursement This Period 5,000.00
B. Full Name, Mailing Address and ZIP Code Sally Thompson for Senate Campaign P.O. Box 858 Topeka, KS 66601	Purpose of Disbursement Sally Thompson U. S. Senate--Kansas Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 5/6/96	Amount of Each Disbursement This Period 5,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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CHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)

UAW V-CAP

A. Full Name, Mailing Address and ZIP Code A Whole Lot of People for Dale McCormick P.O. Box 17796 Portland, ME 04112	Purpose of Disbursement Dale McCormick 1st C.D.--Maine Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 5/13/96	Amount of Each Disbursement This Period 5,000.00
B. Full Name, Mailing Address and ZIP Code John Baldacci for Congress '96 5501 Cherokee Avenue, Suite 112 Alexandria, VA 22312	Purpose of Disbursement John Baldacci 2nd C.D.--Maine Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 5/3/96	Amount of Each Disbursement This Period 1,500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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MARYLAND ONLY

HEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)

UAW V-CAP

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hoyer for Congress 7905 Malcolm Road -- Suite 102 Clinton, MD 20735	Steny Hoyer 5th C.D.--Maryland Disbursement for: [ ] Primary [X] General [ ] Other (specify)	5/28/96	5,000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ben Cardin for Congress 38 Ivy Street, SE Washington, DC 20003	Ben Cardin 3rd C.D.--Maryland Disbursement for: [ ] Primary [X] General [ ] Other (specify)	5/28/96	5,000.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

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MASSACHUSETTS ONLY

CHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

UAW V-CAP

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Citizens for Joe Kennedy 307 5th St., N.E., 2nd Floor Washington, DC 20002	Joe Kennedy 8th C.D.--Massachusetts Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/3/96	500.00
B. Tierney for Congress One Main Street Peabody, MA 01960	John Tierney 6th C.D.--Massachusetts Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/28/96	5,000.00
C. Delahunt for Congress 500 Victory Road Quincy, MA 02171	William Delahunt 10th C.D.--Massachusetts Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/28/96	5,000.00
D. McGovern for Congress P.O. Box 404 Worcester, MA 01606	Jim McGovern 3rd C.D.--Massachusetts Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/28/96	5,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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MINNESOTA ONLY

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

UAW V-CAP

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Volunteers for Vento 5422 Seminary Road Alexandria, VA 22311	Bruce Vento 4th C.D.--Minnesota Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/7/96	500.00
B. Peterson for Congress 501 Capitol Court, N.E., #200 Washington, DC 20002	Collin Peterson 7th C.D.--Minnesota Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/3/96	500.00
C. Sabo for Congress Volunteer Committee 644 North Carolina Ave., S.E. Washington, DC 20003	Martin Olav Sabo 5th C.D.--Minnesota Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/3/96	1,000.00
D.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

UAW V-CAP

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Friends of Bennie Thompson P.O. Box 100 Bolton, MS 39041	Bennie G. Thompson 2nd C.D.--Mississippi Disbursement for: Primary [X] General	5/9/95	4,500.00
B.	Purpose of Disbursement Disbursement for: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C.	Purpose of Disbursement Disbursement for: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D.	Purpose of Disbursement Disbursement for: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E.	Purpose of Disbursement Disbursement for: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F.	Purpose of Disbursement Disbursement for: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G.	Purpose of Disbursement Disbursement for: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H.	Purpose of Disbursement Disbursement for: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I.	Purpose of Disbursement Disbursement for: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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CHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

UAW V-CAP

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code D. C. Friends of "Bill" Clay P.O. Box 1830 Washington, DC 20013	William L. Clay 1st C.D.--Missouri Disbursement for: X Primary ___ General ___ Other (specify)	5/9/96	1,000.00
B. Full Name, Mailing Address and ZIP Code Joan Kelly Horn for Congress P.O. Box 1661 Manchester, MO 63011	Joan Kelly Horn 2nd C.D.--Missouri Disbursement for: X Primary ___ General ___ Other (specify)	5/6/96	5,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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NEBRASKA ONLY

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

UAW V-CAP

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Davis for Congress 980 S. 72nd St. Omaha, Nebraska 68114	James Davis 2nd C.D.--Nebraska Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/28/96	2,500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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NEW JERSEY ONLY

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)

WAW V-CAP

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lerner for Congress 600 South Avenue West Westfield, NJ 07090	Larry Lerner 7th C.D.--New Jersey Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/28/96	2,500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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NEW YORK ONLY

CHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

UAW V-CAP

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Engel for Congress 115 D Street, S.E., #102 Washington, DC 20003	Eliot Engel 17th C.D.--New York Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/9/96	500.00
B. Committee to Re-elect Ed Towns 188 Montague Street, Suite 800 Brooklyn, NY 11201	Edolphus Towns 10th C.D.--New York Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/3/96	2,500.00
C. Friends of Schumer 432 Park Avenue South, Suite 1206 New York, NY 10016	Charles Schumer 9th C.D.--New York Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/3/96	500.00
D. Friends of Maurice Hinchey 236 Massachusetts Ave., N.E., Suite 202 Washington, DC 20002	Maurice Hinchey 26th C.D.--New York Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/17/96	500.00
E. Friends of Major Owens P.O. Box 2265 Brooklyn, NY 11202	Major Owens 11th C.D.--New York Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/28/96	1,000.00
F. Friends of Schumer 432 Park Avenue South New York, NY 10016	Charles Schumer 9th C.D.--New York Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/28/96	4,500.00
G. Committee to Re-elect Nydia Velazquez to Congress 643 Carroll Street Brooklyn, NY 11215	Nydia Velazquez 12th C.D.--New York Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/28/96	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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NORTH CAROLINA ONLY

CHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

UAW V-CAP

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Melvin Watt for Congress P.O. Box 36831 Charlotte, NC 28236	Melvin Watt 12th C.D.--North Carolina Disbursement for: X Primary ___ General ___ Other (specify)	5/3/96	1,000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Clayton for Congress P.O. Box 479 Warrenton, NC 27589	Eva Clayton 1st C.D.--North Carolina Disbursement for: X Primary ___ General ___ Other (specify)	5/3/96	1,000.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Rose Marie Lowry Townsend for Congress Route 2, Box 248 Pembroke, NC 28372	Rose Marie Lowry Townsend 7th C.D.--North Carolina Disbursement for: X Primary ___ General ___ Other (specify)	5/3/96	5,000.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Bob Etheridge for Congress P.O. Drawer 1059 Lillington, NC 27546	Bob Etheridge 2nd C.D.--North Carolina Disbursement for: X Primary ___ General ___ Other (specify)	5/3/96	1,000.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Rose Marie Lowry Townsend for Congress Route 2, Box 248 Pembroke, NC 28372	Rose Marie Lowry Townsend 7th C.D.--North Carolina Disbursement for: ___ Primary ___ General X Other (specify) 6/4/96 Run-Off	5/17/96	5,000.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ___ Primary ___ General ___ Other (specify)		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ___ Primary ___ General ___ Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ___ Primary ___ General ___ Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ___ Primary ___ General ___ Other (specify)		

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

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OHIO ONLY

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23(b)

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NAME OF COMMITTEE (In Full)

UAW V-CAP

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Cynthia Ruccia for Congress Committee 1036 Grandon Avenue Columbus, OH 43209	Cynthia Ruccia 12th C.D.--Ohio Disbursement for: [ ] Primary [X] General [ ] Other (specify)	5/3/96	5,000.00
B.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
C.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
D.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

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OREGON ONLY

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 19 OF 24

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NAME OF COMMITTEE (In Full)

UAW V-CAP

A. Full Name, Mailing Address and ZIP Code Wyden for Senate 216 Maryland Ave., N.E., #205 Washington, DC 20002	Purpose of Disbursement Ron Wyden U. S. Senate--Oregon Disbursement for: ☐ Primary ☐ General ☒ Other (specify) '95 Primary Special Election Debt	Date (month, day, year) 5/28/96	Amount of Each Disbursement This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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RHODE ISLAND ONLY

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)

DAW Y-CAP

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code The Neygand Committee P.O. Box 28405 Providence, RI 02908	Robert A. Weygand 2nd C.D.--Rhode Island Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/13/96	5,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Patrick Kennedy Committee 635-B Pennsylvania Avenue Washington, DC 29993	Patrick Kennedy 1st C.D.--Rhode Island Disbursement for: [ ] Primary [X] General [ ] Other (specify)	5/17/96	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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SOUTH CAROLINA ONLY

SCHEDULE B

ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER 23(h)

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NAME OF COMMITTEE (In Full)

UAW V-CAP

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. John Spratt for Congress P.O. Box 2984 Washington, DC 20013	John Spratt 5th C.D.--South Carolina Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/3/96	500.00
B.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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UTAH ONLY

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23(b)

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NAME OF COMMITTEE (In Full)

UAW V-CAP

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Orton for Congress c/o Utah Democratic Party 455 So. 300 East #102 Salt Lake City, Utah 84111	Bill Orton 3rd C.D.--Utah Disbursement for: X Primary ☐ General ☐ Other (specify)	5/10/96	3,500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
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WASHINGTON ONLY

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)

MAN V-CAP

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Jim McDermott P.O. Box 75214 Washington, DC 20013-5214	Jim McDermott 7th C.D.--Washington Disbursement for: XX Primary ☐ General ☐ Other (specify)	5/28/96	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
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I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

UAW V-CAP

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Feingold Senate Committee P.O. Box 620062 Middleton, WI 53562-0062	Russ Feingold U. S. Senate--Wisconsin Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/14/96	3,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Soglin for Congress P.O. Box 1643 Madison, WI 53701-1643	Paul Soglin 2nd C.D.--Wisconsin Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/14/96	5,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

TOTAL This Period (last page this line number only) 147,000.00

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
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☐	Postmark Illegible	
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☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
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PREPARER: [illegible]

DATE PREPARED: 6-12-96

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