

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

ADDRESS (number and street) 8000 EAST JEFFERSON
Check if different than previously reported. (ACC) DETROIT MI 48214

2. **FEC IDENTIFICATION NUMBER** C00002840
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 Quarterly 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 (12G)
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 07 01 2005 through 12 31 2005

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 Elizabeth Bunn
Signature of Treasurer Electronically Filed by Elizabeth Bunn Date 12 14 2007

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**

Write or Type Committee Name

UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		9258308.30
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period	9779665.02									
(c) Total Receipts (from Line 19)	3202668.09	5565936.24								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	12982333.11	14824244.54								
7. Total Disbursements (from Line 31)	1780824.87	3622736.30								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11201508.24	11201508.24								
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

UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

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	72465.93	100959.43
(i) Itemized (use Schedule A)	2948321.82	5258748.02
(ii) Unitemized	3020787.75	5359707.45
(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)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	3020787.75	5359707.45
12. Transfers From Affiliated/Other Party Committees	150000.00	150000.00
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)	100.00	100.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	31780.34	56128.79
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 Transfer (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))	3202668.09	5565936.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3202668.09	5565936.24

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) Shared 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.....	395128.86	810044.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	395128.86	810044.01
22. Transfers to Affiliated/Other Party Committees.....	300000.00	1194832.17
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	372900.00	872950.00
24. Independent Expenditure (use Schedule E)	0.00	3361.46
25. Coordinated Expenditures Made by Party Committees (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.....	712796.01	741548.66
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	1780824.87	3622736.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	1780824.87	3622736.30

DETAILED SUMMARY PAGE
of Disbursements

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)	3020787.75	5359707.45
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3020787.75	5359707.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	395128.86	810044.01
37. Offsets to Operating Expenditures (from Line 15, page 3)	100.00	100.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	395028.86	809944.01

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. SHEILA ABRAHAM		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	9		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		1	9		2	0	0	5													
Mailing Address 1914 CONE ST		Transaction ID: SA11A1.49531																				
City TOLEDO	State OH	Zip Code 43606																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00																				
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00																					

Full Name (Last, First, Middle Initial) B. SHEILA ABRAHAM		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	7		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		0	7		2	0	0	5													
Mailing Address 1914 CONE ST		Transaction ID: SA11A1.53456																				
City TOLEDO	State OH	Zip Code 43606																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00																				
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00																					

Full Name (Last, First, Middle Initial) C. SHEILA ABRAHAM		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		1	8		2	0	0	5													
Mailing Address 1914 CONE ST		Transaction ID: SA11A1.58187																				
City TOLEDO	State OH	Zip Code 43606																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00																				
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00																					

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. SHEILA ABRAHAM		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 5	
Mailing Address 1914 CONE ST		Transaction ID: SA11A1.53457	
City State Zip Code TOLEDO OH 43606		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer ST VINCENT MERCY MEDICAL CEN		Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. SHEILA ABRAHAM		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 6 / 2 0 0 5	
Mailing Address 1914 CONE ST		Transaction ID: SA11A1.60557	
City State Zip Code TOLEDO OH 43606		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer ST VINCENT MERCY MEDICAL CEN		Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) C. CRAIG ADKINS		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 5	
Mailing Address 8115 JERICO RD		Transaction ID: SA11A1.49415	
City State Zip Code HICKSVILLE OH 43526-9303		Amount of Each Receipt this Period 28.85	
FEC ID number of contributing federal political committee. C			
Name of Employer METAL MANAGEMENT, INC		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 201.95	

SUBTOTAL of Receipts This Page (optional) ▶	78.85
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) CRAIG ADKINS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address 8115 JERICHO RD		Transaction ID: SA11A1.54580
City State Zip Code HICKSVILLE OH 43526-9303	Amount of Each Receipt this Period 23.08	
FEC ID number of contributing federal political committee. C		
Name of Employer METAL MANAGEMENT, INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.03	

B. Full Name (Last, First, Middle Initial) C Aikman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address 4205 BOWMAN SPRINGS RD		Transaction ID: SA11A1.49771
City State Zip Code ARLINGTON TX 76016-5020	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C		
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

C. Full Name (Last, First, Middle Initial) DENIESE ALEJANDRO		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 5
Mailing Address 196 N. CLAREMONT AVENUE		Transaction ID: SA11A1.51944
City State Zip Code SAN JOSE CA 95127	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer NEW UNITED MOTORS MFG	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	283.08
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. KENNETH ALEXANDER		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2005	
Mailing Address 6254 W. PEMBRIDGE		Transaction ID: SA11A1.58082	
City State Zip Code TOLEDO OH 43615		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation JOHNSON CONTROLS INC FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. S Anderson		Date of Receipt M M / D D / Y Y Y Y 10 / 18 / 2005	
Mailing Address 170 BARTON RT		Transaction ID: SA11A1.53201	
City State Zip Code MAYPEARL TX 76064		Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation VOUGHT AIRCRAFT COMPANY FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 216.00	

Full Name (Last, First, Middle Initial) C. EDWARD ANDRADE		Date of Receipt M M / D D / Y Y Y Y 12 / 13 / 2005	
Mailing Address 11013 LOCH VON DRIVE		Transaction ID: SA11A1.52382	
City State Zip Code WHITTIER CA 90606		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	660.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
MICHAEL D ASHTON

Mailing Address 107 W MONUMENT ST

City State Zip Code
PLEASANT HILL OH 45359-9639

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

Name of Employer Occupation
GOODRICH B F CO FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 201.95

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 5

Transaction ID: SA11A1.59570

Amount of Each Receipt this Period
23.08

B. Full Name (Last, First, Middle Initial)
BRIAN BABCOCK

Mailing Address 319 MICHIGAN ST.

City State Zip Code
PORTER IN 46304

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

Name of Employer Occupation
LEAR CORPORATION FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 5

Transaction ID: SA11A1.61129

Amount of Each Receipt this Period
100.00

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

Mailing Address 319 MICHIGAN ST.

City State Zip Code
PORTER IN 46304

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

Name of Employer Occupation
LEAR CORPORATION FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 1 / 2 0 0 5

Transaction ID: SA11A1.52780

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	173.08
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. BRIAN BABCOCK		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5	
Mailing Address 319 MICHIGAN ST.		Transaction ID: SA11A1.61130	
City PORTER	State IN	Zip Code 46304	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer LEAR CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. NICK L BADOLATO		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 5	
Mailing Address 9647 MICHELLE WAY		Transaction ID: SA11A1.54120	
City BUNKER HILL	State IL	Zip Code 62014-2720	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer LEAR CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) C. NICK L BADOLATO		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5	
Mailing Address 9647 MICHELLE WAY		Transaction ID: SA11A1.55361	
City BUNKER HILL	State IL	Zip Code 62014-2720	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			
Name of Employer LEAR CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	150.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. R Bailey		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address 426 ROUNDTOP BLVD		Transaction ID: SA11A1.58381
City State Zip Code DUNCANVILLE TX 75116-2662	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C		
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

Full Name (Last, First, Middle Initial) B. Scott Bailey		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 5
Mailing Address 5826 TELEGRAPH		Transaction ID: SA11A1.57429
City State Zip Code OAKLAND CA 94609	Amount of Each Receipt this Period 112.50	
FEC ID number of contributing federal political committee. C		
Name of Employer UNIVERSITY OF CALIFORNIA	Occupation CLERK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Scott Bailey		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 5
Mailing Address 5826 TELEGRAPH		Transaction ID: SA11A1.60939
City State Zip Code OAKLAND CA 94609	Amount of Each Receipt this Period 12.50	
FEC ID number of contributing federal political committee. C		
Name of Employer UNIVERSITY OF CALIFORNIA	Occupation CLERK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237.50	

SUBTOTAL of Receipts This Page (optional) ▶	185.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. Scott Bailey		Date of Receipt M M / D D / Y Y Y Y Y 09 / 22 / 2005
Mailing Address 5826 TELEGRAPH		Transaction ID: SA11A1.48550
City OAKLAND	State CA	Zip Code 94609
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer UNIVERSITY OF CALIFORNIA	Occupation CLERK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 287.50	

Full Name (Last, First, Middle Initial) B. ARLEN BANKS		Date of Receipt M M / D D / Y Y Y Y Y 09 / 22 / 2005
Mailing Address 14612 BAHAMA AVE		Transaction ID: SA11A1.57146
City COMPTON	State CA	Zip Code 90220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. KATHY BANKS JACKSON		Date of Receipt M M / D D / Y Y Y Y Y 09 / 22 / 2005
Mailing Address 1637 WINDSOR WAY		Transaction ID: SA11A1.52777
City UPLAND	State CA	Zip Code 91784
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	650.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. FREDERICK E BARNELL		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2005
Mailing Address 912 NORTHWEST 5TH ST.		Transaction ID: SA11A1.59719
City State Zip Code MOORE OK 73160	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. FREDERICK E BARNELL		Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2005
Mailing Address 912 NORTHWEST 5TH ST.		Transaction ID: SA11A1.52549
City State Zip Code MOORE OK 73160	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. KEVIN D BARNETT		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2005
Mailing Address 124 CRAVER LN		Transaction ID: SA11A1.61989
City State Zip Code TROUTMAN NC 28166-7713	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	350.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. MICHAEL BARNETTE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 5	
Mailing Address 338 STERLING LAKE DRIVE		Transaction ID: SA11A1.55249	
City State Zip Code OCOEE FL 34761-4015		Amount of Each Receipt this Period 175.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation LOCKHEED MARTIN FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. MICHAEL BARNETTE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5	
Mailing Address 338 STERLING LAKE DRIVE		Transaction ID: SA11A1.50231	
City State Zip Code OCOEE FL 34761-4015		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation LOCKHEED MARTIN FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) C. KARL D BARTLOW		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 5	
Mailing Address 3848 BEDFORD POINTE DR		Transaction ID: SA11A1.48764	
City State Zip Code WENTZVILLE MO 63385-2966		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation GENERAL MOTORS CORPORATION FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional) ▶	275.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. KARL D BARTLOW		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5	
Mailing Address 3848 BEDFORD POINTE DR		Transaction ID: SA11A1.55244	
City WENTZVILLE	State MO	Zip Code 63385-2966	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. CHRISTINA BAUCOM		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 5	
Mailing Address 1512 UPTON AVENUE		Transaction ID: SA11A1.55668	
City TOLEDO	State OH	Zip Code 43607-1769	Amount of Each Receipt this Period 24.00
FEC ID number of contributing federal political committee. C			
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00		

Full Name (Last, First, Middle Initial) C. CHRISTINA BAUCOM		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 5	
Mailing Address 1512 UPTON AVENUE		Transaction ID: SA11A1.61479	
City TOLEDO	State OH	Zip Code 43607-1769	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 241.00		

SUBTOTAL of Receipts This Page (optional) ▶	74.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. CHRISTINA BAUCOM		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 1512 UPTON AVENUE		Transaction ID: SA11A1.55669	
City State Zip Code TOLEDO OH 43607-1769	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00		

Full Name (Last, First, Middle Initial) B. CHRISTINA BAUCOM		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5	
Mailing Address 1512 UPTON AVENUE		Transaction ID: SA11A1.55670	
City State Zip Code TOLEDO OH 43607-1769	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.00		

Full Name (Last, First, Middle Initial) C. CHRISTINA BAUCOM		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 5	
Mailing Address 1512 UPTON AVENUE		Transaction ID: SA11A1.50673	
City State Zip Code TOLEDO OH 43607-1769	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 316.00		

SUBTOTAL of Receipts This Page (optional) ▶	75.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 425
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. GRAYDON BEARDON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 5	
Mailing Address PO BOX 456		Transaction ID: SA11A1.54773	
City WINCHESTER	State CA	Amount of Each Receipt this Period 300.00	
Zip Code 92596		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. PETER BEHRENSPRUNG		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 5	
Mailing Address 1628 MICHIGAN AVENUE		Transaction ID: SA11A1.60265	
City SHEBOYGAN	State WI	Amount of Each Receipt this Period 50.00	
Zip Code 53081-3273		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. PETER BEHRENSPRUNG		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 5	
Mailing Address 1628 MICHIGAN AVENUE		Transaction ID: SA11A1.54340	
City SHEBOYGAN	State WI	Amount of Each Receipt this Period 50.00	
Zip Code 53081-3273		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	400.00
TOTAL This Period (last page this line number only) ▶	400.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
 PETER BEHRENSPRUNG

Mailing Address 1628 MICHIGAN AVENUE

City State Zip Code
 SHEBOYGAN WI 53081-3273

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

Name of Employer Occupation
 KOHLER CO FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 0 6 / 2 0 0 5

Transaction ID: SA11A1.59065

Amount of Each Receipt this Period
 50.00

B. Full Name (Last, First, Middle Initial)
 PETER BEHRENSPRUNG

Mailing Address 1628 MICHIGAN AVENUE

City State Zip Code
 SHEBOYGAN WI 53081-3273

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

Name of Employer Occupation
 KOHLER CO FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 6 / 2 0 0 5

Transaction ID: SA11A1.56758

Amount of Each Receipt this Period
 50.00

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

Mailing Address 1628 MICHIGAN AVENUE

City State Zip Code
 SHEBOYGAN WI 53081-3273

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

Name of Employer Occupation
 KOHLER CO FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 1 / 2 0 0 5

Transaction ID: SA11A1.60266

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. PETER BEHRENSPRUNG		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 3 / 2 0 0 5	
Mailing Address 1628 MICHIGAN AVENUE		Transaction ID: SA11A1.49153	
City State Zip Code SHEBOYGAN WI 53081-3273	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer KOHLER CO	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. PETER BEHRENSPRUNG		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 5	
Mailing Address 1628 MICHIGAN AVENUE		Transaction ID: SA11A1.50568	
City State Zip Code SHEBOYGAN WI 53081-3273	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer KOHLER CO	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

Full Name (Last, First, Middle Initial) C. CLARENCE L BENTON		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 9 / 2 0 0 5	
Mailing Address 4526 REDSTONE CT		Transaction ID: SA11A1.52589	
City State Zip Code FORT WAYNE IN 46835-4273	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

SUBTOTAL of Receipts This Page (optional) ▶	115.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. CLARENCE L BENTON		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2005	
Mailing Address 4526 REDSTONE CT		Transaction ID: SA11A1.59758	
City FORT WAYNE	State IN	Amount of Each Receipt this Period 30.00	
Zip Code 46835-4273			
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

Full Name (Last, First, Middle Initial) B. CLARENCE L BENTON		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2005	
Mailing Address 4526 REDSTONE CT		Transaction ID: SA11A1.52590	
City FORT WAYNE	State IN	Amount of Each Receipt this Period 30.00	
Zip Code 46835-4273			
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00		

Full Name (Last, First, Middle Initial) C. CLARENCE L BENTON		Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2005	
Mailing Address 4526 REDSTONE CT		Transaction ID: SA11A1.55075	
City FORT WAYNE	State IN	Amount of Each Receipt this Period 15.00	
Zip Code 46835-4273			
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	75.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) HEATH A BEULL Mailing Address 10855 ROAD 180 City PAULDING State OH Zip Code 45879-8740 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 5 Transaction ID: SA11A1.58962 Amount of Each Receipt this Period 28.80
Name of Employer METAL MANAGEMENT, INC Occupation FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 207.36		

B. Full Name (Last, First, Middle Initial) HEATH A BEULL Mailing Address 10855 ROAD 180 City PAULDING State OH Zip Code 45879-8740 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5 Transaction ID: SA11A1.61297 Amount of Each Receipt this Period 23.04
Name of Employer METAL MANAGEMENT, INC Occupation FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.40		

C. Full Name (Last, First, Middle Initial) ROY DON BEVIS Mailing Address 226 PENNSYLVANIA AVENUE City LEBANON State TN Zip Code 37087 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 5 Transaction ID: SA11A1.60136 Amount of Each Receipt this Period 300.00
Name of Employer PEMCO AEROSPACE Occupation FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	351.84
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 425						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) OWEN BIEBER		Date of Receipt M M / D D / Y Y Y Y 08 / 26 / 2005	
Mailing Address 901 AMBER RIDGE DR SW		Transaction ID: SA11A1.62079	
City BYRON CENTER	State MI	Zip Code 49315-9796	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

B. Full Name (Last, First, Middle Initial) WAYNE BIEGER		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2005	
Mailing Address 670 PARADISE RD		Transaction ID: SA11A1.59150	
City EAST AMHERST	State NY	Zip Code 14051-1604	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer AMERICAN AXLE & MFG INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

C. Full Name (Last, First, Middle Initial) WAYNE BIEGER		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2005	
Mailing Address 670 PARADISE RD		Transaction ID: SA11A1.57978	
City EAST AMHERST	State NY	Zip Code 14051-1604	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer AMERICAN AXLE & MFG INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

SUBTOTAL of Receipts This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. WAYNE BIEGER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5	
Mailing Address 670 PARADISE RD		Transaction ID: SA11A1.59151	
City EAST AMHERST State NY Zip Code 14051-1604	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer AMERICAN AXLE & MFG INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) B. SCOTT BILDHAUER		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 5	
Mailing Address 6498 TERRACE VIEW CT		Transaction ID: SA11A1.60294	
City HUBER HEIGHTS State OH Zip Code 45424-3602	Amount of Each Receipt this Period 1.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00		

Full Name (Last, First, Middle Initial) C. SCOTT BILDHAUER		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 5	
Mailing Address 6498 TERRACE VIEW CT		Transaction ID: SA11A1.49183	
City HUBER HEIGHTS State OH Zip Code 45424-3602	Amount of Each Receipt this Period 2.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.00		

SUBTOTAL of Receipts This Page (optional) ▶	103.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. SCOTT BILDHAUER		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2005
Mailing Address 6498 TERRACE VIEW CT		Transaction ID: SA11A1.53123
City HUBER HEIGHTS	State OH	Zip Code 45424-3602
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 309.00	

Full Name (Last, First, Middle Initial) B. SCOTT BILDHAUER		Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2005
Mailing Address 6498 TERRACE VIEW CT		Transaction ID: SA11A1.50594
City HUBER HEIGHTS	State OH	Zip Code 45424-3602
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

Full Name (Last, First, Middle Initial) C. MICHAEL J. BINK		Date of Receipt M M / D D / Y Y Y Y Y 11 / 01 / 2005
Mailing Address W 2260 COUNTY ROAD		Transaction ID: SA11A1.49840
City OCONOMOWOC	State WI	Zip Code 53066-9545
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.50
Name of Employer AMERICAN BRANDS	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 206.50	

SUBTOTAL of Receipts This Page (optional)	▶	11.50
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. MICHAEL J. BINK		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 5	
Mailing Address W 2260 COUNTY ROAD		Transaction ID: SA11A1.57326	
City OCONOMOWOC	State WI	Amount of Each Receipt this Period 25.50	
Zip Code 53066-9545			
FEC ID number of contributing federal political committee. C			
Name of Employer AMERICAN BRANDS	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 232.00		

Full Name (Last, First, Middle Initial) B. MICHAEL J. BINK		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5	
Mailing Address W 2260 COUNTY ROAD		Transaction ID: SA11A1.57327	
City OCONOMOWOC	State WI	Amount of Each Receipt this Period 8.50	
Zip Code 53066-9545			
FEC ID number of contributing federal political committee. C			
Name of Employer AMERICAN BRANDS	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.50		

Full Name (Last, First, Middle Initial) C. MICHAEL J. BINK		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5	
Mailing Address W 2260 COUNTY ROAD		Transaction ID: SA11A1.59633	
City OCONOMOWOC	State WI	Amount of Each Receipt this Period 8.50	
Zip Code 53066-9545			
FEC ID number of contributing federal political committee. C			
Name of Employer AMERICAN BRANDS	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.00		

SUBTOTAL of Receipts This Page (optional) ▶	42.50
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. MICHAEL J. BINK		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5	
Mailing Address W 2260 COUNTY ROAD		Transaction ID: SA11A1.58462	
City OCONOMOWOC	State WI	Zip Code 53066-9545	Amount of Each Receipt this Period 8.50
FEC ID number of contributing federal political committee. C			
Name of Employer AMERICAN BRANDS	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 257.50		

Full Name (Last, First, Middle Initial) B. MICHAEL J. BINK		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5	
Mailing Address W 2260 COUNTY ROAD		Transaction ID: SA11A1.57328	
City OCONOMOWOC	State WI	Zip Code 53066-9545	Amount of Each Receipt this Period 8.50
FEC ID number of contributing federal political committee. C			
Name of Employer AMERICAN BRANDS	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00		

Full Name (Last, First, Middle Initial) C. PAMELA J BLOCK		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 5	
Mailing Address N 6847 SWALLOW DRIVE		Transaction ID: SA11A1.49031	
City SHEBOYGAN	State WI	Zip Code 53083-2336	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer KOHLER CO	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

SUBTOTAL of Receipts This Page (optional) ▶	37.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. MARTIN R BLOOMFIELD		Date of Receipt M M / D D / Y Y Y Y Y 07 / 29 / 2005	
Mailing Address 5325 E 800 S		Transaction ID: SA11A1.47173	
City COLUMBIA CITY	State IN	Amount of Each Receipt this Period 20.00	
Zip Code 46725-9248		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

Full Name (Last, First, Middle Initial) B. MARTIN R BLOOMFIELD		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2005	
Mailing Address 5325 E 800 S		Transaction ID: SA11A1.47174	
City COLUMBIA CITY	State IN	Amount of Each Receipt this Period 40.00	
Zip Code 46725-9248		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

Full Name (Last, First, Middle Initial) C. MARTIN R BLOOMFIELD		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2005	
Mailing Address 5325 E 800 S		Transaction ID: SA11A1.47526	
City COLUMBIA CITY	State IN	Amount of Each Receipt this Period 40.00	
Zip Code 46725-9248		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00		

SUBTOTAL of Receipts This Page (optional) ▶	100.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
MARTIN R BLOOMFIELD

Mailing Address **5325 E 800 S**

City **COLUMBIA CITY** State **IN** Zip Code **46725-9248**

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

Name of Employer **GENERAL MOTORS CORPORATION** Occupation **FACTORY WORKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 07 / 2005

Transaction ID: SA11A1.46849

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
FRED H BOBBITT

Mailing Address **124 SOUTH BRENTWOOD DR**

City **OKLAHOMA CITY** State **OK** Zip Code **73139**

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

Name of Employer **GENERAL MOTORS CORPORATION** Occupation **FACTORY WORKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 13 / 2005

Transaction ID: SA11A1.54109

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
FRED H BOBBITT

Mailing Address **124 SOUTH BRENTWOOD DR**

City **OKLAHOMA CITY** State **OK** Zip Code **73139**

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

Name of Employer **GENERAL MOTORS CORPORATION** Occupation **FACTORY WORKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 22 / 2005

Transaction ID: SA11A1.56547

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	70.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. KEITH BOECKER		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 5	
Mailing Address 24350 ROAD N		Transaction ID: SA11A1.51951	
City State Zip Code CLOVERDALE OH 45827-9431	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. MICHELLE BONE		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 5	
Mailing Address 214 FERRIS AVENUE		Transaction ID: SA11A1.54571	
City State Zip Code TOLEDO OH 43608-1768	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) C. MICHELLE BONE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 5	
Mailing Address 214 FERRIS AVENUE		Transaction ID: SA11A1.56955	
City State Zip Code TOLEDO OH 43608-1768	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	350.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. MICHELLE BONE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 214 FERRIS AVENUE		Transaction ID: SA11A1.54572	
City State Zip Code TOLEDO OH 43608-1768		Amount of Each Receipt this Period 12.50	
FEC ID number of contributing federal political committee. C			
Name of Employer ST VINCENT MERCY MEDICAL CEN		Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 262.50	

Full Name (Last, First, Middle Initial) B. MICHELLE BONE		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5	
Mailing Address 214 FERRIS AVENUE		Transaction ID: SA11A1.52072	
City State Zip Code TOLEDO OH 43608-1768		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer ST VINCENT MERCY MEDICAL CEN		Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 287.50	

Full Name (Last, First, Middle Initial) C. MICHELLE BONE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 5	
Mailing Address 214 FERRIS AVENUE		Transaction ID: SA11A1.59264	
City State Zip Code TOLEDO OH 43608-1768		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer ST VINCENT MERCY MEDICAL CEN		Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 312.50	

SUBTOTAL of Receipts This Page (optional) ▶	62.50
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. M DANNY BOREN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address 4870 JONATHAN DRIVE		Transaction ID: SA11A1.61777
City State Zip Code HORN LAKE MS 38637	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		
Name of Employer CATERPILLAR	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. DAVID BORTZ		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address 112 CARRIAGE OAKS DRIVE		Transaction ID: SA11A1.53078
City State Zip Code COLUMBIA SC 29229-9302	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MACK TRUCK	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. KESHYA BOUDREAU		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 5
Mailing Address 9693 LEEWARD SLOPES		Transaction ID: SA11A1.57592
City State Zip Code LAKELAND TN 38002	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	450.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. DELL L BOWERS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 2909 ST R66-N		Transaction ID: SA11A1.56639	
City State Zip Code DEFIANCE OH 43512	Amount of Each Receipt this Period 23.08		
FEC ID number of contributing federal political committee. C			
Name of Employer METAL MANAGEMENT, INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 219.31		

Full Name (Last, First, Middle Initial) B. JOSEPH BOWLING		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 5	
Mailing Address 3550 FIELDBROOKE LN		Transaction ID: SA11A1.59354	
City State Zip Code OREGON OH 43616	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer TECUMSEH PRODUCTS CO	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) C. CLARISSA BOYD		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 6242 STOVER AVE		Transaction ID: SA11A1.54101	
City State Zip Code CINCINNATI OH 45237-4826	Amount of Each Receipt this Period 24.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL ELECTRIC CO	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

SUBTOTAL of Receipts This Page (optional) ▶	72.08
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. LOREN M BOYKIN, SR.		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 1846 MACOMBER		Transaction ID: SA11A1.47245	
City TOLEDO	State OH	Amount of Each Receipt this Period 12.50	
Zip Code 43606			
FEC ID number of contributing federal political committee. C			
Name of Employer UAW LOCAL UNION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.50		

Full Name (Last, First, Middle Initial) B. LOREN M BOYKIN, SR.		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 9 / 2 0 0 5	
Mailing Address 1846 MACOMBER		Transaction ID: SA11A1.46757	
City TOLEDO	State OH	Amount of Each Receipt this Period 12.50	
Zip Code 43606			
FEC ID number of contributing federal political committee. C			
Name of Employer UAW LOCAL UNION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) C. KENNETH L BRADFORD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 5	
Mailing Address 3325 PETE SHAW RD		Transaction ID: SA11A1.56783	
City MARIETTA	State GA	Amount of Each Receipt this Period 300.00	
Zip Code 30066-2354			
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		

SUBTOTAL of Receipts This Page (optional) ▶	325.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) RONALD L BRAGG		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 5	
Mailing Address 3060 THISTLE BEND CT		Transaction ID: SA11A1.55989	
City State Zip Code MURFREESBORO TN 37130-0322	Amount of Each Receipt this Period 61.00		
FEC ID number of contributing federal political committee. C			
Name of Employer RYDER SYSTEMS	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 213.50		

B. Full Name (Last, First, Middle Initial) RONALD L BRAGG		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 5	
Mailing Address 3060 THISTLE BEND CT		Transaction ID: SA11A1.51013	
City State Zip Code MURFREESBORO TN 37130-0322	Amount of Each Receipt this Period 30.50		
FEC ID number of contributing federal political committee. C			
Name of Employer RYDER SYSTEMS	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 244.00		

C. Full Name (Last, First, Middle Initial) HERBERT R BRAND JR		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 5	
Mailing Address 119 WILLOW LANE		Transaction ID: SA11A1.60237	
City State Zip Code WAXAHACHIE TX 75165-9651	Amount of Each Receipt this Period 132.00		
FEC ID number of contributing federal political committee. C			
Name of Employer LOCKHEED MARTIN CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 366.00		

SUBTOTAL of Receipts This Page (optional) ▶	223.50
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
HERBERT R BRAND JR

Mailing Address **119 WILLOW LANE**

City **WAXAHACHIE** State **TX** Zip Code **75165-9651**

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

Name of Employer **LOCKHEED MARTIN CORPORATION** Occupation **FACTORY WORKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt
M M / D D / Y Y Y Y
09 / 09 / 2005

Transaction ID: SA11A1.61383

Amount of Each Receipt this Period
24.00

B. Full Name (Last, First, Middle Initial)
ROBERT BREEDLOVE

Mailing Address **9418 FARMSTEAD ROAD**

City **LOUISVILLE** State **KY** Zip Code **40291-3099**

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

Name of Employer **FORD MOTOR COMPANY** Occupation **FACTORY WORKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
M M / D D / Y Y Y Y
07 / 20 / 2005

Transaction ID: SA11A1.56560

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
JAMES BRIGGS, JR.

Mailing Address **4647 HANNAFORD**

City **TOLEDO** State **OH** Zip Code **43623**

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

Name of Employer **UAW LOCAL UNION** Occupation **FACTORY WORKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **212.50**

Date of Receipt
M M / D D / Y Y Y Y
12 / 02 / 2005

Transaction ID: SA11A1.51131

Amount of Each Receipt this Period
12.50

SUBTOTAL of Receipts This Page (optional)	336.50
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
JAMES BRIGGS, JR.

Mailing Address 4647 HANNAFORD

City Toledo State OH Zip Code 43623

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

Name of Employer UAW LOCAL UNION Occupation FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
12 / 19 / 2005

Transaction ID: SA11A1.54905

Amount of Each Receipt this Period
12.50

B. Full Name (Last, First, Middle Initial)
KEVIN M BRITT

Mailing Address 10304 GLEN ARBOR PASS

City FORT WAYNE State IN Zip Code 46814-9539

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

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.25

Date of Receipt
MM / DD / YYYY
08 / 15 / 2005

Transaction ID: SA11A1.52638

Amount of Each Receipt this Period
350.00

C. Full Name (Last, First, Middle Initial)
KEVIN M BRITT

Mailing Address 10304 GLEN ARBOR PASS

City FORT WAYNE State IN Zip Code 46814-9539

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

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.75

Date of Receipt
MM / DD / YYYY
09 / 27 / 2005

Transaction ID: SA11A1.50091

Amount of Each Receipt this Period
0.50

SUBTOTAL of Receipts This Page (optional)	363.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. KEVIN M BRITT		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005
Mailing Address 10304 GLEN ARBOR PASS		Transaction ID: SA11A1.59812
City State Zip Code FORT WAYNE IN 46814-9539	Amount of Each Receipt this Period 0.50	
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 351.25	

Full Name (Last, First, Middle Initial) B. KEVIN M BRITT		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2005
Mailing Address 10304 GLEN ARBOR PASS		Transaction ID: SA11A1.56339
City State Zip Code FORT WAYNE IN 46814-9539	Amount of Each Receipt this Period 0.25	
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 351.50	

Full Name (Last, First, Middle Initial) C. T Brock		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2005
Mailing Address 542 NOVA ST		Transaction ID: SA11A1.53819
City State Zip Code LIMA OH 45804-2551	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL DYNAMICS CORP	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional) ▶	25.75
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 / 425
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. T Brock		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 5
Mailing Address 542 NOVA ST		Transaction ID: SA11A1.52555
City LIMA	State OH	Zip Code 45804-2551
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer GENERAL DYNAMICS CORP	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. T Brock		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address 542 NOVA ST		Transaction ID: SA11A1.58545
City LIMA	State OH	Zip Code 45804-2551
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer GENERAL DYNAMICS CORP	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. DEBRA J BROWN		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 9 / 2 0 0 5
Mailing Address 111 GREENFIELD RD		Transaction ID: SA11A1.56656
City NEWARK	State DE	Zip Code 19713
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	75.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. DEBRA J BROWN		Date of Receipt M M / D D / Y Y Y Y Y 08 / 24 / 2005	
Mailing Address 111 GREENFIELD RD		Transaction ID: SA11A1.60166	
City State Zip Code NEWARK DE 19713	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. DEBRA J BROWN		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2005	
Mailing Address 111 GREENFIELD RD		Transaction ID: SA11A1.51753	
City State Zip Code NEWARK DE 19713	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) C. G Brown		Date of Receipt M M / D D / Y Y Y Y Y 10 / 18 / 2005	
Mailing Address 235 RC ROAD 4253		Transaction ID: SA11A1.51621	
City State Zip Code POINT TX 75472	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C			
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00		

SUBTOTAL of Receipts This Page (optional) ▶	135.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. GEORGE E BROWN		Date of Receipt M M / D D / Y Y Y Y 07 / 29 / 2005	
Mailing Address 308 E KNIGHT ST		Transaction ID: SA11A1.50956	
City EATON RAPIDS	State MI	Zip Code 48827-1325	Amount of Each Receipt this Period 5.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 335.00		

Full Name (Last, First, Middle Initial) B. GEORGE E BROWN		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2005	
Mailing Address 308 E KNIGHT ST		Transaction ID: SA11A1.60635	
City EATON RAPIDS	State MI	Zip Code 48827-1325	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00		

Full Name (Last, First, Middle Initial) C. GEORGE E BROWN		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005	
Mailing Address 308 E KNIGHT ST		Transaction ID: SA11A1.59423	
City EATON RAPIDS	State MI	Zip Code 48827-1325	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.00		

SUBTOTAL of Receipts This Page (optional) ▶	25.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. GEORGE E BROWN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 308 E KNIGHT ST		Transaction ID: SA11A1.52258
City State Zip Code EATON RAPIDS MI 48827-1325	Amount of Each Receipt this Period 5.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. JOHN W BROWN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address 9946 JACKSON ST		Transaction ID: SA11A1.57965
City State Zip Code CAMP DENNISON OH 45111-9716	Amount of Each Receipt this Period 24.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL ELECTRIC CO	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. MAX E BROWN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 5
Mailing Address 3960 FOREST MANOR AVE		Transaction ID: SA11A1.60259
City State Zip Code INDIANAPOLIS IN 46226-4436	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer NAVISTAR INTERNATIONAL CO- RP	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional) ▶	79.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 43 / 425
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
MICHAEL BROWN

Mailing Address 408 MONTICELLO AVENUE

City State Zip Code
MADISON TN 37115

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

Name of Employer Occupation
PETERBILT MOTOR COMPANY FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 5

Transaction ID: SA11A1.58072

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
V Brown

Mailing Address 3502 LANDERS LN

City State Zip Code
ARLINGTON TX 76014-3520

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

Name of Employer Occupation
VOUGHT AIRCRAFT COMPANY FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 216.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 5

Transaction ID: SA11A1.61395

Amount of Each Receipt this Period
60.00

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

Mailing Address 3 ST. ANDREWS

City State Zip Code
TEMPERANCE MI 48182

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

Name of Employer Occupation
LEAR FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 2 / 2 0 0 5

Transaction ID: SA11A1.47921

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 235.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
ROB BURLESON

Mailing Address **470 N CEMETERY RD**

City **DEFORD** State **MI** Zip Code **48729-9777**

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

Name of Employer **UAW Local 9699** Occupation **Local Union Officer**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 5

Transaction ID: SA11A1.55047

Amount of Each Receipt this Period
90.00

B. Full Name (Last, First, Middle Initial)
JAMES BURTON

Mailing Address **7242 STAHELIN AVE**

City **DETROIT** State **MI** Zip Code **48228-3308**

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

Name of Employer Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **368.00**

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 5

Transaction ID: SA11A1.62101

Amount of Each Receipt this Period
175.00

C. Full Name (Last, First, Middle Initial)
DAVID J BUSBY

Mailing Address **900 GONZAGA LN**

City **FLORISSANT** State **MO** Zip Code **63031-7224**

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

Name of Employer **LEAR CORPORATION** Occupation **FACTORY WORKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 5

Transaction ID: SA11A1.50443

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	290.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. DAVID J BUSBY		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5	
Mailing Address 900 GONZAGA LN		Transaction ID: SA11A1.50444	
City FLORISSANT	State MO	Zip Code 63031-7224	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			
Name of Employer LEAR CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. ARCHIE BUTTRAM		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 5	
Mailing Address 1205 NE 77TH ST.		Transaction ID: SA11A1.56847	
City GLADSTONE	State MO	Zip Code 64118	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. ESTELLA CACCAMO		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 5	
Mailing Address 1036 AVILA TERRAZA		Transaction ID: SA11A1.50116	
City FREMONT	State CA	Zip Code 94538	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer NEW UNITED MOTOR MFG	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	675.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. DAVID L CALCOTE		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2005	
Mailing Address 3400 CORNELL DR		Transaction ID: SA11A1.49759	
City ARLINGTON	State TX	Amount of Each Receipt this Period 25.00	
Zip Code 76015-3246			
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) B. DAVID L CALCOTE		Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2005	
Mailing Address 3400 CORNELL DR		Transaction ID: SA11A1.61864	
City ARLINGTON	State TX	Amount of Each Receipt this Period 25.00	
Zip Code 76015-3246			
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. ROBERT K CAMARA		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2005	
Mailing Address 83 BARBERRY LN		Transaction ID: SA11A1.53999	
City O FALLON	State MO	Amount of Each Receipt this Period 50.00	
Zip Code 63366-3333			
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

SUBTOTAL of Receipts This Page (optional) ▶	100.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. DEBRA K CAMERON		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 5	
Mailing Address 734 WILSON ROAD		Transaction ID: SA11A1.53348	
City LACEY SPRINGS	State AL	Zip Code 35754	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. TONY CAMILLO		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5	
Mailing Address 76 HIGGINS AVE		Transaction ID: SA11A1.46562	
City LOS ALTOS	State CA	Zip Code 94022-3100	Amount of Each Receipt this Period 27.00
FEC ID number of contributing federal political committee. C			
Name of Employer NEW UNITED MOTORS MFG	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00		

Full Name (Last, First, Middle Initial) C. DIANE CAMPER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5	
Mailing Address 11816 N HOME CT		Transaction ID: SA11A1.48911	
City LIBERTY	State MO	Zip Code 64068	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	627.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) MICHAEL CANNON		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5
Mailing Address 3671 HEATHER TRAIL DRIVE		Transaction ID: SA11A1.52292
City State Zip Code FLORRISANT MO 63031-1216	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer LEAR CORP.	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) JOHN J CARAMATTI		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 7005 RANDOLPH DR		Transaction ID: SA11A1.54556
City State Zip Code BARNHART MO 63012-1449	Amount of Each Receipt this Period 38.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00	

C. Full Name (Last, First, Middle Initial) GEORGE CARMICHAEL		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 5
Mailing Address 1221 NE 43RD ST.		Transaction ID: SA11A1.54473
City State Zip Code KANSAS CITY MO 64116	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	638.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. A Carter		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address PO BOX 850302		Transaction ID: SA11A1.58950
City MESQUITE	State TX	Zip Code 75185-0302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

Full Name (Last, First, Middle Initial) B. THOMAS CARTER		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 9 / 2 0 0 5
Mailing Address 19387 MILLER RD		Transaction ID: SA11A1.60080
City WAPAKONETA	State OH	Zip Code 45895-9004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. A Carter Jr		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 5
Mailing Address 742 OAK ST		Transaction ID: SA11A1.50880
City TOLEDO	State OH	Zip Code 43605-2604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer GENERAL DYNAMICS CORP	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	125.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. A Carter Jr		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5	
Mailing Address 742 OAK ST		Transaction ID: SA11A1.58184	
City TOLEDO	State OH	Zip Code 43605-2604	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL DYNAMICS CORP	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Kathleen Casey		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 5	
Mailing Address 1301 28TH ST		Transaction ID: SA11A1.49132	
City SAN DIEGO	State CA	Zip Code 92102	Amount of Each Receipt this Period 135.00
FEC ID number of contributing federal political committee. C			
Name of Employer UNIVERSITY OF CALIFORNIA	Occupation CLERK		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) C. Kathleen Casey		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 5	
Mailing Address 1301 28TH ST		Transaction ID: SA11A1.56741	
City SAN DIEGO	State CA	Zip Code 92102	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C			
Name of Employer UNIVERSITY OF CALIFORNIA	Occupation CLERK		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

SUBTOTAL of Receipts This Page (optional)	175.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 / 425
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) Kathleen Casey Mailing Address 1301 28TH ST City SAN DIEGO State CA Zip Code 92102 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2005 Transaction ID: SA11A1.55578 Amount of Each Receipt this Period 60.00
Name of Employer UNIVERSITY OF CALIFORNIA Occupation CLERK Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00		

B. Full Name (Last, First, Middle Initial) ROBERT E CASEY Mailing Address 606 HAMPTON DR City CINCINNATI State OH Zip Code 45236-3937 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 12 / 02 / 2005 Transaction ID: SA11A1.54446 Amount of Each Receipt this Period 24.00
Name of Employer GENERAL ELECTRIC CO Occupation FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		

C. Full Name (Last, First, Middle Initial) RICHARD CASTANEDA Mailing Address 191 HANKLA ST. City HOUSTON State TX Zip Code 77076-5024 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 12 / 20 / 2005 Transaction ID: SA11A1.47611 Amount of Each Receipt this Period 6.00
Name of Employer PHILADELPHIA GEAR Occupation FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 204.00		

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. GARY CASTEEL		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address 1975 NEPTUNE ROAD		Transaction ID: SA11A1.55970
City ASHLAND CITY	State TN	Zip Code 37015-6173
Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C		
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. MODESTO R CHABOLLA		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 5
Mailing Address 9423 MAYNE ST		Transaction ID: SA11A1.53327
City BELLFLOWER	State CA	Zip Code 90706-5214
Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

Full Name (Last, First, Middle Initial) C. MODESTO R CHABOLLA		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address 9423 MAYNE ST		Transaction ID: SA11A1.49390
City BELLFLOWER	State CA	Zip Code 90706-5214
Amount of Each Receipt this Period 5.00		
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional) ▶	380.00
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. DAVID CHADWELL		Date of Receipt M M / D D / Y Y Y Y Y 07 / 27 / 2005	
Mailing Address 4351 POST RAIL LN		Transaction ID: SA11A1.56255	
City State Zip Code FRANKLIN OH 45005-4950	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MILLER BREWING	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) B. DAVID CHADWELL		Date of Receipt M M / D D / Y Y Y Y Y 07 / 28 / 2005	
Mailing Address 4351 POST RAIL LN		Transaction ID: SA11A1.60946	
City State Zip Code FRANKLIN OH 45005-4950	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MILLER BREWING	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

Full Name (Last, First, Middle Initial) C. DAVID CHADWELL		Date of Receipt M M / D D / Y Y Y Y Y 08 / 18 / 2005	
Mailing Address 4351 POST RAIL LN		Transaction ID: SA11A1.49989	
City State Zip Code FRANKLIN OH 45005-4950	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MILLER BREWING	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

SUBTOTAL of Receipts This Page (optional) ▶	150.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 54 / 425
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
DAVID CHADWELL

Mailing Address 4351 POST RAIL LN

City State Zip Code
FRANKLIN OH 45005-4950

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

Name of Employer Occupation
MILLER BREWING FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 20 / 2005

Transaction ID: SA11A1.52561

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
DAVID CHADWELL

Mailing Address 4351 POST RAIL LN

City State Zip Code
FRANKLIN OH 45005-4950

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

Name of Employer Occupation
MILLER BREWING FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 13 / 2005

Transaction ID: SA11A1.60947

Amount of Each Receipt this Period
50.00

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

Mailing Address 4351 POST RAIL LN

City State Zip Code
FRANKLIN OH 45005-4950

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

Name of Employer Occupation
MILLER BREWING FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 28 / 2005

Transaction ID: SA11A1.55051

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	225.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. DAVID CHADWELL		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5	
Mailing Address 4351 POST RAIL LN		Transaction ID: SA11A1.56256	
City FRANKLIN	State OH	Zip Code 45005-4950	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MILLER BREWING	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

Full Name (Last, First, Middle Initial) B. BARBARA CHOATE		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 5	
Mailing Address PO BOX 59		Transaction ID: SA11A1.50885	
City GREENVILLE	State TX	Zip Code 75403	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. BARBARA CLARK		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5	
Mailing Address 10619 N MAIN ST		Transaction ID: SA11A1.50794	
City KANSAS CITY	State MO	Zip Code 64155	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	650.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
KENNETH S CLEVELAND

Mailing Address 908 ORCHARD GLOW CLOSE APT C

City State Zip Code
FIARGIELD OH 45014-6319

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

Name of Employer Occupation
GENERAL ELECTRIC CO FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 2 / 2 0 0 5

Transaction ID: SA11A1.49954

Amount of Each Receipt this Period
24.00

B. Full Name (Last, First, Middle Initial)
R Cohagan

Mailing Address 651 ARAWE CIR W

City State Zip Code
IRVING TX 75060-3427

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

Name of Employer Occupation
VOUGHT AIRCRAFT COMPANY FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 5

Transaction ID: SA11A1.55153

Amount of Each Receipt this Period
60.00

C. Full Name (Last, First, Middle Initial)
WILLIE B COLEMAN

Mailing Address 1839 OAKDALE ST

City State Zip Code
SHREVEPORT LA 71108-3417

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

Name of Employer Occupation
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 1 3 / 2 0 0 5

Transaction ID: SA11A1.52757

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	▶	109.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 / 425
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. WILLIE B COLEMAN		Date of Receipt MM / DD / YYYY 12 / 22 / 2005
Mailing Address 1839 OAKDALE ST		Transaction ID: SA11A1.57585
City SHREVEPORT	State LA	Zip Code 71108-3417
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. JAMES COLLARI		Date of Receipt MM / DD / YYYY 07 / 29 / 2005
Mailing Address 2449 WARFIELD AVE		Transaction ID: SA11A1.50592
City JACKSONVILLE	State FL	Zip Code 32218-5128
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5.00	
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00	

Full Name (Last, First, Middle Initial) C. JAMES COLLARI		Date of Receipt MM / DD / YYYY 09 / 27 / 2005
Mailing Address 2449 WARFIELD AVE		Transaction ID: SA11A1.55603
City JACKSONVILLE	State FL	Zip Code 32218-5128
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10.00	
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	▶	40.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 / 425
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. JAMES COLLARI		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2005
Mailing Address 2449 WARFIELD AVE		Transaction ID: SA11A1.56776
City JACKSONVILLE	State FL	Zip Code 32218-5128
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 5.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. MILDRED COLLETTE		Date of Receipt M M / D D / Y Y Y Y Y 09 / 09 / 2005
Mailing Address 720 WEST 600 SOUTH		Transaction ID: SA11A1.54433
City ATLANTA	State IN	Zip Code 46031
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 300.00
Name of Employer GENERAL MOTORS CORP	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. G Contreras		Date of Receipt M M / D D / Y Y Y Y Y 10 / 18 / 2005
Mailing Address 305 E CROSSLAND BLVD		Transaction ID: SA11A1.56442
City GRAND PRAIRIE	State TX	Zip Code 75052-6606
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 60.00
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

SUBTOTAL of Receipts This Page (optional)	365.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. RAYMUNDO CONTRERAS		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2005
Mailing Address 12812 HARVEST AVE.		Transaction ID: SA11A1.58281
City NORWALK State CA Zip Code 90650	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer FORD MOTOR COMPANY Occupation FACTORY WORKER	Aggregate Year-to-Date ▼ 334.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. RAYMUNDO CONTRERAS		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2005
Mailing Address 12812 HARVEST AVE.		Transaction ID: SA11A1.50994
City NORWALK State CA Zip Code 90650	Amount of Each Receipt this Period 8.50	
FEC ID number of contributing federal political committee. C		
Name of Employer FORD MOTOR COMPANY Occupation FACTORY WORKER	Aggregate Year-to-Date ▼ 342.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. ROSALYN COPELAND		Date of Receipt M M / D D / Y Y Y Y 10 / 07 / 2005
Mailing Address 3140 MAHER		Transaction ID: SA11A1.58956
City TOLEDO State OH Zip Code 43608	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN	Aggregate Year-to-Date ▼ 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	333.50
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. ROSALYN COPELAND		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address 3140 MAHER		Transaction ID: SA11A1.49019
City TOLEDO	State OH	Zip Code 43608
Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C		
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. ROSALYN COPELAND		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 3140 MAHER		Transaction ID: SA11A1.58957
City TOLEDO	State OH	Zip Code 43608
Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C		
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. ROSALYN COPELAND		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 6 / 2 0 0 5
Mailing Address 3140 MAHER		Transaction ID: SA11A1.60138
City TOLEDO	State OH	Zip Code 43608
Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C		
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	75.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 61 / 425
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. BRIAN J CORNELIUS		Date of Receipt M M / D D / Y Y Y Y 07 / 29 / 2005	
Mailing Address 6946 CHRISTI LN		Transaction ID: SA11A1.57811	
City NIAGARA FALLS	State NY	Amount of Each Receipt this Period 5.00	
Zip Code 14304-3001		Amount of Each Receipt this Period 5.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00	
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	Amount of Each Receipt this Period 5.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	Amount of Each Receipt this Period 5.00	

Full Name (Last, First, Middle Initial) B. BRIAN J CORNELIUS		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2005	
Mailing Address 6946 CHRISTI LN		Transaction ID: SA11A1.60188	
City NIAGARA FALLS	State NY	Amount of Each Receipt this Period 5.00	
Zip Code 14304-3001		Amount of Each Receipt this Period 5.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00	
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	Amount of Each Receipt this Period 5.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	Amount of Each Receipt this Period 5.00	

Full Name (Last, First, Middle Initial) C. BRIAN J CORNELIUS		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005	
Mailing Address 6946 CHRISTI LN		Transaction ID: SA11A1.52991	
City NIAGARA FALLS	State NY	Amount of Each Receipt this Period 5.00	
Zip Code 14304-3001		Amount of Each Receipt this Period 5.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00	
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	Amount of Each Receipt this Period 5.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	Amount of Each Receipt this Period 5.00	

SUBTOTAL of Receipts This Page (optional) ▶	15.00
TOTAL This Period (last page this line number only) ▶	15.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
BRIAN J CORNELIUS

Mailing Address 6946 CHRISTI LN

City State Zip Code
NIAGARA FALLS NY 14304-3001

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

Name of Employer Occupation
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 07 / 2005

Transaction ID: SA11A1.52992

Amount of Each Receipt this Period
5.00

B. Full Name (Last, First, Middle Initial)
DEAN CORTSON

Mailing Address 8566 HOLDEN RD

City State Zip Code
BARODA MI 49101

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

Name of Employer Occupation
RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 19 / 2005

Transaction ID: SA11A1.61954

Amount of Each Receipt this Period
300.00

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

Mailing Address 8566 HOLDEN RD

City State Zip Code
BARODA MI 49101

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

Name of Employer Occupation
RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 01 / 2005

Transaction ID: SA11A1.62051

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)	▶	325.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 / 425
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) K Covey Mailing Address 2317 NIAGARA ST City State Zip Code BUFFALO NY 14207-1433 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5 Transaction ID: SA11A1.51729 Amount of Each Receipt this Period 60.00
Name of Employer Occupation AMERICAN AXLE & MFG INC FACTORY WORKER Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 240.00		

B. Full Name (Last, First, Middle Initial) LLOYD COX Mailing Address 3805 HARROGATE DR. City State Zip Code NORMAN OK 73072 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 5 Transaction ID: SA11A1.58293 Amount of Each Receipt this Period 300.00
Name of Employer Occupation RETIRED Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00		

C. Full Name (Last, First, Middle Initial) KEVIN P CRADIC Mailing Address 599 N KNIGHTSTOWN RD City State Zip Code SHELBYVILLE IN 46176-9577 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 5 Transaction ID: SA11A1.55371 Amount of Each Receipt this Period 25.00
Name of Employer Occupation NAVISTAR INTERNATIONAL CO-RP FACTORY WORKER Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 225.00		

SUBTOTAL of Receipts This Page (optional)	385.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 64 / 425
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) B Cribbs		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5	
Mailing Address 69 CRANBROOK RD		Transaction ID: SA11A1.56244	
City State Zip Code TONAWANDA NY 14150-5417	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C			
Name of Employer AMERICAN AXLE & MANUFACTURING	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

B. Full Name (Last, First, Middle Initial) JEFFREY W CROSSFIELD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 5	
Mailing Address 109 4TH STREET P O BOX 93		Transaction ID: SA11A1.54570	
City State Zip Code OLD MONRO MO 63369	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer LEAR CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

C. Full Name (Last, First, Middle Initial) JEFFREY W CROSSFIELD		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5	
Mailing Address 109 4TH STREET P O BOX 93		Transaction ID: SA11A1.59262	
City State Zip Code OLD MONRO MO 63369	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C			
Name of Employer LEAR CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	160.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. N Crumbaker		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address 831 W LYNN CREEK DR		Transaction ID: SA11A1.60551
City State Zip Code ARLINGTON TX 76001-7523	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C		
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

Full Name (Last, First, Middle Initial) B. R Crutcher		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address 1022 SANDERS DR		Transaction ID: SA11A1.49018
City State Zip Code DUNCANVILLE TX 75137-4910	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C		
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.50	

Full Name (Last, First, Middle Initial) C. GEORGE CUMMINGS		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 7 / 2 0 0 5
Mailing Address 801 DENTON DRIVE		Transaction ID: SA11A1.50349
City State Zip Code EVLASS TX 76039	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	420.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
BLAINE R CUNNINGHAM

Mailing Address 735 PRIORITY RD

City YORK State PA Zip Code 17404

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

Name of Employer YORK INTERNATIONAL CORPORATION
Occupation FACTORY WORKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 5

Transaction ID: SA11A1.51962

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
ROBERT CUNNINGHAM

Mailing Address 801 WELLER AVENUE

City HAMILTON State OH Zip Code 45015-1568

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

Name of Employer PHILIP MORRIS
Occupation FACTORY WORKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 0 5

Transaction ID: SA11A1.61303

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
ROBERT P CUNNINGHAM

Mailing Address 148 HORTON RD

City MASSENA State NY Zip Code 13662-3221

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

Name of Employer GENERAL MOTORS CORPORATION
Occupation FACTORY WORKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 5

Transaction ID: SA11A1.52687

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	155.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
ROBERT P CUNNINGHAM

Mailing Address 148 HORTON RD

City State Zip Code
MASSENA NY 13662-3221

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

Name of Employer Occupation
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
11 / 07 / 2005

Transaction ID: SA11A1.56384

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
DARRELL CURRY

Mailing Address 783 DENIER PLACE

City State Zip Code
CINCINNATI OH 45224-1309

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

Name of Employer Occupation
GENERAL ELECTRIC CO FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
12 / 02 / 2005

Transaction ID: SA11A1.49750

Amount of Each Receipt this Period
24.00

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

Mailing Address 101 GILLESPIE DRIVE APT #1308

City State Zip Code
FRANKLIN TN 37067

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

Name of Employer Occupation
FREIGHTLINER CORP FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
MM / DD / YYYY
09 / 19 / 2005

Transaction ID: SA11A1.48797

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)	▶	149.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. RAYMOND CURRY		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5	
Mailing Address 101 GILLESPIE DRIVE APT #1308		Transaction ID: SA11A1.61135	
City FRANKLIN	State TN	Zip Code 37067	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			
Name of Employer FREIGHTLINER CORP	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00		

Full Name (Last, First, Middle Initial) B. JULIA DAUGHERTY		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 5	
Mailing Address 1332 SW 107TH PL		Transaction ID: SA11A1.54888	
City OKLAHOMA CITY	State OK	Zip Code 73170	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORP	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. VAUGHN DAUGHERTY		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5	
Mailing Address 1332 SW 107TH PL		Transaction ID: SA11A1.50508	
City OKLAHOMA CITY	State OK	Zip Code 73170-4216	Amount of Each Receipt this Period 45.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

SUBTOTAL of Receipts This Page (optional) ▶	420.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
CATHERINE DAVIS

Mailing Address **925 S WOODLAND DR**

City **GLADSTONE** State **MO** Zip Code **64118**

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

Name of Employer **FORD MOTOR COMPANY** Occupation **FACTORY WORKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
M M / D D / Y Y Y Y
12 / 19 / 2005

Transaction ID: SA11A1.50556

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
C J DAVIS

Mailing Address **4209 BOULEVARD PL**

City **INDIANAPOLIS** State **IN** Zip Code **46208-3709**

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

Name of Employer **NAVISTAR INTERNATIONAL CO- RP** Occupation **FACTORY WORKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
M M / D D / Y Y Y Y
11 / 28 / 2005

Transaction ID: SA11A1.58964

Amount of Each Receipt this Period
25.00

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

Mailing Address **4127 WALKER AVE.,**

City **TOLEDO** State **OH** Zip Code **43612**

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

Name of Employer **UAW LOCAL UNION** Occupation **FACTORY WORKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **212.50**

Date of Receipt
M M / D D / Y Y Y Y
12 / 02 / 2005

Transaction ID: SA11A1.58403

Amount of Each Receipt this Period
12.50

SUBTOTAL of Receipts This Page (optional)	337.50
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
KIMBERLY DAVIS

Mailing Address 4127 WALKER AVE.,

City TOLEDO State OH Zip Code 43612

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

Name of Employer UAW LOCAL UNION Occupation FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 5

Transaction ID: SA11A1.59576

Amount of Each Receipt this Period
12.50

B. Full Name (Last, First, Middle Initial)
R. LYLE (RON) DEAN

Mailing Address 1718 IRVINGTON AVE.

City LANSING State MI Zip Code 48910

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

Name of Employer FEDERAL FORGE Occupation FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 1 / 2 0 0 5

Transaction ID: SA11A1.58955

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
SHAWN B DEAN

Mailing Address 18437 NORTHLAWN

City DETROIT State MI Zip Code 48221

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

Name of Employer DAIMLERCHRYSLER Occupation FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 242.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 9 / 2 0 0 5

Transaction ID: SA11A1.55586

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)	▶	322.50
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. SHAWN B DEAN		Date of Receipt MM / DD / YYYY 08 / 24 / 2005
Mailing Address 18437 NORTHLAWN		Transaction ID: SA11A1.57884
City DETROIT	State MI	Zip Code 48221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.00	

Full Name (Last, First, Middle Initial) B. SHAWN B DEAN		Date of Receipt MM / DD / YYYY 09 / 15 / 2005
Mailing Address 18437 NORTHLAWN		Transaction ID: SA11A1.49150
City DETROIT	State MI	Zip Code 48221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 272.00	

Full Name (Last, First, Middle Initial) C. GORDON E DEANE		Date of Receipt MM / DD / YYYY 09 / 19 / 2005
Mailing Address 8 S MAIN AVE		Transaction ID: SA11A1.57135
City ALBANY	State NY	Zip Code 12208-2618
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer LEGAL SERVICES FOR NEW YORK	Occupation CLERK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

SUBTOTAL of Receipts This Page (optional)	115.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. GORDON E DEANE		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2005	
Mailing Address 8 S MAIN AVE		Transaction ID: SA11A1.49652	
City ALBANY	State NY	Amount of Each Receipt this Period 40.00	
Zip Code 12208-2618			
FEC ID number of contributing federal political committee. C			
Name of Employer LEGAL SERVICES FOR NEW YORK	Occupation CLERK		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) B. GORDON E DEANE		Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2005	
Mailing Address 8 S MAIN AVE		Transaction ID: SA11A1.61786	
City ALBANY	State NY	Amount of Each Receipt this Period 20.00	
Zip Code 12208-2618			
FEC ID number of contributing federal political committee. C			
Name of Employer LEGAL SERVICES FOR NEW YORK	Occupation CLERK		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00		

Full Name (Last, First, Middle Initial) C. GORDON E DEANE		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2005	
Mailing Address 8 S MAIN AVE		Transaction ID: SA11A1.60664	
City ALBANY	State NY	Amount of Each Receipt this Period 20.00	
Zip Code 12208-2618			
FEC ID number of contributing federal political committee. C			
Name of Employer LEGAL SERVICES FOR NEW YORK	Occupation CLERK		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

SUBTOTAL of Receipts This Page (optional) ▶	80.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) H Deeble		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 5	
Mailing Address 2955 LAKEWOOD AVE		Transaction ID: SA11A1.50670	
City LIMA State OH Zip Code 45805-2943	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL DYNAMICS CORP	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

B. Full Name (Last, First, Middle Initial) H Deeble		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 5	
Mailing Address 2955 LAKEWOOD AVE		Transaction ID: SA11A1.50671	
City LIMA State OH Zip Code 45805-2943	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL DYNAMICS CORP	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) H Deeble		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5	
Mailing Address 2955 LAKEWOOD AVE		Transaction ID: SA11A1.51945	
City LIMA State OH Zip Code 45805-2943	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL DYNAMICS CORP	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

SUBTOTAL of Receipts This Page (optional) ▶	75.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 74 / 425
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. GLENDA J DEERING		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2005	
Mailing Address PO BOX 355		Transaction ID: SA11A1.49133	
City MARLETTE	State MI	Zip Code 48453-0355	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer UAW LOCAL 9699	Occupation LOCAL UNION OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

Full Name (Last, First, Middle Initial) B. GLENDA J DEERING		Date of Receipt M M / D D / Y Y Y Y 08 / 09 / 2005	
Mailing Address PO BOX 355		Transaction ID: SA11A1.51848	
City MARLETTE	State MI	Zip Code 48453-0355	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer UAW LOCAL 9699	Occupation LOCAL UNION OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. GLENDA J DEERING		Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2005	
Mailing Address PO BOX 355		Transaction ID: SA11A1.56743	
City MARLETTE	State MI	Zip Code 48453-0355	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer UAW LOCAL 9699	Occupation LOCAL UNION OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

SUBTOTAL of Receipts This Page (optional) ▶	60.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	PAGE 75 / 425
	(check only one)	<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) GLENDA J DEERING		Date of Receipt M M / D D / Y Y Y Y Y 09 / 02 / 2005	
Mailing Address PO BOX 355		Transaction ID: SA11A1.53085	
City MARLETTE	State MI	Amount of Each Receipt this Period 20.00	
Zip Code 48453-0355		FEC ID number of contributing federal political committee. C	
Name of Employer UAW LOCAL 9699	Occupation LOCAL UNION OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

B. Full Name (Last, First, Middle Initial) GLENDA J DEERING		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2005	
Mailing Address PO BOX 355		Transaction ID: SA11A1.51849	
City MARLETTE	State MI	Amount of Each Receipt this Period 20.00	
Zip Code 48453-0355		FEC ID number of contributing federal political committee. C	
Name of Employer UAW LOCAL 9699	Occupation LOCAL UNION OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

C. Full Name (Last, First, Middle Initial) GLENDA J DEERING		Date of Receipt M M / D D / Y Y Y Y Y 12 / 22 / 2005	
Mailing Address PO BOX 355		Transaction ID: SA11A1.59052	
City MARLETTE	State MI	Amount of Each Receipt this Period 60.00	
Zip Code 48453-0355		FEC ID number of contributing federal political committee. C	
Name of Employer UAW LOCAL 9699	Occupation LOCAL UNION OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00		

SUBTOTAL of Receipts This Page (optional) ▶	100.00
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. EMILE DELBIANCO		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 5	
Mailing Address 381 STARVIEW DR		Transaction ID: SA11A1.58539	
City BRUNSWICK	State OH	Zip Code 44212-1724	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			
Name of Employer ALCOA INC.	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) B. EMILE DELBIANCO		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 5	
Mailing Address 381 STARVIEW DR		Transaction ID: SA11A1.56242	
City BRUNSWICK	State OH	Zip Code 44212-1724	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer ALCOA INC.	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) C. EMILE DELBIANCO		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5	
Mailing Address 381 STARVIEW DR		Transaction ID: SA11A1.58540	
City BRUNSWICK	State OH	Zip Code 44212-1724	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer ALCOA INC.	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	150.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 77 / 425
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. DENNIS DEWYER		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2005	
Mailing Address 47 ROSEMARY AVE		Transaction ID: SA11A1.57423	
City BUFFALO	State NY	Zip Code 14216-1614	Amount of Each Receipt this Period 210.00
FEC ID number of contributing federal political committee. C			
Name of Employer AMERICAN AXLE & MFG INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00		

Full Name (Last, First, Middle Initial) B. DENNIS DEWYER		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2005	
Mailing Address 47 ROSEMARY AVE		Transaction ID: SA11A1.55034	
City BUFFALO	State NY	Zip Code 14216-1614	Amount of Each Receipt this Period 210.00
FEC ID number of contributing federal political committee. C			
Name of Employer AMERICAN AXLE & MFG INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 770.00		

Full Name (Last, First, Middle Initial) C. DENNIS DEWYER		Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2005	
Mailing Address 47 ROSEMARY AVE		Transaction ID: SA11A1.52550	
City BUFFALO	State NY	Zip Code 14216-1614	Amount of Each Receipt this Period 140.00
FEC ID number of contributing federal political committee. C			
Name of Employer AMERICAN AXLE & MFG INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 910.00		

SUBTOTAL of Receipts This Page (optional) ▶	560.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. ANDREA DHONDT		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address 433 BOXHALL ROAD		Transaction ID: SA11A1.46595
City TOLEDO	State OH	Zip Code 43612
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.50
Name of Employer UAW LOCAL UNION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.50	

Full Name (Last, First, Middle Initial) B. ANDREA DHONDT		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 9 / 2 0 0 5
Mailing Address 433 BOXHALL ROAD		Transaction ID: SA11A1.46937
City TOLEDO	State OH	Zip Code 43612
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.50
Name of Employer UAW LOCAL UNION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. CLIFFORD DICK		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address PO BOX 812		Transaction ID: SA11A1.61886
City MENDON	State MI	Zip Code 49072-0812
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	325.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 79 / 425
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. RICHARD DICKSON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 5	
Mailing Address 1986 N MICHIGAN ST		Transaction ID: SA11A1.50675	
City TOLEDO	State OH	Amount of Each Receipt this Period 25.00	
Zip Code 43611-3718			
FEC ID number of contributing federal political committee. C			
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) B. RICHARD DICKSON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 1986 N MICHIGAN ST		Transaction ID: SA11A1.51947	
City TOLEDO	State OH	Amount of Each Receipt this Period 25.00	
Zip Code 43611-3718			
FEC ID number of contributing federal political committee. C			
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. RICHARD DICKSON		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5	
Mailing Address 1986 N MICHIGAN ST		Transaction ID: SA11A1.53208	
City TOLEDO	State OH	Amount of Each Receipt this Period 25.00	
Zip Code 43611-3718			
FEC ID number of contributing federal political committee. C			
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

SUBTOTAL of Receipts This Page (optional) ▶	75.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. RICHARD DICKSON		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 5	
Mailing Address 1986 N MICHIGAN ST		Transaction ID: SA11A1.53209	
City State Zip Code TOLEDO OH 43611-3718		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer ST VINCENT MERCY MEDICAL CEN		Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. PAUL DIETZ		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 5	
Mailing Address 235 DENTON DRIVE		Transaction ID: SA11A1.50567	
City State Zip Code DALLASTOWN PA 17313-1417		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C			
Name of Employer YORK INTERNATIONAL CORPORATION		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 216.00	

Full Name (Last, First, Middle Initial) C. RONALD DOGAN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 3859 WOODRIDGE BLVD #A10		Transaction ID: SA11A1.51481	
City State Zip Code FAIRFIELD OH 45014-7638		Amount of Each Receipt this Period 24.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL ELECTRIC CO		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional) ▶	79.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 81 / 425
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. T DOHERTY		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2005	
Mailing Address 6094 VERSAILLES RD		Transaction ID: SA11A1.49251	
City LAKEVIEW	State NY	Amount of Each Receipt this Period 300.00	
Zip Code 14085		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer FORD MOTOR COMPANY		Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. T DOHERTY		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2005	
Mailing Address 6094 VERSAILLES RD		Transaction ID: SA11A1.50662	
City LAKEVIEW	State NY	Amount of Each Receipt this Period 100.00	
Zip Code 14085		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer FORD MOTOR COMPANY		Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. T DOHERTY		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2005	
Mailing Address 6094 VERSAILLES RD		Transaction ID: SA11A1.55662	
City LAKEVIEW	State NY	Amount of Each Receipt this Period 25.00	
Zip Code 14085		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer FORD MOTOR COMPANY		Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

SUBTOTAL of Receipts This Page (optional) ▶	425.00
TOTAL This Period (last page this line number only) ▶	425.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 82 / 425
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) D Donaldson		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2005
Mailing Address 719 FORT JENNINGS RD		Transaction ID: SA11A1.55362
City DELPHOS State OH Zip Code 45833-1365	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL DYNAMICS CORP Occupation FACTORY WORKER	Aggregate Year-to-Date ▼ 210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) D Donaldson		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2005
Mailing Address 719 FORT JENNINGS RD		Transaction ID: SA11A1.48907
City DELPHOS State OH Zip Code 45833-1365	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL DYNAMICS CORP Occupation FACTORY WORKER	Aggregate Year-to-Date ▼ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) D Donaldson		Date of Receipt M M / D D / Y Y Y Y 10 / 25 / 2005
Mailing Address 719 FORT JENNINGS RD		Transaction ID: SA11A1.57681
City DELPHOS State OH Zip Code 45833-1365	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL DYNAMICS CORP Occupation FACTORY WORKER	Aggregate Year-to-Date ▼ 270.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	90.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
D Donaldson

Mailing Address 719 FORT JENNINGS RD

City State Zip Code
DELPHOS OH 45833-1365

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

Name of Employer Occupation
GENERAL DYNAMICS CORP FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 5

Transaction ID: SA11A1.51622

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
KRISTIN DONALDSON

Mailing Address 1001 HOOK WALTZ RD W

City State Zip Code
LIMA OH 45807-9580

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

Name of Employer Occupation
DAIMLERCHRYSLER FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 5

Transaction ID: SA11A1.54567

Amount of Each Receipt this Period
50.00

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

Mailing Address 1001 HOOK WALTZ RD W

City State Zip Code
LIMA OH 45807-9580

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

Name of Employer Occupation
DAIMLERCHRYSLER FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 5

Transaction ID: SA11A1.49402

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	▶	105.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. KRISTIN DONALDSON		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5	
Mailing Address 1001 HOOK WALTZ RD W		Transaction ID: SA11A1.50789	
City LIMA	State OH	Zip Code 45807-9580	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. LARRY DONALDSON		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 5	
Mailing Address 1001 HOOK WALTZ RD W		Transaction ID: SA11A1.59455	
City LIMA	State OH	Zip Code 45807-9580	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL DYNAMICS CORP	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. LARRY DONALDSON		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 5	
Mailing Address 1001 HOOK WALTZ RD W		Transaction ID: SA11A1.59453	
City LIMA	State OH	Zip Code 45807-9580	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL DYNAMICS CORP	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional) ▶	225.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. LARRY DONALDSON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 5	
Mailing Address 1001 HOOK WALTZ RD W		Transaction ID: SA11A1.59454	
City LIMA	State OH	Amount of Each Receipt this Period 100.00	
Zip Code 45807-9580			
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL DYNAMICS CORP	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) B. LARRY DONALDSON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 5	
Mailing Address 1001 HOOK WALTZ RD W		Transaction ID: SA11A1.58292	
City LIMA	State OH	Amount of Each Receipt this Period 50.00	
Zip Code 45807-9580			
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL DYNAMICS CORP	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. LARRY DONALDSON		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5	
Mailing Address 1001 HOOK WALTZ RD W		Transaction ID: SA11A1.49655	
City LIMA	State OH	Amount of Each Receipt this Period 50.00	
Zip Code 45807-9580			
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL DYNAMICS CORP	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

SUBTOTAL of Receipts This Page (optional) ▶	200.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. MARK A DOWELL		Date of Receipt M M / D D / Y Y Y Y Y 07 / 29 / 2005	
Mailing Address 3906 CARRIAGE POINTE DR		Transaction ID: SA11A1.50015	
City State Zip Code CRESTWOOD KY 40014-8540	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) B. MARK A DOWELL		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2005	
Mailing Address 3906 CARRIAGE POINTE DR		Transaction ID: SA11A1.48587	
City State Zip Code CRESTWOOD KY 40014-8540	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) C. MARK A DOWELL		Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2005	
Mailing Address 3906 CARRIAGE POINTE DR		Transaction ID: SA11A1.56287	
City State Zip Code CRESTWOOD KY 40014-8540	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	200.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. J Ducker		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 4701 SHADY HILL DR		Transaction ID: SA11A1.58770	
City FORT WORTH	State TX	Amount of Each Receipt this Period 60.00	
Zip Code 76119-7546			
FEC ID number of contributing federal political committee. C			
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00		

Full Name (Last, First, Middle Initial) B. J Dunn		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 1711 E RED BIRD LN		Transaction ID: SA11A1.56843	
City DALLAS	State TX	Amount of Each Receipt this Period 60.00	
Zip Code 75241-2115			
FEC ID number of contributing federal political committee. C			
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) C. TRACY A DURANT		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 9 / 2 0 0 5	
Mailing Address 19701 SCHAEFER		Transaction ID: SA11A1.57061	
City DETROIT	State MI	Amount of Each Receipt this Period 9.00	
Zip Code 48235			
FEC ID number of contributing federal political committee. C			
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 454.00		

SUBTOTAL of Receipts This Page (optional) ▶	129.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. TRACY A DURANT		Date of Receipt MM / DD / YYYY 08 / 24 / 2005
Mailing Address 19701 SCHAEFER		Transaction ID: SA11A1.61698
City DETROIT	State MI	Zip Code 48235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 18.00
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 472.00	

Full Name (Last, First, Middle Initial) B. TRACY A DURANT		Date of Receipt MM / DD / YYYY 09 / 15 / 2005
Mailing Address 19701 SCHAEFER		Transaction ID: SA11A1.58209
City DETROIT	State MI	Zip Code 48235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.00
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 481.00	

Full Name (Last, First, Middle Initial) C. HARVEY DURHAM		Date of Receipt MM / DD / YYYY 09 / 01 / 2005
Mailing Address 1276 FIRST AVENUE		Transaction ID: SA11A1.49547
City LAWRENCEBURG	State TN	Zip Code 38464
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer MURRAY, INC.	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	277.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 89 / 425
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. CARROLL EASON		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5	
Mailing Address 16007 GLENMIRO DRIVE		Transaction ID: SA11A1.51736	
City State Zip Code HUNTERSVILLE NC 28078	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C			
Name of Employer FREIGHTLINER	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) B. RANDY W ECKSTROM		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 5	
Mailing Address 6362 N BELSAY RD		Transaction ID: SA11A1.58952	
City State Zip Code FLINT MI 48506	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

Full Name (Last, First, Middle Initial) C. RANDY W ECKSTROM		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 5	
Mailing Address 6362 N BELSAY RD		Transaction ID: SA11A1.60134	
City State Zip Code FLINT MI 48506	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00		

SUBTOTAL of Receipts This Page (optional) ▶	125.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) RANDY W ECKSTROM		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2005
Mailing Address 6362 N BELSAY RD		Transaction ID: SA11A1.54218
City State Zip Code FLINT MI 48506	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	

B. Full Name (Last, First, Middle Initial) RANDY W ECKSTROM		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2005
Mailing Address 6362 N BELSAY RD		Transaction ID: SA11A1.55459
City State Zip Code FLINT MI 48506	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

C. Full Name (Last, First, Middle Initial) RANDY W ECKSTROM		Date of Receipt M M / D D / Y Y Y Y 12 / 15 / 2005
Mailing Address 6362 N BELSAY RD		Transaction ID: SA11A1.55458
City State Zip Code FLINT MI 48506	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 505.00	

SUBTOTAL of Receipts This Page (optional) ▶	100.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 91 / 425
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
ROBERT EDDINGTON

Mailing Address 3251 KNOXVILLE AVENUE

City State Zip Code
LONG BEACH CA 90808

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

Name of Employer Occupation
RETIREED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 1 / 2 0 0 5

Transaction ID: SA11A1.61295

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
OLIVER EDMONDSON

Mailing Address 3217 KIESTWOOD DR

City State Zip Code
DALLAS TX 75233-2821

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

Name of Employer Occupation
NAVISTAR INTERNATIONAL CO-RP FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 5

Transaction ID: SA11A1.59451

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
LARRY W EDMONSON

Mailing Address 5277 FM ROAD 55

City State Zip Code
BLOOMING GROVE TX 76626-9778

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

Name of Employer Occupation
LOCKHEED MARTIN CORPORATI-ON FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 518.50

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 5

Transaction ID: SA11A1.50535

Amount of Each Receipt this Period
187.00

SUBTOTAL of Receipts This Page (optional)	▶	512.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) LARRY W EDMONSON		Date of Receipt M M / D D / Y Y Y Y 09 / 09 / 2005
Mailing Address 5277 FM ROAD 55		Transaction ID: SA11A1.54321
City State Zip Code BLOOMING GROVE TX 76626-9778	Amount of Each Receipt this Period 34.00	
FEC ID number of contributing federal political committee. C		
Name of Employer LOCKHEED MARTIN CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 552.50	

B. Full Name (Last, First, Middle Initial) DOUGLAS P ELWER		Date of Receipt M M / D D / Y Y Y Y 11 / 17 / 2005
Mailing Address 9942 OPENLANDER RD		Transaction ID: SA11A1.59058
City State Zip Code SHERWOOD OH 43556-9751	Amount of Each Receipt this Period 28.85	
FEC ID number of contributing federal political committee. C		
Name of Employer METAL MANAGEMENT, INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.97	

C. Full Name (Last, First, Middle Initial) DOUGLAS P ELWER		Date of Receipt M M / D D / Y Y Y Y 12 / 02 / 2005
Mailing Address 9942 OPENLANDER RD		Transaction ID: SA11A1.61401
City State Zip Code SHERWOOD OH 43556-9751	Amount of Each Receipt this Period 23.08	
FEC ID number of contributing federal political committee. C		
Name of Employer METAL MANAGEMENT, INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.05	

SUBTOTAL of Receipts This Page (optional) ▶	85.93
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. DANNY J ERNSTES		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 5	
Mailing Address 205 S JEFFERSON		Transaction ID: SA11A1.57436	
City FAIRLAND	State IN	Amount of Each Receipt this Period 25.00	
Zip Code 46126			
FEC ID number of contributing federal political committee. C			
Name of Employer NAVISTAR INTERNATIONAL CO- RP	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) B. G Escamilla		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 2330 SHERIFF DR		Transaction ID: SA11A1.50442	
City GRAND PRAIRIE	State TX	Amount of Each Receipt this Period 60.00	
Zip Code 75051-4211			
FEC ID number of contributing federal political committee. C			
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00		

Full Name (Last, First, Middle Initial) C. A Escobar		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 5115 CURZON AVE		Transaction ID: SA11A1.60453	
City FORT WORTH	State TX	Amount of Each Receipt this Period 60.00	
Zip Code 76107-6042			
FEC ID number of contributing federal political committee. C			
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00		

SUBTOTAL of Receipts This Page (optional) ▶	145.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 / 425		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. A Esparza		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address 922 INDIAN HILLS DR		Transaction ID: SA11A1.55038
City GRAND PRAIRIE	State TX	Zip Code 75051-2927
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

Full Name (Last, First, Middle Initial) B. BETTY ESPINOZA		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 5
Mailing Address 19432 LEMAY STREET		Transaction ID: SA11A1.54573
City RESEDA	State CA	Zip Code 91335
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. BETTY ESPINOZA		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5
Mailing Address 19432 LEMAY STREET		Transaction ID: SA11A1.56957
City RESEDA	State CA	Zip Code 91335
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	660.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
SANTOS T ESPINOZA

Mailing Address 1108 PALMERA DR

City State Zip Code
LA FERIA TX 78559-6236

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

Name of Employer Occupation
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 5

Transaction ID: SA11A1.54453

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
OMAR ESTRADA

Mailing Address 316 E ROSEWOOD

City State Zip Code
DEFIANCE OH 43512

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

Name of Employer Occupation
METAL MANAGEMENT, INC FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 2 / 2 0 0 5

Transaction ID: SA11A1.49142

Amount of Each Receipt this Period
23.08

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

Mailing Address 5488 HIDDEN VALLEY TRL

City State Zip Code
LINDEN MI 48451-8832

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

Name of Employer Occupation
HEALTHPLUS OF MICHIGAN, INC TECHNICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 205.71

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 5

Transaction ID: SA11A1.59565

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	▶	73.08
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. JOYCE EWLES		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 5	
Mailing Address 5488 HIDDEN VALLEY TRL		Transaction ID: SA11A1.49788	
City State Zip Code LINDEN MI 48451-8832	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HEALTHPLUS OF MICHIGAN, INC	Occupation TECHNICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.71		

Full Name (Last, First, Middle Initial) B. JOYCE EWLES		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 5	
Mailing Address 5488 HIDDEN VALLEY TRL		Transaction ID: SA11A1.54901	
City State Zip Code LINDEN MI 48451-8832	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HEALTHPLUS OF MICHIGAN, INC	Occupation TECHNICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.71		

Full Name (Last, First, Middle Initial) C. FRED FABI		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 5	
Mailing Address 19450 GULF BLVD #505		Transaction ID: SA11A1.56634	
City State Zip Code INDIAN SHORES FL 33785	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. DANIEL L FAIRBANKS		Date of Receipt M M / D D / Y Y Y Y Y 07 / 25 / 2005	
Mailing Address 9526 ASH ST		Transaction ID: SA11A1.62129	
City OVERLAND PARK	State KS	Zip Code 66207-3225	Amount of Each Receipt this Period 5.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00		

Full Name (Last, First, Middle Initial) B. DANIEL L FAIRBANKS		Date of Receipt M M / D D / Y Y Y Y Y 07 / 29 / 2005	
Mailing Address 9526 ASH ST		Transaction ID: SA11A1.61926	
City OVERLAND PARK	State KS	Zip Code 66207-3225	Amount of Each Receipt this Period 105.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 545.00		

Full Name (Last, First, Middle Initial) C. DANIEL L FAIRBANKS		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2005	
Mailing Address 9526 ASH ST		Transaction ID: SA11A1.62070	
City OVERLAND PARK	State KS	Zip Code 66207-3225	Amount of Each Receipt this Period 210.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 755.00		

SUBTOTAL of Receipts This Page (optional) ▶	320.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) DANIEL L FAIRBANKS		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005	
Mailing Address 9526 ASH ST		Transaction ID: SA11A1.62071	
City OVERLAND PARK	State KS	Zip Code 66207-3225	Amount of Each Receipt this Period 210.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 965.00		

B. Full Name (Last, First, Middle Initial) DANIEL L FAIRBANKS		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2005	
Mailing Address 9526 ASH ST		Transaction ID: SA11A1.61974	
City OVERLAND PARK	State KS	Zip Code 66207-3225	Amount of Each Receipt this Period 105.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1070.00		

C. Full Name (Last, First, Middle Initial) CLARA FAULKNER		Date of Receipt M M / D D / Y Y Y Y 12 / 19 / 2005	
Mailing Address 4712 LEONARD ST		Transaction ID: SA11A1.50099	
City FORT WORTH	State TX	Zip Code 76119-7541	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer BALL CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

SUBTOTAL of Receipts This Page (optional) ▶	340.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 99 / 425
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) E Feeler		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 7516 MEADOWLARK LN N		Transaction ID: SA11A1.53336	
City State Zip Code WATAUGA TX 76148-1738		Amount of Each Receipt this Period 54.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation VOUGHT AIRCRAFT COMPANY FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

B. Full Name (Last, First, Middle Initial) CLAYTON FILLMORE		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 5	
Mailing Address 315 GLEN GARY DR		Transaction ID: SA11A1.61452	
City State Zip Code MOUNT MORRIS MI 48458-8912		Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation GENERAL MOTORS CORPORATION FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00	

C. Full Name (Last, First, Middle Initial) RUDY FLOREZ		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 5	
Mailing Address 1735 EAST MARY		Transaction ID: SA11A1.52558	
City State Zip Code VISALIA CA 93292-1439		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation EXIDE CORP FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	434.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 100 / 425
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
MONIQUE L FORD

Mailing Address **5 WINTERFIELD COURT**

City **TOLEDO** State **OH** Zip Code **43607**

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

Name of Employer **ST VINCENT MERCY MEDICAL CEN** Occupation **TECHNICIAN**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2005

Transaction ID: SA11A1.59824

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MONIQUE L FORD

Mailing Address **5 WINTERFIELD COURT**

City **TOLEDO** State **OH** Zip Code **43607**

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

Name of Employer **ST VINCENT MERCY MEDICAL CEN** Occupation **TECHNICIAN**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
M M / D D / Y Y Y Y
10 / 07 / 2005

Transaction ID: SA11A1.56354

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MONIQUE L FORD

Mailing Address **5 WINTERFIELD COURT**

City **TOLEDO** State **OH** Zip Code **43607**

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

Name of Employer **ST VINCENT MERCY MEDICAL CEN** Occupation **TECHNICIAN**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
M M / D D / Y Y Y Y
10 / 18 / 2005

Transaction ID: SA11A1.55159

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 / 425		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. MONIQUE L FORD		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5	
Mailing Address 5 WINTERFIELD COURT		Transaction ID: SA11A1.57504	
City State Zip Code TOLEDO OH 43607		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation ST VINCENT MERCY MEDICAL CEN TECHNICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. ANNA FOSTER		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 5	
Mailing Address 67733 LAKE TRL		Transaction ID: SA11A1.47028	
City State Zip Code LAKEVILLE IN 45536-9409		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation L T V CORPORATION FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. JAMES W FOSTER		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 5	
Mailing Address 7300 MURKINS RD		Transaction ID: SA11A1.58678	
City State Zip Code KANSAS CITY MO 64133-7002		Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation FORD MOTOR COMPANY FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 490.00	

SUBTOTAL of Receipts This Page (optional) ▶	125.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 102 / 425
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. JAMES W FOSTER		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005	
Mailing Address 7300 MURKINS RD		Transaction ID: SA11A1.59857	
City KANSAS CITY	State MO	Amount of Each Receipt this Period 140.00	
Zip Code 64133-7002		Amount of Each Receipt this Period 140.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 140.00	
Name of Employer FORD MOTOR COMPANY		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 630.00	

Full Name (Last, First, Middle Initial) B. JAMES W FOSTER		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2005	
Mailing Address 7300 MURKINS RD		Transaction ID: SA11A1.52683	
City KANSAS CITY	State MO	Amount of Each Receipt this Period 70.00	
Zip Code 64133-7002		Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.00	
Name of Employer FORD MOTOR COMPANY		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) C. LAWRENCE FOSTER		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2005	
Mailing Address 67733 LAKE TRAIL		Transaction ID: SA11A1.61676	
City LAKEVILLE	State IN	Amount of Each Receipt this Period 300.00	
Zip Code 46536		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer CENTRAL MFG		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	510.00
TOTAL This Period (last page this line number only)	510.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) MATTHEW P FOWLER		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 5	
Mailing Address 232 LINCOLN		Transaction ID: SA11A1.47521	
City SWANTON	State OH	Zip Code 43558	Amount of Each Receipt this Period 5.77
FEC ID number of contributing federal political committee. C			
Name of Employer JOHNSON CONTROLS INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.95		

B. Full Name (Last, First, Middle Initial) MATTHEW P FOWLER		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 8 / 2 0 0 5	
Mailing Address 232 LINCOLN		Transaction ID: SA11A1.48190	
City SWANTON	State OH	Zip Code 43558	Amount of Each Receipt this Period 5.77
FEC ID number of contributing federal political committee. C			
Name of Employer JOHNSON CONTROLS INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.72		

C. Full Name (Last, First, Middle Initial) MATTHEW P FOWLER		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 5	
Mailing Address 232 LINCOLN		Transaction ID: SA11A1.48189	
City SWANTON	State OH	Zip Code 43558	Amount of Each Receipt this Period 11.54
FEC ID number of contributing federal political committee. C			
Name of Employer JOHNSON CONTROLS INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 219.26		

SUBTOTAL of Receipts This Page (optional) ▶	23.08
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) MATTHEW P FOWLER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 5
Mailing Address 232 LINCOLN		Transaction ID: SA11A1.46665
City State Zip Code SWANTON OH 43558	Amount of Each Receipt this Period 5.77	
FEC ID number of contributing federal political committee. C		
Name of Employer JOHNSON CONTROLS INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.03	

B. Full Name (Last, First, Middle Initial) MATTHEW P FOWLER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5
Mailing Address 232 LINCOLN		Transaction ID: SA11A1.46666
City State Zip Code SWANTON OH 43558	Amount of Each Receipt this Period 5.77	
FEC ID number of contributing federal political committee. C		
Name of Employer JOHNSON CONTROLS INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.80	

C. Full Name (Last, First, Middle Initial) MATTHEW P FOWLER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 5
Mailing Address 232 LINCOLN		Transaction ID: SA11A1.48020
City State Zip Code SWANTON OH 43558	Amount of Each Receipt this Period 5.77	
FEC ID number of contributing federal political committee. C		
Name of Employer JOHNSON CONTROLS INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 236.57	

SUBTOTAL of Receipts This Page (optional) ▶	17.31
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) MATTHEW P FOWLER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5	
Mailing Address 232 LINCOLN		Transaction ID: SA11A1.47008	
City SWANTON	State OH	Zip Code 43558	Amount of Each Receipt this Period 5.77
FEC ID number of contributing federal political committee. C			
Name of Employer JOHNSON CONTROLS INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.34		

B. Full Name (Last, First, Middle Initial) THOMAS C. FRANCIS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5	
Mailing Address 4196 SR 47		Transaction ID: SA11A1.47473	
City FT LORAMIE	State OH	Zip Code 45845	Amount of Each Receipt this Period 28.00
FEC ID number of contributing federal political committee. C			
Name of Employer GOODRICH B F CO	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 217.00		

C. Full Name (Last, First, Middle Initial) PEGGY A FREEMAN		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 5	
Mailing Address 4835 HANCE LN		Transaction ID: SA11A1.53169	
City MOSCOW MILLS	State MO	Zip Code 63362-1833	Amount of Each Receipt this Period 70.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

SUBTOTAL of Receipts This Page (optional) ▶	103.77
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. PEGGY A FREEMAN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5	
Mailing Address 4835 HANCE LN		Transaction ID: SA11A1.56825	
City MOSCOW MILLS	State MO	Amount of Each Receipt this Period 35.00	
Zip Code 63362-1833			
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00		

Full Name (Last, First, Middle Initial) B. PEGGY A FREEMAN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5	
Mailing Address 4835 HANCE LN		Transaction ID: SA11A1.51928	
City MOSCOW MILLS	State MO	Amount of Each Receipt this Period 5.00	
Zip Code 63362-1833			
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. MARY FRIEDLANDER		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5	
Mailing Address 718 MARK AVENUE		Transaction ID: SA11A1.53472	
City HAMILTON	State OH	Amount of Each Receipt this Period 24.00	
Zip Code 45013-1739			
FEC ID number of contributing federal political committee. C			
Name of Employer PHILIP MORRIS	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00		

SUBTOTAL of Receipts This Page (optional) ▶	64.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 107 / 425
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
MARK FRYE

Mailing Address 1013 MT. ULLA HIGHWAY

City State Zip Code
MOORESVILLE NC 28115

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

Name of Employer Occupation
DAIMLERCHRYSLER FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	9	/	2	0	0	5

Transaction ID: SA11A1.49535

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
STEPHEN A GAJEWSKI

Mailing Address 13410 FIELDCREEK LN

City State Zip Code
RENO NV 89511-6620

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

Name of Employer Occupation
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 312.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	9	/	2	0	0	5

Transaction ID: SA11A1.52141

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
CHRISTOP A GALLAGHER

Mailing Address 15906 RYLAND

City State Zip Code
REDFORD MI 48239-3951

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

Name of Employer Occupation
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	7	/	2	0	0	5

Transaction ID: SA11A1.51571

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ► **640.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. JEFF GALLEGOS		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	7	/	2	0	0	5													
Mailing Address 1228 SCHULTZ ST		Transaction ID: SA11A1.56406																				
City DEFIANCE	State OH	Zip Code 43512-2916																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00																				
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00																					

Full Name (Last, First, Middle Initial) B. JAMES R GASTON		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	2	2	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	2	2	/	2	0	0	5													
Mailing Address 43375 CAMBRIDGE DR		Transaction ID: SA11A1.58382																				
City STERLING HTS	State MI	Zip Code 48313-1814																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00																				
Name of Employer LEAR CORPORATION	Occupation FACTORY WORKER																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00																					

Full Name (Last, First, Middle Initial) C. SANDRA L GATSON		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	2	7	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y													
0	9	/	2	7	/	2	0	0	5													
Mailing Address 1522 LAKECREST ST		Transaction ID: SA11A1.56234																				
City GRAND PRAIRIE	State TX	Zip Code 75051-3447																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00																				
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00																					

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 109 / 425
 (check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
SANDRA L GATSON

Mailing Address **1522 LAKECREST ST**

City **GRAND PRAIRIE** State **TX** Zip Code **75051-3447**

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

Name of Employer **GENERAL MOTORS CORPORATION** Occupation **FACTORY WORKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2005

Transaction ID: SA11A1.56235

Amount of Each Receipt this Period
175.00

B. Full Name (Last, First, Middle Initial)
SANDRA L GATSON

Mailing Address **1522 LAKECREST ST**

City **GRAND PRAIRIE** State **TX** Zip Code **75051-3447**

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

Name of Employer **GENERAL MOTORS CORPORATION** Occupation **FACTORY WORKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
M M / D D / Y Y Y Y
11 / 07 / 2005

Transaction ID: SA11A1.49952

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
THOMAS H GENDERNALIK

Mailing Address **6424 WINANS LAKE RD**

City **BRIGHTON** State **MI** Zip Code **48116-9121**

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

Name of Employer **GENERAL MOTORS CORPORATION** Occupation **FACTORY WORKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2005

Transaction ID: SA11A1.55119

Amount of Each Receipt this Period
5.00

SUBTOTAL of Receipts This Page (optional)	280.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
THOMAS H GENDERNALIK

Mailing Address 6424 WINANS LAKE RD

City State Zip Code
BRIGHTON MI 48116-9121

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

Name of Employer Occupation
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2005

Transaction ID: SA11A1.58618

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
THOMAS H GENDERNALIK

Mailing Address 6424 WINANS LAKE RD

City State Zip Code
BRIGHTON MI 48116-9121

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

Name of Employer Occupation
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2005

Transaction ID: SA11A1.57479

Amount of Each Receipt this Period
10.00

C. Full Name (Last, First, Middle Initial)
THOMAS H GENDERNALIK

Mailing Address 6424 WINANS LAKE RD

City State Zip Code
BRIGHTON MI 48116-9121

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

Name of Employer Occupation
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 07 / 2005

Transaction ID: SA11A1.53882

Amount of Each Receipt this Period
5.00

SUBTOTAL of Receipts This Page (optional) ► 25.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 111 / 425						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. THERESA GERKE		Date of Receipt MM / DD / YYYY 12 / 02 / 2005
Mailing Address 4022 WESTWAY ST.,		Transaction ID: SA11A1.47789
City TOLEDO	State OH	Zip Code 43612
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.50
Name of Employer UAW LOCAL UNION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.50	

Full Name (Last, First, Middle Initial) B. THERESA GERKE		Date of Receipt MM / DD / YYYY 12 / 19 / 2005
Mailing Address 4022 WESTWAY ST.,		Transaction ID: SA11A1.47655
City TOLEDO	State OH	Zip Code 43612
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.50
Name of Employer UAW LOCAL UNION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. R Giesecke		Date of Receipt MM / DD / YYYY 10 / 18 / 2005
Mailing Address 7809 LITTLE BRANCH RD		Transaction ID: SA11A1.56444
City WAXAHACHIE	State TX	Zip Code 75167-9388
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

SUBTOTAL of Receipts This Page (optional)	▶	85.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. JIMMY GIVENS		Date of Receipt M M / D D / Y Y Y Y 07 / 29 / 2005
Mailing Address 8956 HAPPY VALLEY RD		Transaction ID: SA11A1.52635
City CAVE CITY	State KY	Zip Code 42127-9414
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 227.00	

Full Name (Last, First, Middle Initial) B. JIMMY GIVENS		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2005
Mailing Address 8956 HAPPY VALLEY RD		Transaction ID: SA11A1.56336
City CAVE CITY	State KY	Zip Code 42127-9414
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 277.00	

Full Name (Last, First, Middle Initial) C. JIMMY GIVENS		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005
Mailing Address 8956 HAPPY VALLEY RD		Transaction ID: SA11A1.53901
City CAVE CITY	State KY	Zip Code 42127-9414
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 327.00	

SUBTOTAL of Receipts This Page (optional) ▶	125.00
TOTAL This Period (last page this line number only) ▶	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 113 / 425
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. JIMMY GIVENS		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 8956 HAPPY VALLEY RD		Transaction ID: SA11A1.56337
City CAVE CITY	State KY	Zip Code 42127-9414
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 352.00	

Full Name (Last, First, Middle Initial) B. J Gomez Jr		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address 2534 W CLARENDON DR		Transaction ID: SA11A1.51836
City DALLAS	State TX	Zip Code 75211-5348
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

Full Name (Last, First, Middle Initial) C. ROBERT S GORDON		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 5
Mailing Address 5208 LITTLE MOUNTAIN RD.		Transaction ID: SA11A1.61579
City GASTONIA	State NC	Zip Code 28056-6916
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
ROBERT S GORDON

Mailing Address **5208 LITTLE MOUNTAIN RD.**

City **GASTONIA** State **NC** Zip Code **28056-6916**

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

Name of Employer **DAIMLERCHRYSLER** Occupation **FACTORY WORKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt
M M / D D / Y Y Y Y
11 / 28 / 2005

Transaction ID: SA11A1.52069

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
ROBERT S GORDON

Mailing Address **5208 LITTLE MOUNTAIN RD.**

City **GASTONIA** State **NC** Zip Code **28056-6916**

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

Name of Employer **DAIMLERCHRYSLER** Occupation **FACTORY WORKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt
M M / D D / Y Y Y Y
12 / 21 / 2005

Transaction ID: SA11A1.50788

Amount of Each Receipt this Period
40.00

C. Full Name (Last, First, Middle Initial)
JOSEPH D GORSICK

Mailing Address **2512 REGAL RD**

City **LA GRANGE** State **KY** Zip Code **40031-9499**

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

Name of Employer **FORD MOTOR COMPANY** Occupation **FACTORY WORKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2005

Transaction ID: SA11A1.57072

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	130.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. JOSEPH D GORSICK		Date of Receipt MM / DD / YYYY 08 / 25 / 2005
Mailing Address 2512 REGAL RD		Transaction ID: SA11A1.55911
City LA GRANGE	State KY	Zip Code 40031-9499
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. JOSEPH D GORSICK		Date of Receipt MM / DD / YYYY 09 / 28 / 2005
Mailing Address 2512 REGAL RD		Transaction ID: SA11A1.54690
City LA GRANGE	State KY	Zip Code 40031-9499
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. JOSEPH D GORSICK		Date of Receipt MM / DD / YYYY 11 / 07 / 2005
Mailing Address 2512 REGAL RD		Transaction ID: SA11A1.54691
City LA GRANGE	State KY	Zip Code 40031-9499
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. DAVID K GRANT		Date of Receipt M M / D D / Y Y Y Y 07 / 29 / 2005	
Mailing Address PO BOX 308		Transaction ID: SA11A1.50984	
City State Zip Code PLEASANT HILL MO 64080-0308		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation FORD MOTOR COMPANY FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. DAVID K GRANT		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005	
Mailing Address PO BOX 308		Transaction ID: SA11A1.57120	
City State Zip Code PLEASANT HILL MO 64080-0308		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation FORD MOTOR COMPANY FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. DAVID K GRANT		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2005	
Mailing Address PO BOX 308		Transaction ID: SA11A1.57121	
City State Zip Code PLEASANT HILL MO 64080-0308		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation FORD MOTOR COMPANY FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	200.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 117 / 425
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
MICHAEL GREGG

Mailing Address 1751 AVALON RD

City State Zip Code
CLEVELAND OH 44112

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

Name of Employer ALCOA INC. Occupation FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 0 5

Transaction ID: SA11A1.52882

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MICHAEL GREGG

Mailing Address 1751 AVALON RD

City State Zip Code
CLEVELAND OH 44112

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

Name of Employer ALCOA INC. Occupation FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 3 / 2 0 0 5

Transaction ID: SA11A1.51623

Amount of Each Receipt this Period
25.00

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

Mailing Address 4895 E CO RD 600N

City State Zip Code
NEW CASTLE IN 47362

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

Name of Employer DAIMLERCHRYSLER Occupation FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
0 7 / 2 1 / 2 0 0 5

Transaction ID: SA11A1.58877

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	▶	375.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) ROBERT E GRIFFIN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 5
Mailing Address 50 MONROE ST		Transaction ID: SA11A1.59943
City INDIANAPOLIS	State IN	Zip Code 46229-2748
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer NAVISTAR INTERNATIONAL CO- RP	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

B. Full Name (Last, First, Middle Initial) ROGER GRIFFIN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address 220 LONG COVE LANE		Transaction ID: SA11A1.48769
City BALTIMORE	State MD	Zip Code 21221-1742
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

C. Full Name (Last, First, Middle Initial) DOUGLAS R GRIMA		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address 9044 SATELITE DR		Transaction ID: SA11A1.61896
City WHITE LAKE	State MI	Zip Code 48386-3360
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer LEAR CORP	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 343.00	

SUBTOTAL of Receipts This Page (optional) ▶	275.00
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. SHELLEY A GRISSOM		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2005
Mailing Address 9051 RIVERSIDE DR		Transaction ID: SA11A1.61021
City State Zip Code GRAND LEDGE MI 48837-9243	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. SHELLEY A GRISSOM		Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2005
Mailing Address 9051 RIVERSIDE DR		Transaction ID: SA11A1.51377
City State Zip Code GRAND LEDGE MI 48837-9243	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. J S GRUCHOLSKI		Date of Receipt M M / D D / Y Y Y Y Y 11 / 28 / 2005
Mailing Address 13098 COUNTY ROAD 4077		Transaction ID: SA11A1.49986
City State Zip Code SCURRY TX 75158-4130	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00
Name of Employer NAVISTAR INTERNATIONAL CO- RP	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	▶	175.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. MICHAEL D GULLETT		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2005	
Mailing Address 1726 KENTUCKY AVE		Transaction ID: SA11A1.61542	
City State Zip Code FLINT MI 48506-4304	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.50		

Full Name (Last, First, Middle Initial) B. MICHAEL D GULLETT		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2005	
Mailing Address 1726 KENTUCKY AVE		Transaction ID: SA11A1.52012	
City State Zip Code FLINT MI 48506-4304	Amount of Each Receipt this Period 1.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 301.50		

Full Name (Last, First, Middle Initial) C. MICHAEL D GULLETT		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005	
Mailing Address 1726 KENTUCKY AVE		Transaction ID: SA11A1.55727	
City State Zip Code FLINT MI 48506-4304	Amount of Each Receipt this Period 1.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 302.50		

SUBTOTAL of Receipts This Page (optional) ▶	302.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) MICHAEL D GULLETT		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5	
Mailing Address 1726 KENTUCKY AVE		Transaction ID: SA11A1.49343	
City State Zip Code FLINT MI 48506-4304	Amount of Each Receipt this Period 0.50		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 303.00		

B. Full Name (Last, First, Middle Initial) MICHAEL D GULLETT		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5	
Mailing Address 1726 KENTUCKY AVE		Transaction ID: SA11A1.56907	
City State Zip Code FLINT MI 48506-4304	Amount of Each Receipt this Period 5.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 308.00		

C. Full Name (Last, First, Middle Initial) DONALD M GUSEMAN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 5	
Mailing Address 7 ADRIAN CT		Transaction ID: SA11A1.55792	
City State Zip Code NEWARK DE 19713	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

SUBTOTAL of Receipts This Page (optional) ▶	30.50
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) DONALD M GUSEMAN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 5
Mailing Address 7 ADRIAN CT		Transaction ID: SA11A1.55793
City State Zip Code NEWARK DE 19713	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) PAUL GUTHRIE		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 5
Mailing Address 1483 N COUNTY ROAD 1150 W		Transaction ID: SA11A1.48561
City State Zip Code KOKOMO IN 46901-8673	Amount of Each Receipt this Period 37.50	
FEC ID number of contributing federal political committee. C		
Name of Employer LEAR CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

C. Full Name (Last, First, Middle Initial) PAUL GUTHRIE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 5
Mailing Address 1483 N COUNTY ROAD 1150 W		Transaction ID: SA11A1.59741
City State Zip Code KOKOMO IN 46901-8673	Amount of Each Receipt this Period 37.50	
FEC ID number of contributing federal political committee. C		
Name of Employer LEAR CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.50	

SUBTOTAL of Receipts This Page (optional) ▶	100.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
EARL L GWINN

Mailing Address **6945 LOIS DR**

City **CINCINNATI** State **OH** Zip Code **45239-4314**

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

Name of Employer **GENERAL ELECTRIC CO** Occupation **FACTORY WORKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
M M / D D / Y Y Y Y
12 / 02 / 2005

Transaction ID: SA11A1.58643

Amount of Each Receipt this Period
24.00

B. Full Name (Last, First, Middle Initial)
JEFF HALL

Mailing Address **28321 MAIN STREET #2**

City **MILLBURY** State **OH** Zip Code **43447-9602**

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

Name of Employer **TECUMSEH PRODUCTS CO** Occupation **FACTORY WORKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
M M / D D / Y Y Y Y
12 / 06 / 2005

Transaction ID: SA11A1.60561

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
TERRY J HARPER

Mailing Address **4800 SUGAR TREE CT**

City **ARLINGTON** State **TX** Zip Code **76017-2350**

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

Name of Employer **LOCKHEED MARTIN CORPORATION** Occupation **FACTORY WORKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **366.00**

Date of Receipt
M M / D D / Y Y Y Y
09 / 02 / 2005

Transaction ID: SA11A1.48648

Amount of Each Receipt this Period
132.00

SUBTOTAL of Receipts This Page (optional)	181.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 124 / 425
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
TERRY J HARPER

Mailing Address 4800 SUGAR TREE CT

City ARLINGTON State TX Zip Code 76017-2350

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

Name of Employer LOCKHEED MARTIN CORPORATION Occupation FACTORY WORKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 09 / 2005

Transaction ID: SA11A1.50094

Amount of Each Receipt this Period
 24.00

B. Full Name (Last, First, Middle Initial)
CECIL G HARRIS

Mailing Address 11889 WINSTON CIR

City CINCINNATI State OH Zip Code 45240-1539

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

Name of Employer GENERAL ELECTRIC CO Occupation FACTORY WORKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 02 / 2005

Transaction ID: SA11A1.49511

Amount of Each Receipt this Period
 24.00

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

Mailing Address 13211 MORRISON

City LITTLE ROCK State AR Zip Code 72212

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

Name of Employer BOEING Occupation FACTORY WORKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 13 / 2005

Transaction ID: SA11A1.61128

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)	348.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. J Harris		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address NO ADDRESS		Transaction ID: SA11A1.58287	
City State Zip Code FORT WORTH TX 76112		Amount of Each Receipt this Period 54.00	
FEC ID number of contributing federal political committee. C			
Name of Employer VOUGHT AIRCRAFT COMPANY		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. MARK W HARVEY		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5	
Mailing Address 7 WOOD CT		Transaction ID: SA11A1.57137	
City State Zip Code ST PETERS MO 63376-3058		Amount of Each Receipt this Period 55.00	
FEC ID number of contributing federal political committee. C			
Name of Employer LEAR CORPORATION		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. W HAZEL JR		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5	
Mailing Address 25330 CARLETON W.RD		Transaction ID: SA11A1.62112	
City State Zip Code NEW BOSTON MI 48164		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	609.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. JR E HEIDBRINK		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address 24661 EDGEWOOD RT 3		Transaction ID: SA11A1.56060
City State Zip Code STURGIS MI 49091	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 60.00
Name of Employer AMERICAN AXLE	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. DARRELL HEIDEMAN		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 5
Mailing Address 1805 WALDO BLVD.		Transaction ID: SA11A1.57891
City State Zip Code MANITOWOC WI 54220-2650	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00
Name of Employer KOHLER CO	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. DARRELL HEIDEMAN		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 5
Mailing Address 1805 WALDO BLVD.		Transaction ID: SA11A1.60268
City State Zip Code MANITOWOC WI 54220-2650	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00
Name of Employer KOHLER CO	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	120.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. DARRELL HEIDEMAN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 5	
Mailing Address 1805 WALDO BLVD.		Transaction ID: SA11A1.57892	
City MANITOWOC	State WI	Amount of Each Receipt this Period 30.00	
Zip Code 54220-2650			
FEC ID number of contributing federal political committee. C			
Name of Employer KOHLER CO	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

Full Name (Last, First, Middle Initial) B. DARRELL HEIDEMAN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5	
Mailing Address 1805 WALDO BLVD.		Transaction ID: SA11A1.49154	
City MANITOWOC	State WI	Amount of Each Receipt this Period 30.00	
Zip Code 54220-2650			
FEC ID number of contributing federal political committee. C			
Name of Employer KOHLER CO	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. DARRELL HEIDEMAN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 5	
Mailing Address 1805 WALDO BLVD.		Transaction ID: SA11A1.60269	
City MANITOWOC	State WI	Amount of Each Receipt this Period 30.00	
Zip Code 54220-2650			
FEC ID number of contributing federal political committee. C			
Name of Employer KOHLER CO	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		

SUBTOTAL of Receipts This Page (optional) ▶	90.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. ARTHUR C HELF		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5	
Mailing Address 1966 CHRISTY RD		Transaction ID: SA11A1.56222	
City State Zip Code DEFIANCE OH 43512-9797	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) B. CONRAD J HELTON		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5	
Mailing Address 5767 DELLBROOK DR.		Transaction ID: SA11A1.47151	
City State Zip Code SYLVANIA OH 43560	Amount of Each Receipt this Period 5.77		
FEC ID number of contributing federal political committee. C			
Name of Employer JOHNSON CONTROLS INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.95		

Full Name (Last, First, Middle Initial) C. RICHARD HENNEY JR.		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 5	
Mailing Address 1106 HOLLYWOOD ROAD		Transaction ID: SA11A1.50241	
City State Zip Code SANDUSKY OH 44870-4273	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer BELLEVUE MFG CO	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 206.25		

SUBTOTAL of Receipts This Page (optional) ▶	70.77
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. JANET C HENRY		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2005
Mailing Address 3212 134TH STREET		Transaction ID: SA11A1.61480
City TOLEDO State OH Zip Code 43611	Amount of Each Receipt this Period 12.50	
FEC ID number of contributing federal political committee. C		
Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN	Aggregate Year-to-Date ▼ 212.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. JANET C HENRY		Date of Receipt M M / D D / Y Y Y Y 10 / 07 / 2005
Mailing Address 3212 134TH STREET		Transaction ID: SA11A1.55671
City TOLEDO State OH Zip Code 43611	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN	Aggregate Year-to-Date ▼ 237.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. JANET C HENRY		Date of Receipt M M / D D / Y Y Y Y 10 / 18 / 2005
Mailing Address 3212 134TH STREET		Transaction ID: SA11A1.59157
City TOLEDO State OH Zip Code 43611	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN	Aggregate Year-to-Date ▼ 262.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	62.50
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
JANET C HENRY

Mailing Address 3212 134TH STREET

City Toledo State OH Zip Code 43611

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 287.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 5

Transaction ID: SA11A1.55672

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
JANET C HENRY

Mailing Address 3212 134TH STREET

City Toledo State OH Zip Code 43611

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 312.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 5

Transaction ID: SA11A1.51950

Amount of Each Receipt this Period
25.00

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

Mailing Address 1926 WOODVILLE PIKE

City GOSHEN State OH Zip Code 45122-9469

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

Name of Employer GENERAL ELECTRIC CO Occupation FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 2 / 2 0 0 5

Transaction ID: SA11A1.51483

Amount of Each Receipt this Period
24.00

SUBTOTAL of Receipts This Page (optional)	▶	74.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 / 425		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. HERB H HIBBS II		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2005	
Mailing Address 3813 RIVEROAKS LN		Transaction ID: SA11A1.58577	
City LOUISVILLE	State KY	Zip Code 40241-2028	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 302.00		

Full Name (Last, First, Middle Initial) B. HERB H HIBBS II		Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2005	
Mailing Address 3813 RIVEROAKS LN		Transaction ID: SA11A1.52581	
City LOUISVILLE	State KY	Zip Code 40241-2028	Amount of Each Receipt this Period 1.00
FEC ID number of contributing federal political committee. C			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 303.00		

Full Name (Last, First, Middle Initial) C. HERB H HIBBS II		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005	
Mailing Address 3813 RIVEROAKS LN		Transaction ID: SA11A1.55069	
City LOUISVILLE	State KY	Zip Code 40241-2028	Amount of Each Receipt this Period 1.00
FEC ID number of contributing federal political committee. C			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.00		

SUBTOTAL of Receipts This Page (optional) ▶	302.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 132 / 425
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. HERB H HIBBS II		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 5	
Mailing Address 3813 RIVEROAKS LN		Transaction ID: SA11A1.51316	
City LOUISVILLE	State KY	Zip Code 40241-2028	Amount of Each Receipt this Period 1.00
FEC ID number of contributing federal political committee. C			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00		

Full Name (Last, First, Middle Initial) B. RONALD W HICKEY		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 3 / 2 0 0 5	
Mailing Address 5360 LOGAN AVENUE		Transaction ID: SA11A1.47813	
City DAYTON	State OH	Zip Code 45431-2759	Amount of Each Receipt this Period 24.00
FEC ID number of contributing federal political committee. C			
Name of Employer GOODRICH B F CO	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) C. B Hightower		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address PO BOX 78		Transaction ID: SA11A1.55975	
City HOWE	State TX	Zip Code 75459-0078	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. C			
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00		

SUBTOTAL of Receipts This Page (optional) ▶	85.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 133 / 425
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) KEN HISE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 5	
Mailing Address 911 CLARK STREET		Transaction ID: SA11A1.52779	
City GREENVILLE	State TX	Zip Code 75401	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

B. Full Name (Last, First, Middle Initial) RUTH HISE		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 5	
Mailing Address PO BOX 59		Transaction ID: SA11A1.58880	
City GREENVILLE	State TX	Zip Code 75403	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

C. Full Name (Last, First, Middle Initial) RUTH HISE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 5	
Mailing Address PO BOX 59		Transaction ID: SA11A1.53210	
City GREENVILLE	State TX	Zip Code 75403	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

SUBTOTAL of Receipts This Page (optional) ▶	900.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) CHRIS HODAPP		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 5
Mailing Address 1411 WILLIAMS PRKWY		Transaction ID: SA11A1.48027
City State Zip Code EATON OH 45320-1243	Amount of Each Receipt this Period 24.00	
FEC ID number of contributing federal political committee. C		
Name of Employer FULLER (H.B.) COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	

B. Full Name (Last, First, Middle Initial) PHILLIP E HOLMES		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5
Mailing Address 1210 JOHNSON DR		Transaction ID: SA11A1.58768
City State Zip Code FOSTORIA OH 44830-4703	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer CUMMINS ENGINE CO	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

C. Full Name (Last, First, Middle Initial) PHILLIP E HOLMES		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address 1210 JOHNSON DR		Transaction ID: SA11A1.59938
City State Zip Code FOSTORIA OH 44830-4703	Amount of Each Receipt this Period 5.00	
FEC ID number of contributing federal political committee. C		
Name of Employer CUMMINS ENGINE CO	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

SUBTOTAL of Receipts This Page (optional) ▶	329.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
MARY HOLOMEK

Mailing Address PO BOX 76

City State Zip Code
BEDFORD TX 76095

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

Name of Employer Occupation
RETIREED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 5

Transaction ID: SA11A1.54226

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
JOHN HOLUB

Mailing Address 14911 HARMAN ROAD

City State Zip Code
FRANKLIN OH 45005-5011

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

Name of Employer Occupation
PHILIP MORRIS FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 0 5

Transaction ID: SA11A1.53218

Amount of Each Receipt this Period
25.00

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

Mailing Address 604 E LIMA ST

City State Zip Code
FOREST OH 45843-1126

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

Name of Employer Occupation
OCCIDENTAL PETROLEUM CORP FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 1 / 2 0 0 5

Transaction ID: SA11A1.48093

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 375.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) MARTIN HOWELL		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2005
Mailing Address 5000 WOOD HILL COURT		Transaction ID: SA11A1.51507
City State Zip Code CRESTWOOD KY 40014-9291	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation FORD MOTOR COMPANY FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) JOSEPH E HRIBAR		Date of Receipt M M / D D / Y Y Y Y 08 / 12 / 2005
Mailing Address 1833 REVERE PL		Transaction ID: SA11A1.50791
City State Zip Code LORAIN OH 44053-3229	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation FORD MOTOR COMPANY FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) JOHN J HUBER		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2005
Mailing Address 540 PECK RD		Transaction ID: SA11A1.52908
City State Zip Code SPENCERPORT NY 14559-9549	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation GENERAL MOTORS CORPORATION FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional) ▶	635.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
JOSEPH J HUMBLER

Mailing Address 5048 COBURN AVE

City INDIANAPOLIS State IN Zip Code 46228-3048

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

Name of Employer NAVISTAR INTERNATIONAL CO- RP Occupation FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
11 / 28 / 2005

Transaction ID: SA11A1.59273

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
JIMMY HYDE

Mailing Address 29 GOLDEN EAGLE DRIVE

City ADAIRSVILLEE State GA Zip Code 30103

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

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
12 / 20 / 2005

Transaction ID: SA11A1.53191

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
P Imber Jr

Mailing Address 21425 KAMMEYER RD

City DEFIANCE State OH Zip Code 43512-9630

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

Name of Employer GENERAL DYNAMICS CORP Occupation FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
10 / 24 / 2005

Transaction ID: SA11A1.53082

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 125.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) P Imber Jr		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 5	
Mailing Address 21425 KAMMEYER RD		Transaction ID: SA11A1.56739	
City State Zip Code DEFIANCE OH 43512-9630	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL DYNAMICS CORP	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) P Imber Jr		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5	
Mailing Address 21425 KAMMEYER RD		Transaction ID: SA11A1.56738	
City State Zip Code DEFIANCE OH 43512-9630	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL DYNAMICS CORP	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

C. Full Name (Last, First, Middle Initial) FRANK INMAN		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 5	
Mailing Address 7095 PECAN HILL DRIVE		Transaction ID: SA11A1.58775	
City State Zip Code SOUTHHAVEN MS 38671	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	350.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. RANDY IULIANO		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2005	
Mailing Address 5646 THUNDER BAY ST		Transaction ID: SA11A1.50336	
City State Zip Code PORTAGE MI 49024-1139		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C			
Name of Employer AMERICAN AXLE & MANUFACTURING		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 410.00	

Full Name (Last, First, Middle Initial) B. RANDY IULIANO		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2005	
Mailing Address 5646 THUNDER BAY ST		Transaction ID: SA11A1.56552	
City State Zip Code PORTAGE MI 49024-1139		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C			
Name of Employer AMERICAN AXLE & MANUFACTURING		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 560.00	

Full Name (Last, First, Middle Initial) C. RANDY IULIANO		Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2005	
Mailing Address 5646 THUNDER BAY ST		Transaction ID: SA11A1.52872	
City State Zip Code PORTAGE MI 49024-1139		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer AMERICAN AXLE & MANUFACTURING		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 660.00	

SUBTOTAL of Receipts This Page (optional) ▶	400.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
J Jarzabski

Mailing Address 909 DEL MAR LN

City ARLINGTON State TX Zip Code 76012-3015

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

Name of Employer VOUGHT AIRCRAFT COMPANY Occupation FACTORY WORKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 5

Transaction ID: SA11A1.51106

Amount of Each Receipt this Period
60.00

B. Full Name (Last, First, Middle Initial)
SELWYN JEFFERSON

Mailing Address 6500 S. ROSEMEAD BLVD

City PICO RIVERA State CA Zip Code 90660

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

Name of Employer Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 5

Transaction ID: SA11A1.52778

Amount of Each Receipt this Period
300.00

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

Mailing Address 424 COUNTY ROAD 1110A

City CLEBURNE State TX Zip Code 76031-8658

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

Name of Employer VOUGHT AIRCRAFT COMPANY Occupation FACTORY WORKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 201.50

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 5

Transaction ID: SA11A1.55771

Amount of Each Receipt this Period
31.00

SUBTOTAL of Receipts This Page (optional)	391.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) P Jimenez		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 424 COUNTY ROAD 1110A		Transaction ID: SA11A1.61575	
City CLEBURNE	State TX	Zip Code 76031-8658	Amount of Each Receipt this Period 77.50
FEC ID number of contributing federal political committee. C			
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 279.00		

B. Full Name (Last, First, Middle Initial) DONALD JIVIDEN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5	
Mailing Address 2300 YAX		Transaction ID: SA11A1.55366	
City MONROE	State MI	Zip Code 48162	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

C. Full Name (Last, First, Middle Initial) M Johnson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 1020 SCOTLAND DR APT 2108		Transaction ID: SA11A1.59548	
City DESOTO	State TX	Zip Code 75115-2027	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. C			
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00		

SUBTOTAL of Receipts This Page (optional)	237.50
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) R Johnson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address PO BOX 181787		Transaction ID: SA11A1.53080	
City ARLINGTON	State TX	Zip Code 76096-1787	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. C			
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00		

B. Full Name (Last, First, Middle Initial) T Johnson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 2019 SOUTHRIDGE DR		Transaction ID: SA11A1.56245	
City ARLINGTON	State TX	Zip Code 76010-8527	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. C			
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00		

C. Full Name (Last, First, Middle Initial) HAROLD JONES		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5	
Mailing Address 1268 BELVOIR LANE		Transaction ID: SA11A1.53564	
City VIRGINIA BEACH	State VA	Zip Code 23464	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	420.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. KANDY J JONES		Date of Receipt M M / D D / Y Y Y Y Y 07 / 29 / 2005	
Mailing Address 1111 NE 1ST STREET TER		Transaction ID: SA11A1.56889	
City State Zip Code BLUE SPRINGS MO 64014-2305	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

Full Name (Last, First, Middle Initial) B. KANDY J JONES		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2005	
Mailing Address 1111 NE 1ST STREET TER		Transaction ID: SA11A1.54515	
City State Zip Code BLUE SPRINGS MO 64014-2305	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		

Full Name (Last, First, Middle Initial) C. KANDY J JONES		Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2005	
Mailing Address 1111 NE 1ST STREET TER		Transaction ID: SA11A1.58021	
City State Zip Code BLUE SPRINGS MO 64014-2305	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.00		

SUBTOTAL of Receipts This Page (optional) ▶	110.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
BENITA JORDAN

Mailing Address 6201 DARDAN E76

City MAUMEE State OH Zip Code 43537

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

Name of Employer JOHNSON CONTROLS Occupation FACTORY WORKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 12 / 2005

Transaction ID: SA11A1.50676

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
GARY B JORDAN

Mailing Address 4024 TOLLGATE RD

City BATAVIA State OH Zip Code 45103-3334

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

Name of Employer GENERAL ELECTRIC CO Occupation FACTORY WORKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 02 / 2005

Transaction ID: SA11A1.48895

Amount of Each Receipt this Period
 24.00

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

Mailing Address BOX 6197

City FORT WORTH State TX Zip Code 76115-0197

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

Name of Employer REYNOLDS METAL Occupation FACTORY WORKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 13 / 2005

Transaction ID: SA11A1.58385

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)	▶	624.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 / 425		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. TODD JORDAN		Date of Receipt M M / D D / Y Y Y Y 07 / 29 / 2005	
Mailing Address 208 E MULBERRY ST		Transaction ID: SA11A1.60843	
City KOKOMO	State IN	Zip Code 46901-4767	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00		

Full Name (Last, First, Middle Initial) B. TODD JORDAN		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2005	
Mailing Address 208 E MULBERRY ST		Transaction ID: SA11A1.58459	
City KOKOMO	State IN	Zip Code 46901-4767	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00		

Full Name (Last, First, Middle Initial) C. TODD JORDAN		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005	
Mailing Address 208 E MULBERRY ST		Transaction ID: SA11A1.60844	
City KOKOMO	State IN	Zip Code 46901-4767	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 470.00		

SUBTOTAL of Receipts This Page (optional) ▶	125.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
TODD JORDAN

Mailing Address **208 E MULBERRY ST**

City **KOKOMO** State **IN** Zip Code **46901-4767**

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

Name of Employer **GENERAL MOTORS CORPORATION** Occupation **FACTORY WORKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **495.00**

Date of Receipt
M M / D D / Y Y Y Y
11 / 07 / 2005

Transaction ID: SA11A1.54956

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
JEFFREY A JUDSON

Mailing Address **7903 SOUTHLINGTON DRIVE**

City **CLEVELAND** State **OH** Zip Code **44129-4931**

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

Name of Employer **ALCOA INC.** Occupation **FACTORY WORKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
M M / D D / Y Y Y Y
12 / 21 / 2005

Transaction ID: SA11A1.48760

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
DENNIS E KEYS

Mailing Address **P O BOX 1476**

City **DAHLONEGA** State **GA** Zip Code **30533-0025**

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

Name of Employer **GENERAL MOTORS CORPORATION** Occupation **FACTORY WORKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2005

Transaction ID: SA11A1.54106

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	100.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
DENNIS E KEYS

Mailing Address P O BOX 1476

City State Zip Code
DAHLONEGA GA 30533-0025

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

Name of Employer Occupation
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 5

Transaction ID: SA11A1.54107

Amount of Each Receipt this Period
25.00

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

Mailing Address 6704 TOWERWOOD DR

City State Zip Code
ARLINGTON TX 76001-7806

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

Name of Employer Occupation
VOUGHT AIRCRAFT COMPANY FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 5

Transaction ID: SA11A1.55152

Amount of Each Receipt this Period
60.00

C. Full Name (Last, First, Middle Initial)
PETER M KNIGHT

Mailing Address 717 HILL ST

City State Zip Code
WASHINGTON MO 63090

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

Name of Employer Occupation
MAGNA INTERNATIONAL FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 5

Transaction ID: SA11A1.57263

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	▶	110.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. D Kocienski		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5	
Mailing Address 90 PULLMAN AVE		Transaction ID: SA11A1.56949	
City State Zip Code BUFFALO NY 14217-1514	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C			
Name of Employer AMERICAN AXLE & MFG INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) B. DANIEL A KOLB		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 5	
Mailing Address 1494 WESTGATE DR		Transaction ID: SA11A1.50243	
City State Zip Code DEFIANCE OH 43512-3251	Amount of Each Receipt this Period 23.04		
FEC ID number of contributing federal political committee. C			
Name of Employer METAL MANAGEMENT, INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60		

Full Name (Last, First, Middle Initial) C. DANIEL A KOLB		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 1494 WESTGATE DR		Transaction ID: SA11A1.59949	
City State Zip Code DEFIANCE OH 43512-3251	Amount of Each Receipt this Period 23.04		
FEC ID number of contributing federal political committee. C			
Name of Employer METAL MANAGEMENT, INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.64		

SUBTOTAL of Receipts This Page (optional) ▶	106.08
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. DAVID R KOLB		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 5	
Mailing Address 630 HARRISON ST		Transaction ID: SA11A1.55268	
City State Zip Code DEFIANCE OH 43512-2022	Amount of Each Receipt this Period 28.85		
FEC ID number of contributing federal political committee. C			
Name of Employer METAL MANAGEMENT, INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.90		

Full Name (Last, First, Middle Initial) B. DAVID R KOLB		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 630 HARRISON ST		Transaction ID: SA11A1.51520	
City State Zip Code DEFIANCE OH 43512-2022	Amount of Each Receipt this Period 23.08		
FEC ID number of contributing federal political committee. C			
Name of Employer METAL MANAGEMENT, INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.98		

Full Name (Last, First, Middle Initial) C. D Kowalski		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5	
Mailing Address 575 CORNWALL AVE		Transaction ID: SA11A1.54768	
City State Zip Code TONAWANDA NY 14150-7149	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer AMERICAN AXLE & MANUFACTURING	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

SUBTOTAL of Receipts This Page (optional) ▶	91.93
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. TAMI KOWALSKI		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 5	
Mailing Address 1960 BARROWS STREET		Transaction ID: SA11A1.55157	
City State Zip Code TOLEDO OH 43613-4502		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer ST VINCENT MERCY MEDICAL CEN		Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. TAMI KOWALSKI		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 6 / 2 0 0 5	
Mailing Address 1960 BARROWS STREET		Transaction ID: SA11A1.50115	
City State Zip Code TOLEDO OH 43613-4502		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer ST VINCENT MERCY MEDICAL CEN		Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. S Krajca		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 462 WILLOW SPRINGS DR		Transaction ID: SA11A1.60130	
City State Zip Code COPPELL TX 75019-3359		Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C			
Name of Employer VOUGHT AIRCRAFT COMPANY		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 216.00	

SUBTOTAL of Receipts This Page (optional) ▶	110.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
STEVEN W KRUG

Mailing Address **10329 W 750 S**

City **KNIGHTSTOWN** State **IN** Zip Code **46148**

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

Name of Employer **NAVISTAR INTERNATIONAL CO- RP** Occupation **FACTORY WORKER**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
11 / 28 / 2005

Transaction ID: SA11A1.55789

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
JASON K KRZYSIK

Mailing Address **55 WELLESLEY DR**

City **PLEASANT RIDGE** State **MI** Zip Code **48069-1242**

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

Name of Employer **FORD MOTOR COMPANY** Occupation **FACTORY WORKER**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
07 / 29 / 2005

Transaction ID: SA11A1.51032

Amount of Each Receipt this Period
40.00

C. Full Name (Last, First, Middle Initial)
JASON K KRZYSIK

Mailing Address **55 WELLESLEY DR**

City **PLEASANT RIDGE** State **MI** Zip Code **48069-1242**

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

Name of Employer **FORD MOTOR COMPANY** Occupation **FACTORY WORKER**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
08 / 25 / 2005

Transaction ID: SA11A1.57174

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)	105.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. JASON K KRZYSIAK		Date of Receipt MM / DD / YYYY 09 / 28 / 2005
Mailing Address 55 WELLESLEY DR		Transaction ID: SA11A1.53598
City State Zip Code PLEASANT RIDGE MI 48069-1242	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. JASON K KRZYSIAK		Date of Receipt MM / DD / YYYY 11 / 07 / 2005
Mailing Address 55 WELLESLEY DR		Transaction ID: SA11A1.61817
City State Zip Code PLEASANT RIDGE MI 48069-1242	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. CYNTHIA KUTER		Date of Receipt MM / DD / YYYY 10 / 14 / 2005
Mailing Address 4242 E MILWAUKEE ST		Transaction ID: SA11A1.58740
City State Zip Code JANESVILLE WI 53546-1796	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

SUBTOTAL of Receipts This Page (optional)	▶	120.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. CYNTHIA KUTER		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5	
Mailing Address 4242 E MILWAUKEE ST		Transaction ID: SA11A1.58741	
City JANESVILLE	State WI	Zip Code 53546-1796	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) B. HANK LACAYO		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 5	
Mailing Address 3403 BEAR CREEK DR		Transaction ID: SA11A1.56956	
City NEWBURY PARK	State CA	Zip Code 91320	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. JAMES LAKEMAN		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 5	
Mailing Address 200 FOREST HILL DR		Transaction ID: SA11A1.49520	
City BUFFALO	State NY	Zip Code 14221-3272	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer AMERICAN AXLE & MFG INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) ▶	475.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. JAMES LAKEMAN		Date of Receipt MM / DD / YYYY 07 / 27 / 2005
Mailing Address 200 FOREST HILL DR		Transaction ID: SA11A1.57244
City BUFFALO	State NY	Zip Code 14221-3272
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer AMERICAN AXLE & MFG INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) B. JAMES LAKEMAN		Date of Receipt MM / DD / YYYY 08 / 30 / 2005
Mailing Address 200 FOREST HILL DR		Transaction ID: SA11A1.53654
City BUFFALO	State NY	Zip Code 14221-3272
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer AMERICAN AXLE & MFG INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) C. JAMES LAKEMAN		Date of Receipt MM / DD / YYYY 08 / 30 / 2005
Mailing Address 200 FOREST HILL DR		Transaction ID: SA11A1.61671
City BUFFALO	State NY	Zip Code 14221-3272
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer AMERICAN AXLE & MFG INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	

SUBTOTAL of Receipts This Page (optional)	▶	275.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 155 / 425
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
JAMES LAKEMAN

Mailing Address 200 FOREST HILL DR

City State Zip Code
BUFFALO NY 14221-3272

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

Name of Employer Occupation
AMERICAN AXLE & MFG INC FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 775.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 5

Transaction ID: SA11A1.52149

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
JAMES LAKEMAN

Mailing Address 200 FOREST HILL DR

City State Zip Code
BUFFALO NY 14221-3272

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

Name of Employer Occupation
AMERICAN AXLE & MFG INC FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 5

Transaction ID: SA11A1.58378

Amount of Each Receipt this Period
25.00

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

Mailing Address 706 INDEPENDENCE

City State Zip Code
TOLEDO OH 43607

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

Name of Employer Occupation
ST VINCENT MERCY MEDICAL CEN TECHNICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 1 9 / 2 0 0 5

Transaction ID: SA11A1.51510

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. WILLA LAMB		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 5	
Mailing Address 706 INDEPENDENCE		Transaction ID: SA11A1.51511	
City State Zip Code TOLEDO OH 43607		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer ST VINCENT MERCY MEDICAL CEN		Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. WILLA LAMB		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 706 INDEPENDENCE		Transaction ID: SA11A1.57590	
City State Zip Code TOLEDO OH 43607		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer ST VINCENT MERCY MEDICAL CEN		Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. WILLA LAMB		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5	
Mailing Address 706 INDEPENDENCE		Transaction ID: SA11A1.56447	
City State Zip Code TOLEDO OH 43607		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer ST VINCENT MERCY MEDICAL CEN		Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	75.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. WILLA LAMB		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 5	
Mailing Address 706 INDEPENDENCE		Transaction ID: SA11A1.56448	
City State Zip Code TOLEDO OH 43607		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation ST VINCENT MERCY MEDICAL CEN TECHNICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. DWAIN LAMOTHE		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 5	
Mailing Address 3704 EAST ANITA AVENUE		Transaction ID: SA11A1.56742	
City State Zip Code PASADENA CA 91107		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation JOHNSON CONTROLS FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. GENE LANTZ		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 5	
Mailing Address 818 ELSBETH		Transaction ID: SA11A1.60251	
City State Zip Code DALLAS TX 75208		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	625.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 158 / 425
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. NICHOLAS LAROSA		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2005	
Mailing Address S-4603 MORGAN PWKY		Transaction ID: SA11A1.57430	
City HAMBURG	State NY	Zip Code 14075-3122	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. BONNIE J LAURIA		Date of Receipt M M / D D / Y Y Y Y 10 / 06 / 2005	
Mailing Address 3913 MAES RD		Transaction ID: SA11A1.62030	
City WEST BRANCH	State MI	Zip Code 48661-9691	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Daniel Lawson		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2005	
Mailing Address 470B 58TH ST		Transaction ID: SA11A1.55263	
City OAKLAND	State CA	Zip Code 94609	Amount of Each Receipt this Period 112.50
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation CLERK			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 212.50	

SUBTOTAL of Receipts This Page (optional) ▶	712.50
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) Daniel Lawson		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2005	
Mailing Address 470B 58TH ST		Transaction ID: SA11A1.56449	
City OAKLAND	State CA	Zip Code 94609	Amount of Each Receipt this Period 12.50
FEC ID number of contributing federal political committee. C			
Name of Employer UNIVERSITY OF CALIFORNIA	Occupation CLERK		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

B. Full Name (Last, First, Middle Initial) SANDRA LAWSON		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2005	
Mailing Address 2010 WELKER		Transaction ID: SA11A1.48545	
City TOLEDO	State OH	Zip Code 43613	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

C. Full Name (Last, First, Middle Initial) SANDRA LAWSON		Date of Receipt M M / D D / Y Y Y Y 10 / 07 / 2005	
Mailing Address 2010 WELKER		Transaction ID: SA11A1.49982	
City TOLEDO	State OH	Zip Code 43613	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	62.50
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. SANDRA LAWSON		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address 2010 WELKER		Transaction ID: SA11A1.58546
City TOLEDO State OH Zip Code 43613	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) B. SANDRA LAWSON		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 2010 WELKER		Transaction ID: SA11A1.57428
City TOLEDO State OH Zip Code 43613	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. SANDRA LAWSON		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 6 / 2 0 0 5
Mailing Address 2010 WELKER		Transaction ID: SA11A1.51277
City TOLEDO State OH Zip Code 43613	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	▶	75.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. KAYLA LEAMY		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 227 SOUTH MAIN ST.		Transaction ID: SA11A1.47455	
City LINDSEY	State OH	Zip Code 43442	Amount of Each Receipt this Period 12.50
FEC ID number of contributing federal political committee. C			
Name of Employer UAW LOCAL UNION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.50		

Full Name (Last, First, Middle Initial) B. KAYLA LEAMY		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5	
Mailing Address 227 SOUTH MAIN ST.		Transaction ID: SA11A1.47948	
City LINDSEY	State OH	Zip Code 43442	Amount of Each Receipt this Period 12.50
FEC ID number of contributing federal political committee. C			
Name of Employer UAW LOCAL UNION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) C. BRUCE LEE		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 5	
Mailing Address PO BOX 0709		Transaction ID: SA11A1.54328	
City IDYLWILD	State CA	Zip Code 92549	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	325.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) BRUCE LEE		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2005	
Mailing Address PO BOX 0709		Transaction ID: SA11A1.56249	
City IDYLWILD	State CA	Zip Code 92549	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

B. Full Name (Last, First, Middle Initial) DURWAYNE LEEWRIGHT		Date of Receipt M M / D D / Y Y Y Y 10 / 19 / 2005	
Mailing Address 3549 CR-3518		Transaction ID: SA11A1.56356	
City DIKE	State TX	Zip Code 75437	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

C. Full Name (Last, First, Middle Initial) FRANCIS LE MAY		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2005	
Mailing Address 104 SOUTH MURPHY AVENUE		Transaction ID: SA11A1.56248	
City BRAZIL	State IN	Zip Code 47834-8296	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. RANDY T LEMIEUX		Date of Receipt M M / D D / Y Y Y Y 07 / 29 / 2005	
Mailing Address 9099 GARFIELD ST		Transaction ID: SA11A1.56410	
City COOPERSVILLE	State MI	Amount of Each Receipt this Period 16.00	
Zip Code 49404-9750			
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00		

Full Name (Last, First, Middle Initial) B. RANDY T LEMIEUX		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2005	
Mailing Address 9099 GARFIELD ST		Transaction ID: SA11A1.51452	
City COOPERSVILLE	State MI	Amount of Each Receipt this Period 32.00	
Zip Code 49404-9750			
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.00		

Full Name (Last, First, Middle Initial) C. RANDY T LEMIEUX		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005	
Mailing Address 9099 GARFIELD ST		Transaction ID: SA11A1.56411	
City COOPERSVILLE	State MI	Amount of Each Receipt this Period 32.00	
Zip Code 49404-9750			
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00		

SUBTOTAL of Receipts This Page (optional) ▶	80.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. RANDY T LEMIEUX		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5	
Mailing Address 9099 GARFIELD ST		Transaction ID: SA11A1.58727	
City State Zip Code COOPERSVILLE MI 49404-9750		Amount of Each Receipt this Period 16.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 310.00	

Full Name (Last, First, Middle Initial) B. GERALD W LINK		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 5	
Mailing Address 2042 LOWDEN LN		Transaction ID: SA11A1.56940	
City State Zip Code FLINT MI 48532-4647		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. GERALD W LINK		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5	
Mailing Address 2042 LOWDEN LN		Transaction ID: SA11A1.53325	
City State Zip Code FLINT MI 48532-4647		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	66.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 165 / 425
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) GERHARD E LINNER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 5
Mailing Address 557 WEST THIRD ST		Transaction ID: SA11A1.61294
City MANSFIELD State OH Zip Code 44906-2648	Amount of Each Receipt this Period 310.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation RETIRED	Aggregate Year-to-Date ▼ 310.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) MICHAEL D LLOYD		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 600 PINNACLE DR		Transaction ID: SA11A1.57042
City BUNKER HILL State WV Zip Code 25413-3555	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation FORD MOTOR COMPANY FACTORY WORKER	Aggregate Year-to-Date ▼ 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) JOHN J LOFTUS		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 5
Mailing Address 4104 JOHNSON RD RR #2		Transaction ID: SA11A1.51281
City MIDDLEVILLE State MI Zip Code 49333	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation RETIRED	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	635.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
GERRY LOGAN

Mailing Address 215 BAXTER AVE

City State Zip Code
CINCINNATI OH 45220-1354

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

Name of Employer Occupation
GENERAL ELECTRIC CO FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 02 / 2005

Transaction ID: SA11A1.59037

Amount of Each Receipt this Period
24.00

B. Full Name (Last, First, Middle Initial)
TONY LONG

Mailing Address 534 BAYSHORE DRIVE

City State Zip Code
KOKOMO IN 46901

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

Name of Employer Occupation
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 19 / 2005

Transaction ID: SA11A1.56954

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
ANTHONY E LOVELY

Mailing Address 2466 OLD CORNELIA HWY

City State Zip Code
GAINESVILLE GA 30507-7854

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

Name of Employer Occupation
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2005

Transaction ID: SA11A1.54519

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	424.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
ANTHONY E LOVELY

Mailing Address **2466 OLD CORNELIA HWY**

City **GAINESVILLE** State **GA** Zip Code **30507-7854**

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

Name of Employer **GENERAL MOTORS CORPORATION** Occupation **FACTORY WORKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 07 / 2005

Transaction ID: SA11A1.60384

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
ROBERT C LOWE

Mailing Address **7340 VIRGINIA AVE**

City **KANSAS CITY** State **MO** Zip Code **64131-1741**

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

Name of Employer **GENERAL MOTORS CORPORATION** Occupation **FACTORY WORKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2005

Transaction ID: SA11A1.56827

Amount of Each Receipt this Period
100.00

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

Mailing Address **7340 VIRGINIA AVE**

City **KANSAS CITY** State **MO** Zip Code **64131-1741**

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

Name of Employer **GENERAL MOTORS CORPORATION** Occupation **FACTORY WORKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 07 / 2005

Transaction ID: SA11A1.61462

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	200.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. JAIME LUNA		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 5
Mailing Address 7237 CHESTNUT AVE		Transaction ID: SA11A1.61958
City HAMMOND State IN Zip Code 46324-2429	Amount of Each Receipt this Period 90.00	
FEC ID number of contributing federal political committee. C		
Name of Employer LEAR CORPORATION Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. JAIME LUNA		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address 7237 CHESTNUT AVE		Transaction ID: SA11A1.62013
City HAMMOND State IN Zip Code 46324-2429	Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. C		
Name of Employer LEAR CORPORATION Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) C. RALPH J LYKE		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 9 / 2 0 0 5
Mailing Address 143 FAY LANE		Transaction ID: SA11A1.53592
City MINOA State NY Zip Code 13116	Amount of Each Receipt this Period 41.00	
FEC ID number of contributing federal political committee. C		
Name of Employer DAIMLERCHRYSLER Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 246.00	

SUBTOTAL of Receipts This Page (optional)	▶	176.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) RALPH J LYKE		Date of Receipt M M / D D / Y Y Y Y 08 / 24 / 2005
Mailing Address 143 FAY LANE		Transaction ID: SA11A1.57168
City State Zip Code MINOA NY 13116	Amount of Each Receipt this Period 82.00	
FEC ID number of contributing federal political committee. C		
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 328.00	

B. Full Name (Last, First, Middle Initial) RALPH J LYKE		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2005
Mailing Address 143 FAY LANE		Transaction ID: SA11A1.59479
City State Zip Code MINOA NY 13116	Amount of Each Receipt this Period 41.00	
FEC ID number of contributing federal political committee. C		
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 369.00	

C. Full Name (Last, First, Middle Initial) JOHN LYNN		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005
Mailing Address 831 WILLOW LN		Transaction ID: SA11A1.55715
City State Zip Code NORMAN OK 73072-7002	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	173.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) JOHN LYNN Mailing Address 831 WILLOW LN City State Zip Code NORMAN OK 73072-7002 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5 Transaction ID: SA11A1.50725 Amount of Each Receipt this Period 25.00
Name of Employer Occupation GENERAL MOTORS CORPORATION FACTORY WORKER Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 275.00		

B. Full Name (Last, First, Middle Initial) JOHN LYNN Mailing Address 831 WILLOW LN City State Zip Code NORMAN OK 73072-7002 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5 Transaction ID: SA11A1.56335 Amount of Each Receipt this Period 25.00
Name of Employer Occupation GENERAL MOTORS CORPORATION FACTORY WORKER Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00		

C. Full Name (Last, First, Middle Initial) ERIC L LYONS Mailing Address 1271 TECUMSEH ST City State Zip Code TOLEDO OH 43607-4377 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5 Transaction ID: SA11A1.50803 Amount of Each Receipt this Period 12.00
Name of Employer Occupation UAW LOCAL UNION FACTORY WORKER Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 204.00		

SUBTOTAL of Receipts This Page (optional)	▶	62.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) ERIC L LYONS Mailing Address 1271 TECUMSEH ST City TOLEDO State OH Zip Code 43607-4377 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 9 / 2 0 0 5 Transaction ID: SA11A1.54589 Amount of Each Receipt this Period 12.00
Name of Employer UAW LOCAL UNION Occupation FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 216.00		

B. Full Name (Last, First, Middle Initial) IAN MACLACHLAN Mailing Address 1626 HAYNES AVE City KOKOMO State IN Zip Code 46901-5239 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 5 Transaction ID: SA11A1.61931 Amount of Each Receipt this Period 7.66
Name of Employer FEDERAL MOGUL CORP Occupation FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 206.82		

C. Full Name (Last, First, Middle Initial) IAN MACLACHLAN Mailing Address 1626 HAYNES AVE City KOKOMO State IN Zip Code 46901-5239 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 5 Transaction ID: SA11A1.61979 Amount of Each Receipt this Period 7.66
Name of Employer FEDERAL MOGUL CORP Occupation FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 214.48		

SUBTOTAL of Receipts This Page (optional)	27.32
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. IAN MACLACHLAN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5	
Mailing Address 1626 HAYNES AVE		Transaction ID: SA11A1.61908	
City KOKOMO	State IN	Zip Code 46901-5239	Amount of Each Receipt this Period 7.66
FEC ID number of contributing federal political committee. C			
Name of Employer FEDERAL MOGUL CORP	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.14		

Full Name (Last, First, Middle Initial) B. MIKE MALY		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 5	
Mailing Address 5068 TAPPAN AVENUE		Transaction ID: SA11A1.53462	
City TOLEDO	State OH	Zip Code 43612	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer TECUMSEH PRODUCTS CO	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) C. W Manuel		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 2015 E ARKANSAS LN APT 131		Transaction ID: SA11A1.57133	
City ARLINGTON	State TX	Zip Code 76010-6709	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. C			
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00		

SUBTOTAL of Receipts This Page (optional) ▶	92.66
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) MICHAEL MARTIN		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2005
Mailing Address 393 S BRIARCLIFF DR		Transaction ID: SA11A1.61222
City State Zip Code CANFIELD OH 44406-1016	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL MOTORS COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) PERRY L MASON		Date of Receipt M M / D D / Y Y Y Y 07 / 29 / 2005
Mailing Address 580 TURNBERRY PL # B		Transaction ID: SA11A1.56429
City State Zip Code ST PETERS MO 63376	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) PERRY L MASON		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2005
Mailing Address 580 TURNBERRY PL # B		Transaction ID: SA11A1.52751
City State Zip Code ST PETERS MO 63376	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

SUBTOTAL of Receipts This Page (optional) ▶	900.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) PERRY L MASON		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005
Mailing Address 580 TURNBERRY PL # B		Transaction ID: SA11A1.58750
City State Zip Code ST PETERS MO 63376	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

B. Full Name (Last, First, Middle Initial) PERRY L MASON		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2005
Mailing Address 580 TURNBERRY PL # B		Transaction ID: SA11A1.59912
City State Zip Code ST PETERS MO 63376	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

C. Full Name (Last, First, Middle Initial) CHARLOTTE MASSERANT		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2005
Mailing Address 4448 288TH ST		Transaction ID: SA11A1.59266
City State Zip Code TOLEDO OH 43611-1917	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional) ▶	625.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 175 / 425
	(check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. CHARLOTTE MASSERANT		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 5	
Mailing Address 4448 288TH ST		Transaction ID: SA11A1.55774	
City State Zip Code TOLEDO OH 43611-1917	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. CHARLOTTE MASSERANT		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 4448 288TH ST		Transaction ID: SA11A1.60455	
City State Zip Code TOLEDO OH 43611-1917	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) C. CHARLOTTE MASSERANT		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5	
Mailing Address 4448 288TH ST		Transaction ID: SA11A1.61580	
City State Zip Code TOLEDO OH 43611-1917	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	75.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
 CHARLOTTE MASSERANT

Mailing Address 4448 288TH ST

City State Zip Code
 TOLEDO OH 43611-1917

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

Name of Employer Occupation
 ST VINCENT MERCY MEDICAL CEN TECHNICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 6 / 2 0 0 5

Transaction ID: SA11A1.53340

Amount of Each Receipt this Period
 25.00

B. Full Name (Last, First, Middle Initial)
 JANET M MATHEWSON

Mailing Address 3294 ELWOOD AVE SW

City State Zip Code
 GRANDVILLE MI 49418-1623

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

Name of Employer Occupation
 RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 320.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 5 / 2 0 0 5

Transaction ID: SA11A1.62084

Amount of Each Receipt this Period
 320.00

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

Mailing Address 486 GRAYSON LAKE DRIVE

City State Zip Code
 LEXINGTON KY 40517-4165

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

Name of Employer Occupation
 C C METALS FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 7 / 2 5 / 2 0 0 5

Transaction ID: SA11A1.54887

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)	645.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 177 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
WILLIAM P MATTHEWS

Mailing Address 925 WINDING BROOK PKWY APT

City INDIANAPOLIS State IN Zip Code 46234-2323

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

Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 0 5

Transaction ID: SA11A1.55849

Amount of Each Receipt this Period
34.00

B. Full Name (Last, First, Middle Initial)
SHARON MAXCY

Mailing Address 6043 CURSON DRIVE

City TOLEDO State OH Zip Code 43612

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 0 5

Transaction ID: SA11A1.55667

Amount of Each Receipt this Period
25.00

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

Mailing Address 6043 CURSON DRIVE

City TOLEDO State OH Zip Code 43612

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 0 5

Transaction ID: SA11A1.60345

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	▶	84.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. SHARON MAXCY		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address 6043 CURSON DRIVE		Transaction ID: SA11A1.59153
City TOLEDO	State OH	Zip Code 43612
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) B. SHARON MAXCY		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 6043 CURSON DRIVE		Transaction ID: SA11A1.54470
City TOLEDO	State OH	Zip Code 43612
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. SHARON MAXCY		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 6 / 2 0 0 5
Mailing Address 6043 CURSON DRIVE		Transaction ID: SA11A1.53206
City TOLEDO	State OH	Zip Code 43612
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	▶	75.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
CYNTHIA R MAYNARD

Mailing Address **7750 CLINTON MACON RD**

City **CLINTON** State **MI** Zip Code **49236-9642**

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

Name of Employer **LEAR CORP** Occupation **FACTORY WORKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2005

Transaction ID: SA11A1.61972

Amount of Each Receipt this Period
220.00

B. Full Name (Last, First, Middle Initial)
DAN MAYNARD

Mailing Address **10 MIRIVAL LANE**

City **DEFIANCE** State **OH** Zip Code **43512**

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

Name of Employer **GENERAL MOTORS CORPORATION** Occupation **FACTORY WORKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
M M / D D / Y Y Y Y
11 / 07 / 2005

Transaction ID: SA11A1.54073

Amount of Each Receipt this Period
40.00

C. Full Name (Last, First, Middle Initial)
MARCIA K MC CANN

Mailing Address **4617 W PENDLETON PL**

City **PEORIA** State **IL** Zip Code **61615-2839**

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

Name of Employer **CATERPILLAR** Occupation **FACTORY WORKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1344.00**

Date of Receipt
M M / D D / Y Y Y Y
12 / 19 / 2005

Transaction ID: SA11A1.61591

Amount of Each Receipt this Period
620.00

SUBTOTAL of Receipts This Page (optional)	880.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 180 / 425		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
MARCIA K MC CANN

Mailing Address 4617 W PENDLETON PL

City State Zip Code
PEORIA IL 61615-2839

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

Name of Employer Occupation
CATERPILLAR FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1673.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 21 / 2005

Transaction ID: SA11A1.52083

Amount of Each Receipt this Period
329.00

B. Full Name (Last, First, Middle Initial)
P McCarthy

Mailing Address 84 W BIHRWOOD DR

City State Zip Code
BUFFALO NY 14224-3626

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

Name of Employer Occupation
AMERICAN AXLE & MFG INC FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 22 / 2005

Transaction ID: SA11A1.49642

Amount of Each Receipt this Period
60.00

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

Mailing Address 1500 NW FOX RIDGE DR

City State Zip Code
BLUE SPRINGS MO 64015

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

Name of Employer Occupation
FORD MOTOR COMPANY FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 19 / 2005

Transaction ID: SA11A1.55045

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	689.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. JOHN F MCCLAIN		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 6 / 2 0 0 5
Mailing Address 3204 FRIENDSHIP ST.		Transaction ID: SA11A1.59932
City PHILADELPHA	State PA	Zip Code 19116
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 18.00
Name of Employer SPD TECHNOLOGIES	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	

Full Name (Last, First, Middle Initial) B. JOHN F MCCLAIN		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address 3204 FRIENDSHIP ST.		Transaction ID: SA11A1.61114
City PHILADELPHA	State PA	Zip Code 19116
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24.00
Name of Employer SPD TECHNOLOGIES	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00	

Full Name (Last, First, Middle Initial) C. MARTIN MCCONNAUGHEY		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address 1396 LELA LN		Transaction ID: SA11A1.55962
City MILFORD	State OH	Zip Code 45150-2584
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 18.00
Name of Employer GENERAL ELECTRIC CO	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. RICHARD E MCDONAUGH JR		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 5	
Mailing Address 2 ADELAIDE COURT		Transaction ID: SA11A1.57509	
City NEWARK	State DE	Zip Code 19702	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00		

Full Name (Last, First, Middle Initial) B. SAMUEL MC DOWELL		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 5	
Mailing Address 187 LOCUST STREET, N.W.		Transaction ID: SA11A1.54652	
City MARIETTA	State GA	Zip Code 30064-2245	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			
Name of Employer CATERPILLAR	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) C. WESLEY S MC LAUGHLIN		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 9 / 2 0 0 5	
Mailing Address 2212 N. 250 E. LOT # 18		Transaction ID: SA11A1.54678	
City KOKOMO	State IN	Zip Code 46901	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	150.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 183 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
WESLEY S MC LAUGHLIN

Mailing Address **2212 N. 250 E. LOT # 18**

City **KOKOMO** State **IN** Zip Code **46901**

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

Name of Employer **DAIMLERCHRYSLER** Occupation **FACTORY WORKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 24 / 2005

Transaction ID: SA11A1.58210

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
WESLEY S MC LAUGHLIN

Mailing Address **2212 N. 250 E. LOT # 18**

City **KOKOMO** State **IN** Zip Code **46901**

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

Name of Employer **DAIMLERCHRYSLER** Occupation **FACTORY WORKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 15 / 2005

Transaction ID: SA11A1.52186

Amount of Each Receipt this Period
50.00

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

Mailing Address **1817 GOLDWOOD DR**

City **DALLAS** State **TX** Zip Code **75232-3715**

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

Name of Employer **NAVISTAR INTERNATIONAL CO-RP** Occupation **FACTORY WORKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M / D D / Y Y Y Y
11 / 28 / 2005

Transaction ID: SA11A1.56357

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	175.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 184 / 425		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) TINA MCVICKER		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2005	
Mailing Address 1730 SCHOMBERG ST		Transaction ID: SA11A1.51278	
City TOLEDO	State OH	Zip Code 43605-3727	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

B. Full Name (Last, First, Middle Initial) TINA MCVICKER		Date of Receipt M M / D D / Y Y Y Y 10 / 07 / 2005	
Mailing Address 1730 SCHOMBERG ST		Transaction ID: SA11A1.49983	
City TOLEDO	State OH	Zip Code 43605-3727	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) TINA MCVICKER		Date of Receipt M M / D D / Y Y Y Y 10 / 18 / 2005	
Mailing Address 1730 SCHOMBERG ST		Transaction ID: SA11A1.55042	
City TOLEDO	State OH	Zip Code 43605-3727	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

SUBTOTAL of Receipts This Page (optional) ▶	75.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 185 / 425						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. TINA MCVICKER		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5	
Mailing Address 1730 SCHOMBERG ST		Transaction ID: SA11A1.51279	
City State Zip Code TOLEDO OH 43605-3727		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer ST VINCENT MERCY MEDICAL CEN		Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. TINA MCVICKER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 5	
Mailing Address 1730 SCHOMBERG ST		Transaction ID: SA11A1.55043	
City State Zip Code TOLEDO OH 43605-3727		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer ST VINCENT MERCY MEDICAL CEN		Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) C. HAROLD MCWILLIAMS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 2007 OAKWOOD		Transaction ID: SA11A1.51165	
City State Zip Code TOLEDO OH 43607		Amount of Each Receipt this Period 12.50	
FEC ID number of contributing federal political committee. C			
Name of Employer UAW LOCAL UNION		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 212.50	

SUBTOTAL of Receipts This Page (optional) ▶	62.50
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 186 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. HAROLD MCWILLIAMS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5	
Mailing Address 2007 OAKWOOD		Transaction ID: SA11A1.53709	
City TOLEDO	State OH	Zip Code 43607	Amount of Each Receipt this Period 12.50
FEC ID number of contributing federal political committee. C			
Name of Employer UAW LOCAL UNION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) B. A MEMMO		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 5	
Mailing Address 9715 LAKESHORE RD		Transaction ID: SA11A1.48540	
City ANGOLA	State NY	Zip Code 14006	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. GUY MESSINA		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 5	
Mailing Address 317 W CHESTNUT AVE		Transaction ID: SA11A1.58225	
City METUCHEN	State NJ	Zip Code 08840-1348	Amount of Each Receipt this Period 0.50
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 302.50		

SUBTOTAL of Receipts This Page (optional) ▶	63.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 187 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. GUY MESSINA		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2005	
Mailing Address 317 W CHESTNUT AVE		Transaction ID: SA11A1.50918	
City METUCHEN	State NJ	Amount of Each Receipt this Period 1.00	
Zip Code 08840-1348			
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 303.50		

Full Name (Last, First, Middle Initial) B. GUY MESSINA		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005	
Mailing Address 317 W CHESTNUT AVE		Transaction ID: SA11A1.58226	
City METUCHEN	State NJ	Amount of Each Receipt this Period 1.00	
Zip Code 08840-1348			
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.50		

Full Name (Last, First, Middle Initial) C. GUY MESSINA		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2005	
Mailing Address 317 W CHESTNUT AVE		Transaction ID: SA11A1.58227	
City METUCHEN	State NJ	Amount of Each Receipt this Period 0.50	
Zip Code 08840-1348			
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00		

SUBTOTAL of Receipts This Page (optional) ▶	2.50
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 188 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. JAMES MICHALSKI		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2005	
Mailing Address 25104 GRANT RD		Transaction ID: SA11A1.50118	
City SOUTH BEND	State IN	Zip Code 46619	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer AM GENERAL CORP	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. G Middleton		Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2005	
Mailing Address 725 ADAMS ST		Transaction ID: SA11A1.55972	
City VICKSBURG	State MI	Zip Code 49097-1404	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. C			
Name of Employer AMERICAN AXLE & MANUFACTURING	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) C. RAYMOND M MILLER II		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2005	
Mailing Address 2381 ALTA WEST RD		Transaction ID: SA11A1.58137	
City MANSFIELD	State OH	Zip Code 44903-8230	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

SUBTOTAL of Receipts This Page (optional) ▶	400.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 189 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. THERESA M MILLHOUSE		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2005
Mailing Address 1417 PROSPECT AVENUE		Transaction ID: SA11A1.48782
City State Zip Code TOLEDO OH 43606-4749	Amount of Each Receipt this Period 24.00	
FEC ID number of contributing federal political committee. C		
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

Full Name (Last, First, Middle Initial) B. THERESA M MILLHOUSE		Date of Receipt M M / D D / Y Y Y Y 10 / 07 / 2005
Mailing Address 1417 PROSPECT AVENUE		Transaction ID: SA11A1.61125
City State Zip Code TOLEDO OH 43606-4749	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 241.00	

Full Name (Last, First, Middle Initial) C. THERESA M MILLHOUSE		Date of Receipt M M / D D / Y Y Y Y 10 / 18 / 2005
Mailing Address 1417 PROSPECT AVENUE		Transaction ID: SA11A1.54017
City State Zip Code TOLEDO OH 43606-4749	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	

SUBTOTAL of Receipts This Page (optional) ▶	74.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 190 / 425						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. THERESA M MILLHOUSE		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5	
Mailing Address 1417 PROSPECT AVENUE		Transaction ID: SA11A1.55261	
City State Zip Code TOLEDO OH 43606-4749		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer ST VINCENT MERCY MEDICAL CEN		Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 291.00	

Full Name (Last, First, Middle Initial) B. THERESA M MILLHOUSE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 5	
Mailing Address 1417 PROSPECT AVENUE		Transaction ID: SA11A1.54018	
City State Zip Code TOLEDO OH 43606-4749		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer ST VINCENT MERCY MEDICAL CEN		Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 316.00	

Full Name (Last, First, Middle Initial) C. DEBRA MILLS		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 5	
Mailing Address 135 FALLS CT APT E		Transaction ID: SA11A1.62060	
City State Zip Code LANSING MI 48917-1958		Amount of Each Receipt this Period 225.00	
FEC ID number of contributing federal political committee. C			
Name of Employer FEDERAL FORGE		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional) ▶	275.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 191 / 425		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. DEBRA MILLS Full Name (Last, First, Middle Initial) Mailing Address 135 FALLS CT APT E City LANSING State MI Zip Code 48917-1958 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2005 Transaction ID: SA11A1.61947 Amount of Each Receipt this Period 25.00
Name of Employer FEDERAL FORGE Occupation FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00		

B. MARTIN MINARD Full Name (Last, First, Middle Initial) Mailing Address 10440 PAMPLONA ST NW City ALBUQUERQUE State NM Zip Code 87114 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2005 Transaction ID: SA11A1.52801 Amount of Each Receipt this Period 75.00
Name of Employer DAIMLERCHRYSLER Occupation FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

C. MARTIN MINARD Full Name (Last, First, Middle Initial) Mailing Address 10440 PAMPLONA ST NW City ALBUQUERQUE State NM Zip Code 87114 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 12 / 05 / 2005 Transaction ID: SA11A1.52802 Amount of Each Receipt this Period 25.00
Name of Employer DAIMLERCHRYSLER Occupation FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		

SUBTOTAL of Receipts This Page (optional)	125.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 192 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. DONALD MITCHELL		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 5	
Mailing Address 2120 BALTIMORE ST		Transaction ID: SA11A1.54776	
City State Zip Code DEFIANCE OH 43512-1932	Amount of Each Receipt this Period 28.85		
FEC ID number of contributing federal political committee. C			
Name of Employer METAL MANAGEMENT, INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.77		

Full Name (Last, First, Middle Initial) B. DONALD MITCHELL		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 2120 BALTIMORE ST		Transaction ID: SA11A1.55985	
City State Zip Code DEFIANCE OH 43512-1932	Amount of Each Receipt this Period 23.08		
FEC ID number of contributing federal political committee. C			
Name of Employer METAL MANAGEMENT, INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.85		

Full Name (Last, First, Middle Initial) C. J Monroe		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 5	
Mailing Address 18482 CONANT RD		Transaction ID: SA11A1.51508	
City State Zip Code WAPAKONETA OH 45895-7905	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL DYNAMICS CORP	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

SUBTOTAL of Receipts This Page (optional) ▶	76.93
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 193 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. J Monroe		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 5	
Mailing Address 18482 CONANT RD		Transaction ID: SA11A1.51509	
City WAPAKONETA	State OH	Amount of Each Receipt this Period 25.00	
Zip Code 45895-7905			
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL DYNAMICS CORP	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. J Monroe		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5	
Mailing Address 18482 CONANT RD		Transaction ID: SA11A1.58772	
City WAPAKONETA	State OH	Amount of Each Receipt this Period 25.00	
Zip Code 45895-7905			
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL DYNAMICS CORP	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) C. LUANN MONROE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 5	
Mailing Address 18482 CONANT RD		Transaction ID: SA11A1.57503	
City WAPAKONETA	State OH	Amount of Each Receipt this Period 50.00	
Zip Code 45895-7905			
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL DYNAMICS	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	100.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 194 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) LUANN MONROE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 5
Mailing Address 18482 CONANT RD		Transaction ID: SA11A1.50113
City State Zip Code WAPAKONETA OH 45895-7905	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL DYNAMICS	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B. Full Name (Last, First, Middle Initial) LUANN MONROE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address 18482 CONANT RD		Transaction ID: SA11A1.50111
City State Zip Code WAPAKONETA OH 45895-7905	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL DYNAMICS	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) RENEE M MONTPETIT		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 115 COUNTY ROUTE 43		Transaction ID: SA11A1.57921
City State Zip Code MASSENA NY 13662-3129	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional) ▶	85.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 195 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. JEFFREY A MOONEY		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 5
Mailing Address 1006 LANCASHIRE LN		Transaction ID: SA11A1.50891
City PENDLETON	State IN	Zip Code 46064-9127
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer NAVISTAR INTERNATIONAL CO- RP	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. L Morgan Jr		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 5
Mailing Address 404 E ALBERT ST		Transaction ID: SA11A1.60049
City LIMA	State OH	Zip Code 45804-1502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer GENERAL DYNAMICS CORP	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. L Morgan Jr		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 5
Mailing Address 404 E ALBERT ST		Transaction ID: SA11A1.60051
City LIMA	State OH	Zip Code 45804-1502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer GENERAL DYNAMICS CORP	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional) ▶	100.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 196 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
L Morgan Jr

Mailing Address 404 E ALBERT ST

City State Zip Code
LIMA OH 45804-1502

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

Name of Employer Occupation
GENERAL DYNAMICS CORP FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 5

Transaction ID: SA11A1.58878

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
DELBERT L MORRIS

Mailing Address 308 CREEKSTONE CT

City State Zip Code
INDIANAPOLIS IN 46239-9172

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

Name of Employer Occupation
NAVISTAR INTERNATIONAL CO- RP FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 5

Transaction ID: SA11A1.59274

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
KENNETH W MORRIS

Mailing Address 909 REDWOOD CT

City State Zip Code
LIBERTY MO 64068-9206

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

Name of Employer Occupation
FORD MOTOR COMPANY FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 2 9 / 2 0 0 5

Transaction ID: SA11A1.61712

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 197 / 425
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
KENNETH W MORRIS

Mailing Address 909 REDWOOD CT

City LIBERTY State MO Zip Code 64068-9206

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

Name of Employer FORD MOTOR COMPANY Occupation FACTORY WORKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 5 / 2 0 0 5

Transaction ID: SA11A1.49569

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
KENNETH W MORRIS

Mailing Address 909 REDWOOD CT

City LIBERTY State MO Zip Code 64068-9206

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

Name of Employer FORD MOTOR COMPANY Occupation FACTORY WORKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 5

Transaction ID: SA11A1.54694

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
KENNETH W MORRIS

Mailing Address 909 REDWOOD CT

City LIBERTY State MO Zip Code 64068-9206

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

Name of Employer FORD MOTOR COMPANY Occupation FACTORY WORKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 0 5

Transaction ID: SA11A1.52204

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 198 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) GLORIA MOYA		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2005
Mailing Address 16732 CEDERAMA		Transaction ID: SA11A1.56451
City State Zip Code CLINTON TOWNSHIP MI 48038	Amount of Each Receipt this Period 225.00	
FEC ID number of contributing federal political committee. C		
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

B. Full Name (Last, First, Middle Initial) GLORIA MOYA		Date of Receipt M M / D D / Y Y Y Y 12 / 19 / 2005
Mailing Address 16732 CEDERAMA		Transaction ID: SA11A1.58778
City State Zip Code CLINTON TOWNSHIP MI 48038	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

C. Full Name (Last, First, Middle Initial) RANDY MUNDEN		Date of Receipt M M / D D / Y Y Y Y 11 / 28 / 2005
Mailing Address 16867 COUNTY ROAD 116		Transaction ID: SA11A1.52169
City State Zip Code MABANK TX 75147-3447	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer NAVISTAR INTERNATIONAL CO- RP	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 199 / 425
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
R Munoz

Mailing Address 4157 ASTORIA ST

City State Zip Code
IRVING TX 75062-2978

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

Name of Employer Occupation
VOUGHT AIRCRAFT COMPANY FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 5

Transaction ID: SA11A1.50547

Amount of Each Receipt this Period
60.00

B. Full Name (Last, First, Middle Initial)
RUTH MURRAY

Mailing Address 4532 EL RANCHO

City State Zip Code
LA PALMA CA 90623

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

Name of Employer Occupation
RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 5

Transaction ID: SA11A1.58777

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
KEITH E MYERS

Mailing Address 2450 BLACKBERRY RD

City State Zip Code
DOVER PA 17315-3043

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

Name of Employer Occupation
YORK INTERNATIONAL CORPORATION FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 5

Transaction ID: SA11A1.53366

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► **390.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 200 / 425
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. MICHAEL J NANNO		Date of Receipt M M / D D / Y Y Y Y 08 / 09 / 2005
Mailing Address 8458 OLD GREEN LAKES RD.		Transaction ID: SA11A1.59285
City State Zip Code FAYETTVILLE NY 13066	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. MICHAEL J NANNO		Date of Receipt M M / D D / Y Y Y Y 08 / 24 / 2005
Mailing Address 8458 OLD GREEN LAKES RD.		Transaction ID: SA11A1.59286
City State Zip Code FAYETTVILLE NY 13066	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. MICHAEL J NANNO		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2005
Mailing Address 8458 OLD GREEN LAKES RD.		Transaction ID: SA11A1.54601
City State Zip Code FAYETTVILLE NY 13066	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional) ▶	200.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 201 / 425
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. WILBERT NEAL		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5	
Mailing Address 7705 NE 75TH TERRACE		Transaction ID: SA11A1.59826	
City State Zip Code KANSAS CITY MO 64158-1067	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation RETIRED	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. KEITH NEARGARDNER		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 5	
Mailing Address 7415 MEADOW VIOLET COURT		Transaction ID: SA11A1.52771	
City State Zip Code AVON IN 46123	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation GENERAL MOTORS CORPORATION FACTORY WORKER	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. ERIC J NEECE		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 5	
Mailing Address 8541 N MARSTON AVE		Transaction ID: SA11A1.52268	
City State Zip Code KANSAS CITY MO 64154-1230	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation GENERAL MOTORS CORPORATION FACTORY WORKER	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	700.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 202 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
ERIC J NEECE

Mailing Address 8541 N MARSTON AVE

City State Zip Code
KANSAS CITY MO 64154-1230

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

Name of Employer Occupation
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 07 / 2005

Transaction ID: SA11A1.54754

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
BRIAN NEGOVAN

Mailing Address 19855 JOLGREN DR

City State Zip Code
CLINTON TOWNSHIP MI 48038-2263

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

Name of Employer Occupation
UAW LOCAL 155 LOCAL UNION OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 22 / 2005

Transaction ID: SA11A1.58069

Amount of Each Receipt this Period
80.00

C. Full Name (Last, First, Middle Initial)
DALE N NELSON

Mailing Address 32601 MAPLEWOOD ST

City State Zip Code
GARDEN CITY MI 48135-1630

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

Name of Employer Occupation
RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 203.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 20 / 2005

Transaction ID: SA11A1.62021

Amount of Each Receipt this Period
70.00

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 203 / 425
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
JACK ROSEWALD NELSON

Mailing Address 8905 BURTON AVE

City State Zip Code
OVERLAND MO 63114

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

Name of Employer Occupation
LEAR CORPORATION FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 245.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 0 5

Transaction ID: SA11A1.61790

Amount of Each Receipt this Period
55.00

B. Full Name (Last, First, Middle Initial)
LUGENE NELSON

Mailing Address 3361 RIVERSIDE DRIVE

City State Zip Code
CANTON MI 48188

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

Name of Employer Occupation
LEAR CORP FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 5

Transaction ID: SA11A1.57683

Amount of Each Receipt this Period
220.00

C. Full Name (Last, First, Middle Initial)
JOE D NIEDZWIECKI

Mailing Address 6507 BALDWIN RD

City State Zip Code
SWARTZ CREEK MI 48473-9104

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

Name of Employer Occupation
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 315.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 7 / 2 0 0 5

Transaction ID: SA11A1.52841

Amount of Each Receipt this Period
5.00

SUBTOTAL of Receipts This Page (optional) ► 280.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 204 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. JOE D NIEDZWIECKI		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005	
Mailing Address 6507 BALDWIN RD		Transaction ID: SA11A1.61187	
City State Zip Code SWARTZ CREEK MI 48473-9104	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) B. JOE D NIEDZWIECKI		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2005	
Mailing Address 6507 BALDWIN RD		Transaction ID: SA11A1.58840	
City State Zip Code SWARTZ CREEK MI 48473-9104	Amount of Each Receipt this Period 5.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		

Full Name (Last, First, Middle Initial) C. SUSAN NOWICKI		Date of Receipt M M / D D / Y Y Y Y 12 / 19 / 2005	
Mailing Address 202 E. ADRIAN		Transaction ID: SA11A1.58386	
City State Zip Code BLISSFIELD MI 49228	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	315.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 205 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) MARY A O'NEIL		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address 13380 RIDGE RD		Transaction ID: SA11A1.59250
City N HUNTINGDON	State PA	Zip Code 15642-2161
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

B. Full Name (Last, First, Middle Initial) MICHAEL D OGDEN		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 5
Mailing Address 1643 GILMAR RD		Transaction ID: SA11A1.55154
City APOLLO	State PA	Zip Code 15613-9231
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C. Full Name (Last, First, Middle Initial) FRED OHLSON III		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 5
Mailing Address 5924 ROUTE 19		Transaction ID: SA11A1.59816
City GAINESVILLE	State NY	Zip Code 14066-9774
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer AMERICAN AXLE & MFG INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) ▶	480.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 206 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) FRED OHLSON III Mailing Address 5924 ROUTE 19 City GAINESVILLE State NY Zip Code 14066-9774 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 08 / 30 / 2005 Transaction ID: SA11A1.58650 Amount of Each Receipt this Period 150.00
Name of Employer AMERICAN AXLE & MFG INC Occupation FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		

B. Full Name (Last, First, Middle Initial) FRED OHLSON III Mailing Address 5924 ROUTE 19 City GAINESVILLE State NY Zip Code 14066-9774 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 12 / 22 / 2005 Transaction ID: SA11A1.52654 Amount of Each Receipt this Period 100.00
Name of Employer AMERICAN AXLE & MFG INC Occupation FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00		

C. Full Name (Last, First, Middle Initial) RANDALL L OSBORN Mailing Address 118 SOUTHGATE AVE City MORROW State OH Zip Code 45152-1120 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 12 / 02 / 2005 Transaction ID: SA11A1.60330 Amount of Each Receipt this Period 24.04
Name of Employer GENERAL ELECTRIC CO Occupation FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.35		

SUBTOTAL of Receipts This Page (optional)	274.04
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 207 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
STEPHEN R OVERTURF

Mailing Address 1843 BISCAYNE DR

City State Zip Code
SPRINGFIELD OH 45503-6010

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

Name of Employer NAVISTAR INTERNATIONAL CO-RP Occupation FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 5

Transaction ID: SA11A1.60257

Amount of Each Receipt this Period
175.00

B. Full Name (Last, First, Middle Initial)
STEPHEN R OVERTURF

Mailing Address 1843 BISCAYNE DR

City State Zip Code
SPRINGFIELD OH 45503-6010

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

Name of Employer NAVISTAR INTERNATIONAL CO-RP Occupation FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 5

Transaction ID: SA11A1.59060

Amount of Each Receipt this Period
35.00

C. Full Name (Last, First, Middle Initial)
STEPHEN R OVERTURF

Mailing Address 1843 BISCAYNE DR

City State Zip Code
SPRINGFIELD OH 45503-6010

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

Name of Employer NAVISTAR INTERNATIONAL CO-RP Occupation FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 5

Transaction ID: SA11A1.61402

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional)	▶	245.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 208 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. STEPHEN R OVERTURF		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 5
Mailing Address 1843 BISCAYNE DR		Transaction ID: SA11A1.60258
City State Zip Code SPRINGFIELD OH 45503-6010	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C		
Name of Employer NAVISTAR INTERNATIONAL CO- RP	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) B. BIRTIE OWENS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 5
Mailing Address 13423 N 111TH AVE		Transaction ID: SA11A1.57432
City State Zip Code SUN CITY AZ 85351	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. ROBERT H OWENS, JR.		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 309 TEAKWOOD DR		Transaction ID: SA11A1.47978
City State Zip Code MONROE LA 71203-2248	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional) ▶	365.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 209 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. ROBERT H OWENS, JR.		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5	
Mailing Address 309 TEAKWOOD DR		Transaction ID: SA11A1.46802	
City State Zip Code MONROE LA 71203-2248	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) B. SCOTT H PARHAT		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5	
Mailing Address PO BOX 190091		Transaction ID: SA11A1.49734	
City State Zip Code BURTON MI 48519-0091	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) C. MYRON L PARIS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5	
Mailing Address 16513 E 53RD ST CT S		Transaction ID: SA11A1.55143	
City State Zip Code INDEPENDENCE MO 64055-6827	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

SUBTOTAL of Receipts This Page (optional) ▶	65.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 210 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. W Parkinson		Date of Receipt MM / DD / YYYY 12 / 22 / 2005
Mailing Address 1078 ELMWOOD AVE		Transaction ID: SA11A1.57132
City State Zip Code BUFFALO NY 14222-1226	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 60.00
Name of Employer AMERICAN AXLE & MFG INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. GEORGETTA PAULIN		Date of Receipt MM / DD / YYYY 09 / 01 / 2005
Mailing Address 1026 WEST IRVIN AVENUE		Transaction ID: SA11A1.52775
City State Zip Code HAGERSTOWN MD 21742	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00
Name of Employer MACK TRUCKS	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. ROBERT J PEACE		Date of Receipt MM / DD / YYYY 11 / 15 / 2005
Mailing Address 3721 WALLWERTH DR.		Transaction ID: SA11A1.52380
City State Zip Code TOLEDO OH 43612-1076	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00
Name of Employer NHK SPRING COMPANY LTD	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	▶	385.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 211 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. WILLIAM R PENDERGRASS		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2005
Mailing Address 333 MOORE RD		Transaction ID: SA11A1.50237
City	State	Zip Code
COOKEVILLE	TN	38506
FEC ID number of contributing federal political committee.	C	
Name of Employer CUMMINS ENGINE CO	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
		Amount of Each Receipt this Period 300.00

Full Name (Last, First, Middle Initial) B. MICHAEL R PERRY		Date of Receipt M M / D D / Y Y Y Y 07 / 29 / 2005
Mailing Address 1500 NE 20TH ST		Transaction ID: SA11A1.58819
City	State	Zip Code
GRAIN VALLEY	MO	64029-9604
FEC ID number of contributing federal political committee.	C	
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
		Amount of Each Receipt this Period 50.00

Full Name (Last, First, Middle Initial) C. MICHAEL R PERRY		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005
Mailing Address 1500 NE 20TH ST		Transaction ID: SA11A1.51544
City	State	Zip Code
GRAIN VALLEY	MO	64029-9604
FEC ID number of contributing federal political committee.	C	
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
		Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)	▶	450.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 212 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) MICHAEL R PERRY		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 1500 NE 20TH ST		Transaction ID: SA11A1.56488
City State Zip Code GRAIN VALLEY MO 64029-9604	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation FORD MOTOR COMPANY FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) DAVID M PETERSON		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 5
Mailing Address 8107 W 80TH ST		Transaction ID: SA11A1.51480
City State Zip Code OVERLAND PARK KS 66204-3419	Amount of Each Receipt this Period 65.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation GENERAL MOTORS CORPORATION FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

C. Full Name (Last, First, Middle Initial) DAVID M PETERSON		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 5
Mailing Address 8107 W 80TH ST		Transaction ID: SA11A1.58751
City State Zip Code OVERLAND PARK KS 66204-3419	Amount of Each Receipt this Period 130.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation GENERAL MOTORS CORPORATION FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00	

SUBTOTAL of Receipts This Page (optional) ▶	245.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 213 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) DAVID M PETERSON		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005
Mailing Address 8107 W 80TH ST		Transaction ID: SA11A1.61109
City OVERLAND PARK	State KS	Zip Code 66204-3419
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

B. Full Name (Last, First, Middle Initial) DAVID M PETERSON		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2005
Mailing Address 8107 W 80TH ST		Transaction ID: SA11A1.50210
City OVERLAND PARK	State KS	Zip Code 66204-3419
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 655.00	

C. Full Name (Last, First, Middle Initial) RALPH E PETERSON		Date of Receipt M M / D D / Y Y Y Y 12 / 13 / 2005
Mailing Address PO BOX 398		Transaction ID: SA11A1.57143
City ALBA	State TX	Zip Code 75410-0398
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 334.00	

SUBTOTAL of Receipts This Page (optional) ▶	500.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 214 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. RALPH E PETERSON		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address PO BOX 398		Transaction ID: SA11A1.57144
City ALBA State TX Zip Code 75410-0398	Amount of Each Receipt this Period 8.50	
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER	Aggregate Year-to-Date ▼ 342.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. DANNY R PHILLIPS		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 5
Mailing Address 6720 WINDFALL RD		Transaction ID: SA11A1.55299
City GALION State OH Zip Code 44833-8950	Amount of Each Receipt this Period 5.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER	Aggregate Year-to-Date ▼ 325.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. DANNY R PHILLIPS		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 5
Mailing Address 6720 WINDFALL RD		Transaction ID: SA11A1.56503
City GALION State OH Zip Code 44833-8950	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER	Aggregate Year-to-Date ▼ 335.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	23.50
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 215 / 425
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. DANNY R PHILLIPS		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005	
Mailing Address 6720 WINDFALL RD		Transaction ID: SA11A1.48845	
City State Zip Code GALION OH 44833-8950	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00		

Full Name (Last, First, Middle Initial) B. DANNY R PHILLIPS		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2005	
Mailing Address 6720 WINDFALL RD		Transaction ID: SA11A1.51553	
City State Zip Code GALION OH 44833-8950	Amount of Each Receipt this Period 5.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) C. ERIC J PLATZ		Date of Receipt M M / D D / Y Y Y Y 12 / 21 / 2005	
Mailing Address 16223 W WASHINGTON RD		Transaction ID: SA11A1.54670	
City State Zip Code CLEVELAND WI 53015-1147	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer KOHLER CO	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

SUBTOTAL of Receipts This Page (optional) ▶	35.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 216 / 425
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
JEFF PLOTT
 Mailing Address **112 POLARIS DRIVE**
 City **MOCKSVILLE** State **NC** Zip Code **27828**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **DAIMLERCHRYSLER** Occupation **FACTORY WORKER**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
11 / 23 / 2005
Transaction ID: SA11A1.53824
 Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
DEAN POGGIALI
 Mailing Address **16181 ESKEs ST**
 City **LANSING** State **MI** Zip Code **48906-1902**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **UAW LOCAL UNION 724** Occupation **LOCAL UNION OFFICER**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
09 / 01 / 2005
Transaction ID: SA11A1.50236
 Amount of Each Receipt this Period
60.00

C. Full Name (Last, First, Middle Initial)
DEAN POGGIALI
 Mailing Address **16181 ESKEs ST**
 City **LANSING** State **MI** Zip Code **48906-1902**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **UAW LOCAL UNION 724** Occupation **LOCAL UNION OFFICER**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
09 / 27 / 2005
Transaction ID: SA11A1.48775
 Amount of Each Receipt this Period
90.00

SUBTOTAL of Receipts This Page (optional) ► **250.00**
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 217 / 425						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
BRUCE PONTIA

Mailing Address 200 CHESWICK DRIVE

City State Zip Code
MARTINSBURG WV 25401

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

Name of Employer Occupation
LOCKHEED MARTIN FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 5

Transaction ID: SA11A1.53813

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
TIMOTHY R POOLE

Mailing Address 3351 S 700 W

City State Zip Code
NEW PALESTINE IN 46163-9749

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

Name of Employer Occupation
NAVISTAR INTERNATIONAL CO- RP FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 5

Transaction ID: SA11A1.61488

Amount of Each Receipt this Period
50.00

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

Mailing Address 5250 ALEXANDER ROAD

City State Zip Code
DUBLIN VA 24084

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

Name of Employer Occupation
VOLVO TRUCKS FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 5

Transaction ID: SA11A1.57142

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	▶	425.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 218 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) MARTHA POSTON		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address 830 IDLEWILD DRIVE		Transaction ID: SA11A1.55661
City State Zip Code MADISON TN 37115	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

B. Full Name (Last, First, Middle Initial) ALEX POTTS		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 5
Mailing Address 503 E MOOREHAVEN DR.		Transaction ID: SA11A1.51846
City State Zip Code CARSON CA 90746	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) JEFFREY POTTS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5
Mailing Address 8490 CRESTMONT DRIVE		Transaction ID: SA11A1.51742
City State Zip Code WEST CHESTER OH 45069-3496	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer PHILIP MORRIS	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.50	

SUBTOTAL of Receipts This Page (optional) ▶	400.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 219 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. FELTON L POWELL		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address PO BOX 11064		Transaction ID: SA11A1.54315
City OKLAHOMA CITY	State OK	Zip Code 73136-0064
Amount of Each Receipt this Period 34.00		
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	

Full Name (Last, First, Middle Initial) B. SUSAN PRATT		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 5
Mailing Address 5401 BELPRE		Transaction ID: SA11A1.53458
City TOLEDO	State OH	Zip Code 43611
Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C		
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. SUSAN PRATT		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address 5401 BELPRE		Transaction ID: SA11A1.59352
City TOLEDO	State OH	Zip Code 43611
Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C		
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	84.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 220 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. SUSAN PRATT		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 5401 BELPRE		Transaction ID: SA11A1.55883
City TOLEDO	State OH	Zip Code 43611
Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C		
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) B. SUSAN PRATT		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 5
Mailing Address 5401 BELPRE		Transaction ID: SA11A1.50884
City TOLEDO	State OH	Zip Code 43611
Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C		
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. LANA R PUTERBAUGH		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 5
Mailing Address 2880 S 1100 E		Transaction ID: SA11A1.57393
City PERU	State IN	Zip Code 46970
Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 221 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) LANA R PUTERBAUGH		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2005	
Mailing Address 2880 S 1100 E		Transaction ID: SA11A1.52514	
City PERU	State IN	Zip Code 46970	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

B. Full Name (Last, First, Middle Initial) SALVADOR QUINTANA		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2005	
Mailing Address 682 BAKER RD		Transaction ID: SA11A1.61581	
City COLUMBIA	State TN	Zip Code 38401	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

C. Full Name (Last, First, Middle Initial) ANTHONY R RAINEY		Date of Receipt M M / D D / Y Y Y Y 11 / 21 / 2005	
Mailing Address 3927 N 58TH ST.		Transaction ID: SA11A1.48435	
City MILWAUKEE	State WI	Zip Code 53216-2230	Amount of Each Receipt this Period 25.50
FEC ID number of contributing federal political committee. C			
Name of Employer AMERICAN BRANDS	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 217.00		

SUBTOTAL of Receipts This Page (optional) ▶	375.50
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 222 / 425
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
ANTHONY R RAINEY

Mailing Address 3927 N 58TH ST.

City State Zip Code
MILWAUKEE WI 53216-2230

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

Name of Employer Occupation
AMERICAN BRANDS FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 225.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 5

Transaction ID: SA11A1.52458

Amount of Each Receipt this Period
8.50

B. Full Name (Last, First, Middle Initial)
ANTHONY R RAINEY

Mailing Address 3927 N 58TH ST.

City State Zip Code
MILWAUKEE WI 53216-2230

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

Name of Employer Occupation
AMERICAN BRANDS FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 234.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 5

Transaction ID: SA11A1.49841

Amount of Each Receipt this Period
8.50

C. Full Name (Last, First, Middle Initial)
ANTHONY R RAINEY

Mailing Address 3927 N 58TH ST.

City State Zip Code
MILWAUKEE WI 53216-2230

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

Name of Employer Occupation
AMERICAN BRANDS FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 242.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 5

Transaction ID: SA11A1.59635

Amount of Each Receipt this Period
8.50

SUBTOTAL of Receipts This Page (optional) ► 25.50

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 223 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) ANTHONY R RAINEY		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address 3927 N 58TH ST.		Transaction ID: SA11A1.60851
City State Zip Code MILWAUKEE WI 53216-2230	Amount of Each Receipt this Period 8.50	
FEC ID number of contributing federal political committee. C		
Name of Employer AMERICAN BRANDS	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 251.00	

B. Full Name (Last, First, Middle Initial) LUIZ RAMOS JR		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5
Mailing Address 7620 DANBY AVE		Transaction ID: SA11A1.53848
City State Zip Code WHITTIER CA 90606-2110	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer DAIMLERCHRYSLER	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 408.00	

C. Full Name (Last, First, Middle Initial) REX B REDDEN		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 5
Mailing Address 2904 DAVID LN		Transaction ID: SA11A1.61384
City State Zip Code ARLINGTON TX 76013-2026	Amount of Each Receipt this Period 132.00	
FEC ID number of contributing federal political committee. C		
Name of Employer LOCKHEED MARTIN CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 366.00	

SUBTOTAL of Receipts This Page (optional) ▶	440.50
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 224 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) REX B REDDEN Mailing Address 2904 DAVID LN City State Zip Code ARLINGTON TX 76013-2026 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 09 / 2005 Transaction ID: SA11A1.55567 Amount of Each Receipt this Period 24.00
Name of Employer LOCKHEED MARTIN CORPORATION Occupation FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00		

B. Full Name (Last, First, Middle Initial) PAUL D REYNOLDS Mailing Address HC02 BOX 114A City State Zip Code WILLIAMSVILLE MO 63967-9416 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 10 / 07 / 2005 Transaction ID: SA11A1.52370 Amount of Each Receipt this Period 300.00
Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 345.00		

C. Full Name (Last, First, Middle Initial) PAUL D REYNOLDS Mailing Address HC02 BOX 114A City State Zip Code WILLIAMSVILLE MO 63967-9416 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2005 Transaction ID: SA11A1.56059 Amount of Each Receipt this Period 5.00
Name of Employer GENERAL MOTORS CORPORATION Occupation FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional) ▶	329.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 225 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. RUSSELL E RICHARDS		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2005	
Mailing Address 12026 BELVEDERE ROAD		Transaction ID: SA11A1.55453	
City State Zip Code HAGERSTOWN MD 21742-4209	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) B. RUSSELL E RICHARDS		Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2005	
Mailing Address 12026 BELVEDERE ROAD		Transaction ID: SA11A1.55454	
City State Zip Code HAGERSTOWN MD 21742-4209	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. M Rincon		Date of Receipt M M / D D / Y Y Y Y 10 / 18 / 2005	
Mailing Address 701 SHERWOOD DR		Transaction ID: SA11A1.52551	
City State Zip Code ARLINGTON TX 76013-1521	Amount of Each Receipt this Period 54.00		
FEC ID number of contributing federal political committee. C			
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

SUBTOTAL of Receipts This Page (optional) ▶	104.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 226 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. BENJAMIN G. RIVERA		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5	
Mailing Address 1375 SALUDA CT.		Transaction ID: SA11A1.47654	
City State Zip Code SAN JOSE CA 95121-2260	Amount of Each Receipt this Period 28.00		
FEC ID number of contributing federal political committee. C			
Name of Employer NEW UNITED MOTORS MFG	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 219.00		

Full Name (Last, First, Middle Initial) B. J Roberts		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 4924 SHADY OAK TRL		Transaction ID: SA11A1.59731	
City State Zip Code GRAND PRAIRIE TX 75052-4467	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C			
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00		

Full Name (Last, First, Middle Initial) C. JANNETTE ROBERTS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 8 / 2 0 0 5	
Mailing Address 1360 SCHAEFFER ROAD		Transaction ID: SA11A1.50122	
City State Zip Code NORWALK OH 44857-9790	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C			
Name of Employer VACATIONLAND FEDERAL CR UN	Occupation TECHNICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

SUBTOTAL of Receipts This Page (optional) ▶	148.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 227 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. MICHAEL ROBERTS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5	
Mailing Address PO BOX 693		Transaction ID: SA11A1.58686	
City HEDGESVILLE	State WV	Zip Code 25427-0693	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) B. GREGORY D ROBINSON		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 9881 LORALINDA DR		Transaction ID: SA11A1.59442	
City CINCINNATI	State OH	Zip Code 45251-1555	Amount of Each Receipt this Period 24.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL ELECTRIC CO	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) C. WILLIE D ROBINSON		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 5	
Mailing Address 6919 N. SUMMERFIELD DR.		Transaction ID: SA11A1.59960	
City INDIANAPOLIS	State IN	Zip Code 46214	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	99.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 228 / 425
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
WILLIE D ROBINSON

Mailing Address 6919 N. SUMMERFIELD DR.

City State Zip Code
INDIANAPOLIS IN 46214

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

Name of Employer Occupation
DAIMLERCHRYSLER FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 24 / 2005

Transaction ID: SA11A1.50256

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
WILLIE D ROBINSON

Mailing Address 6919 N. SUMMERFIELD DR.

City State Zip Code
INDIANAPOLIS IN 46214

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

Name of Employer Occupation
DAIMLERCHRYSLER FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2005

Transaction ID: SA11A1.48814

Amount of Each Receipt this Period
50.00

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

Mailing Address 305 N DELAWARE AVENUE

City State Zip Code
MARTINSBURG WV 25401

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

Name of Employer Occupation
GENERAL MOTORS CORPORATION FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 20 / 2005

Transaction ID: SA11A1.52148

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► 225.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 229 / 425		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. JEFFREY D ROGERS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 5	
Mailing Address 3731 OWSTER LN		Transaction ID: SA11A1.54481	
City INDIANAPOLIS	State IN	Zip Code 46237-1276	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer NAVISTAR INTERNATIONAL CO-RP	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) B. ROBERT ROSE		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 5	
Mailing Address PO BOX 140511		Transaction ID: SA11A1.55577	
City TOLEDO	State OH	Zip Code 43614-0809	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer TOLEDO TECHNOLOGIES	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 206.25		

Full Name (Last, First, Middle Initial) C. PHILIP C ROSSO		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5	
Mailing Address 300 WINDING HILL RD		Transaction ID: SA11A1.50883	
City WINCHESTER	State VA	Zip Code 22603-2550	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

SUBTOTAL of Receipts This Page (optional) ▶	75.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 230 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. TERRY RUCH		Date of Receipt MM / DD / YYYY 11 / 17 / 2005
Mailing Address 2024 SHAWNEE DR		Transaction ID: SA11A1.52785
City DEFIANCE	State OH	Zip Code 43512-3331
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.85
Name of Employer METAL MANAGEMENT, INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.77	

Full Name (Last, First, Middle Initial) B. TERRY RUCH		Date of Receipt MM / DD / YYYY 12 / 02 / 2005
Mailing Address 2024 SHAWNEE DR		Transaction ID: SA11A1.55270
City DEFIANCE	State OH	Zip Code 43512-3331
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 23.08
Name of Employer METAL MANAGEMENT, INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.85	

Full Name (Last, First, Middle Initial) C. RICKY RUSH		Date of Receipt MM / DD / YYYY 09 / 22 / 2005
Mailing Address 279 E BORT ST.		Transaction ID: SA11A1.55364
City LONG BEACH	State CA	Zip Code 90805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	351.93
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 231 / 425
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
ROLAND C RUSIE JR
 Mailing Address **251 S AUDUBON RD**
 City **INDIANAPOLIS** State **IN** Zip Code **46219-7228**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **NAVISTAR INTERNATIONAL CO-RP** Occupation **FACTORY WORKER**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M / D D / Y Y Y Y
11 / 28 / 2005
Transaction ID: SA11A1.57150
 Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
R Russell
 Mailing Address **13 WELLS AVE**
 City **BUFFALO** State **NY** Zip Code **14227-1413**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AMERICAN AXLE & MFG INC** Occupation **FACTORY WORKER**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 30 / 2005
Transaction ID: SA11A1.57979
 Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
R Russell
 Mailing Address **13 WELLS AVE**
 City **BUFFALO** State **NY** Zip Code **14227-1413**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AMERICAN AXLE & MFG INC** Occupation **FACTORY WORKER**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
 M M / D D / Y Y Y Y
12 / 22 / 2005
Transaction ID: SA11A1.60339
 Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 232 / 425
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. JOSEPH RYPKOWSKI		Date of Receipt MM / DD / YYYY 12 / 20 / 2005
Mailing Address 2114 WOODCLIFF DRIVE		Transaction ID: SA11A1.55659
City SMYRNA	State TN	Zip Code 37167
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. SHANE SACK		Date of Receipt MM / DD / YYYY 09 / 13 / 2005
Mailing Address 6110 GRAND BLANC RD		Transaction ID: SA11A1.61962
City SWARTZ CREEK	State MI	Zip Code 48473-9442
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.00
Name of Employer LEAR CORP	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. SHANE SACK		Date of Receipt MM / DD / YYYY 12 / 15 / 2005
Mailing Address 6110 GRAND BLANC RD		Transaction ID: SA11A1.62077
City SWARTZ CREEK	State MI	Zip Code 48473-9442
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer LEAR CORP	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

SUBTOTAL of Receipts This Page (optional)	310.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 233 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. E Salas		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address 925 COLBI HILL CT		Transaction ID: SA11A1.49013
City State Zip Code ARLINGTON TX 76014-2936	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C		
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

Full Name (Last, First, Middle Initial) B. FELIPE E SANCHEZ		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5
Mailing Address 721 GLENCREEK DR.		Transaction ID: SA11A1.60933
City State Zip Code TRACY CA 95377-8224	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer NEW UNITED MOTORS MFG	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00	

Full Name (Last, First, Middle Initial) C. PAUL C SANDERS		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 5
Mailing Address 26433 RIALTO ST		Transaction ID: SA11A1.54428
City State Zip Code MADISON HEIGHTS MI 48071-3766	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) ▶	190.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 234 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. PAUL C SANDERS		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2005	
Mailing Address 26433 RIALTO ST		Transaction ID: SA11A1.49220	
City State Zip Code MADISON HEIGHTS MI 48071-3766		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation GENERAL MOTORS CORPORATION FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. PAUL C SANDERS		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005	
Mailing Address 26433 RIALTO ST		Transaction ID: SA11A1.50626	
City State Zip Code MADISON HEIGHTS MI 48071-3766		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation GENERAL MOTORS CORPORATION FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. PAUL C SANDERS		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2005	
Mailing Address 26433 RIALTO ST		Transaction ID: SA11A1.56813	
City State Zip Code MADISON HEIGHTS MI 48071-3766		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation GENERAL MOTORS CORPORATION FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 235 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. JESSE SANTOS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 5
Mailing Address 13469 FULLER ROAD		Transaction ID: SA11A1.59738
City State Zip Code DEFIANCE OH 43512	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 28.85
Name of Employer Occupation METAL MANAGEMENT, INC FACTORY WORKER	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.77

Full Name (Last, First, Middle Initial) B. JESSE SANTOS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address 13469 FULLER ROAD		Transaction ID: SA11A1.58553
City State Zip Code DEFIANCE OH 43512	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 23.08
Name of Employer Occupation METAL MANAGEMENT, INC FACTORY WORKER	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.85

Full Name (Last, First, Middle Initial) C. JOHNNY SCARBORO		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 5
Mailing Address P.O. BOX 34		Transaction ID: SA11A1.58087
City State Zip Code GOTHA FL 34734	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00
Name of Employer Occupation LOCKHEED MARTIN FACTORY WORKER	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

SUBTOTAL of Receipts This Page (optional)	351.93
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 236 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. J Scarlett		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 1115 APPLETON DR		Transaction ID: SA11A1.52153	
City State Zip Code MANSFIELD TX 76063-3304	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C			
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00		

Full Name (Last, First, Middle Initial) B. BRADLEY R SCHWANDA		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 5	
Mailing Address 2009 E FOREST HILL AVENUE		Transaction ID: SA11A1.61232	
City State Zip Code OAK CREEK WI 53154-3123	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer AMERICAN BRANDS	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 214.25		

Full Name (Last, First, Middle Initial) C. BRADLEY R SCHWANDA		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5	
Mailing Address 2009 E FOREST HILL AVENUE		Transaction ID: SA11A1.55378	
City State Zip Code OAK CREEK WI 53154-3123	Amount of Each Receipt this Period 8.75		
FEC ID number of contributing federal political committee. C			
Name of Employer AMERICAN BRANDS	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 223.00		

SUBTOTAL of Receipts This Page (optional) ▶	93.75
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 237 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. BRADLEY R SCHWANDA		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address 2009 E FOREST HILL AVENUE		Transaction ID: SA11A1.57693
City State Zip Code OAK CREEK WI 53154-3123	Amount of Each Receipt this Period 8.75	
FEC ID number of contributing federal political committee. C		
Name of Employer AMERICAN BRANDS	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.75	

Full Name (Last, First, Middle Initial) B. BRADLEY R SCHWANDA		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5
Mailing Address 2009 E FOREST HILL AVENUE		Transaction ID: SA11A1.51638
City State Zip Code OAK CREEK WI 53154-3123	Amount of Each Receipt this Period 8.75	
FEC ID number of contributing federal political committee. C		
Name of Employer AMERICAN BRANDS	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.50	

Full Name (Last, First, Middle Initial) C. BRADLEY R SCHWANDA		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address 2009 E FOREST HILL AVENUE		Transaction ID: SA11A1.50364
City State Zip Code OAK CREEK WI 53154-3123	Amount of Each Receipt this Period 8.75	
FEC ID number of contributing federal political committee. C		
Name of Employer AMERICAN BRANDS	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.25	

SUBTOTAL of Receipts This Page (optional) ▶	26.25
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 238 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. DALLAS SCOTT		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address M230 COUNTY ROAD 10		Transaction ID: SA11A1.53567
City NAPOLEON	State OH	Zip Code 43545-7893
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.85
Name of Employer LEAR CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.70	

Full Name (Last, First, Middle Initial) B. LARRY SCOTT		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 5
Mailing Address 211 ELLIOTT COURT		Transaction ID: SA11A1.60279
City KOKOMO	State IN	Zip Code 46901
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. LARRY SCOTT		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 5
Mailing Address 211 ELLIOTT COURT		Transaction ID: SA11A1.59081
City KOKOMO	State IN	Zip Code 46901
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional) ▶	128.85
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 239 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) NED SCOTT		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 5
Mailing Address 25146 CLIFFROSE STREET		Transaction ID: SA11A1.55580
City State Zip Code CORONA AREA CA 92883	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer BOEING	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) STANLEY W SEABERT		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 1 / 2 0 0 5
Mailing Address 14 E ELM ST		Transaction ID: SA11A1.60787
City State Zip Code FOREST OH 45843	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer OCCIDENTAL PETROLEUM CORP	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) DEBRA M SEABRIDGE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address 4949 S BROAD ST		Transaction ID: SA11A1.53394
City State Zip Code TRENTON NJ 08620-2211	Amount of Each Receipt this Period 240.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional) ▶	590.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 240 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. ERIC M SEGARS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 5	
Mailing Address 526 COUNTRY RD 1506		Transaction ID: SA11A1.57050	
City State Zip Code CULLMAN AL 35058-0730	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer PRECISION STANDARD INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) B. TERRY L SELL		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 5	
Mailing Address 1558 OAKDALE DR.		Transaction ID: SA11A1.60576	
City State Zip Code POTTSTOWN PA 19464-2758	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C			
Name of Employer DANA CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) C. LAWRENCE E SENYARD JR		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 5	
Mailing Address 1710 FLORISSANT PARK DR		Transaction ID: SA11A1.52815	
City State Zip Code FLORISSANT MO 63031-3253	Amount of Each Receipt this Period 33.50		
FEC ID number of contributing federal political committee. C			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 268.00		

SUBTOTAL of Receipts This Page (optional) ▶	118.50
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 241 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. LAWRENCE E SENYARD JR		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005	
Mailing Address 1710 FLORISSANT PARK DR		Transaction ID: SA11A1.61153	
City FLORISSANT	State MO	Zip Code 63031-3253	Amount of Each Receipt this Period 33.50
FEC ID number of contributing federal political committee. C			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 301.50		

Full Name (Last, First, Middle Initial) B. S SERMENO		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2005	
Mailing Address PO BOX 310		Transaction ID: SA11A1.62081	
City BLACK ROCK	State AR	Zip Code 72415-0310	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00		

Full Name (Last, First, Middle Initial) C. JAMES SETTLES		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2005	
Mailing Address 18817 BRETTON DRIVE		Transaction ID: SA11A1.61583	
City DETROIT	State MI	Zip Code 48223-1336	Amount of Each Receipt this Period 220.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

SUBTOTAL of Receipts This Page (optional) ▶	553.50
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 242 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. JAMES SETTLES		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5	
Mailing Address 18817 BRETTON DRIVE		Transaction ID: SA11A1.53346	
City DETROIT	State MI	Zip Code 48223-1336	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00		

Full Name (Last, First, Middle Initial) B. BOBBY SEXTON		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 5	
Mailing Address 709 ASKIN		Transaction ID: SA11A1.55887	
City MAUMEE	State OH	Zip Code 43537	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer TECUMSEH PRODUCTS CO	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) C. DANIEL P SHANAHAN		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 5	
Mailing Address 1457 DANGELO DR		Transaction ID: SA11A1.59845	
City NORTH TONAWANDA	State NY	Zip Code 14120-3071	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. C			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00		

SUBTOTAL of Receipts This Page (optional) ▶	110.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 243 / 425						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. DANIEL P SHANAHAN		Date of Receipt M M / D D / Y Y Y Y Y 08 / 25 / 2005	
Mailing Address 1457 DANGELO DR		Transaction ID: SA11A1.58669	
City NORTH TONAWANDA	State NY	Amount of Each Receipt this Period 60.00	
Zip Code 14120-3071			
FEC ID number of contributing federal political committee. C			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00		

Full Name (Last, First, Middle Initial) B. DANIEL P SHANAHAN		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2005	
Mailing Address 1457 DANGELO DR		Transaction ID: SA11A1.59846	
City NORTH TONAWANDA	State NY	Amount of Each Receipt this Period 60.00	
Zip Code 14120-3071			
FEC ID number of contributing federal political committee. C			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00		

Full Name (Last, First, Middle Initial) C. DANIEL P SHANAHAN		Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2005	
Mailing Address 1457 DANGELO DR		Transaction ID: SA11A1.61043	
City NORTH TONAWANDA	State NY	Amount of Each Receipt this Period 60.00	
Zip Code 14120-3071			
FEC ID number of contributing federal political committee. C			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

SUBTOTAL of Receipts This Page (optional) ▶	180.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 244 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
RALPH SHEARN, JR.

Mailing Address **118 NORTH MONROE ST.**

City **FREMONT** State **OH** Zip Code **43420**

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

Name of Employer **UAW LOCAL UNION** Occupation **FACTORY WORKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **212.50**

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 02 / 2005

Transaction ID: SA11A1.57276

Amount of Each Receipt this Period
12.50

B. Full Name (Last, First, Middle Initial)
RALPH SHEARN, JR.

Mailing Address **118 NORTH MONROE ST.**

City **FREMONT** State **OH** Zip Code **43420**

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

Name of Employer **UAW LOCAL UNION** Occupation **FACTORY WORKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 19 / 2005

Transaction ID: SA11A1.52414

Amount of Each Receipt this Period
12.50

C. Full Name (Last, First, Middle Initial)
GREG A SHERROW

Mailing Address **132 FOREST CT**

City **DEFIANCE** State **OH** Zip Code **43512-3312**

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

Name of Employer **METAL MANAGEMENT, INC** Occupation **FACTORY WORKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **219.31**

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 02 / 2005

Transaction ID: SA11A1.59462

Amount of Each Receipt this Period
23.08

SUBTOTAL of Receipts This Page (optional)	48.08
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 245 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. TIM SHULL		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 511 MORRISON		Transaction ID: SA11A1.54654
City State Zip Code FREMONT OH 43420	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer NHK SPRING COMPANY LTD	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. MICHAEL SIDERS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address 7107 WOLF AVENUE		Transaction ID: SA11A1.61285
City State Zip Code CLEVELAND OH 44129-2300	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer ALCOA INC.	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. MICHAEL SIDERS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 5
Mailing Address 7107 WOLF AVENUE		Transaction ID: SA11A1.61286
City State Zip Code CLEVELAND OH 44129-2300	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer ALCOA INC.	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional) ▶	100.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 246 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) D Simmes Mailing Address 308 SANDERS RD City State Zip Code BUFFALO NY 14216-1454 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5 Transaction ID: SA11A1.61116 Amount of Each Receipt this Period 60.00
Name of Employer Occupation AMERICAN AXLE & MANUFACTURING FACTORY WORKER Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 240.00		

B. Full Name (Last, First, Middle Initial) TED A SIMPSON Mailing Address 37522 PALMER RD City State Zip Code WESTLAND MI 48186-3926 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 5 Transaction ID: SA11A1.54687 Amount of Each Receipt this Period 50.00
Name of Employer Occupation FORD MOTOR COMPANY FACTORY WORKER Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 350.00		

C. Full Name (Last, First, Middle Initial) TED A SIMPSON Mailing Address 37522 PALMER RD City State Zip Code WESTLAND MI 48186-3926 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 5 Transaction ID: SA11A1.57070 Amount of Each Receipt this Period 50.00
Name of Employer Occupation FORD MOTOR COMPANY FACTORY WORKER Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 400.00		

SUBTOTAL of Receipts This Page (optional)	▶	160.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 247 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. TED A SIMPSON		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005
Mailing Address 37522 PALMER RD		Transaction ID: SA11A1.52201
City WESTLAND	State MI	Zip Code 48186-3926
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. MORRIS F SINGLETON		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2005
Mailing Address 3112 RIVERS BEND SOUTH		Transaction ID: SA11A1.59543
City BONNE TERRE	State MO	Zip Code 63628-3842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. MORRIS F SINGLETON		Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2005
Mailing Address 3112 RIVERS BEND SOUTH		Transaction ID: SA11A1.53649
City BONNE TERRE	State MO	Zip Code 63628-3842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	100.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 248 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. KATHY SLUSHER		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 8 / 2 0 0 5	
Mailing Address 5100 TIFFIN AVENUE		Transaction ID: SA11A1.61493	
City State Zip Code CASTALIA OH 44824-9431		Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation VACATIONLAND FEDERAL CR UN TECHNICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. LEONARD E SMIGIELSKI		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5	
Mailing Address 1178 HERBERT J AVE		Transaction ID: SA11A1.56818	
City State Zip Code JACKSON MI 49202-1928		Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation GENERAL MOTORS CORPORATION FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 235.00	

Full Name (Last, First, Middle Initial) C. ALVIN SMITH		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5	
Mailing Address 390 WAGES ROAD		Transaction ID: SA11A1.50780	
City State Zip Code AUBURN GA 30011		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation GENERAL MOTORS CORPORATION FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional) ▶	170.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 249 / 425
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. JAMES SMITH		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 5	
Mailing Address 2284 FAIRWAY		Transaction ID: SA11A1.61780	
City State Zip Code HIGH RIDGE MO 63049-3539		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer DAIMLERCHRYSLER		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. JERRI L SMITH		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 5	
Mailing Address 408 N DEERFIELD AVE		Transaction ID: SA11A1.62103	
City State Zip Code LANSING MI 48917-2986		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. JERRI L SMITH		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 5	
Mailing Address 408 N DEERFIELD AVE		Transaction ID: SA11A1.62002	
City State Zip Code LANSING MI 48917-2986		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 310.00	

SUBTOTAL of Receipts This Page (optional) ▶	335.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 250 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. JERRI L SMITH		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2005	
Mailing Address 408 N DEERFIELD AVE		Transaction ID: SA11A1.62068	
City State Zip Code LANSING MI 48917-2986	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

Full Name (Last, First, Middle Initial) B. JERRI L SMITH		Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2005	
Mailing Address 408 N DEERFIELD AVE		Transaction ID: SA11A1.62049	
City State Zip Code LANSING MI 48917-2986	Amount of Each Receipt this Period 5.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) C. LASKER SMITH		Date of Receipt M M / D D / Y Y Y Y Y 12 / 05 / 2005	
Mailing Address 4157 11TH ST		Transaction ID: SA11A1.61977	
City State Zip Code ECORSE MI 48229-1220	Amount of Each Receipt this Period 220.00		
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

SUBTOTAL of Receipts This Page (optional) ▶	235.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 251 / 425
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. R E SMITH		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 5	
Mailing Address 6972 STATE ROUTE 29		Transaction ID: SA11A1.54582	
City State Zip Code MECHANICSBURG OH 43044-9712	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C			
Name of Employer NAVISTAR INTERNATIONAL CO- RP	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00		

Full Name (Last, First, Middle Initial) B. RON D SMITH		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 10820 MILL RD		Transaction ID: SA11A1.53074	
City State Zip Code CINCINNATI OH 45240-3514	Amount of Each Receipt this Period 24.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL ELECTRIC CO	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) C. STEVE ALLEN SMITH		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 5	
Mailing Address 4009 CARPENTER RD		Transaction ID: SA11A1.53212	
City State Zip Code DEFIANCE OH 43512-9697	Amount of Each Receipt this Period 28.85		
FEC ID number of contributing federal political committee. C			
Name of Employer METAL MANAGEMENT, INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.77		

SUBTOTAL of Receipts This Page (optional) ▶	87.85
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 252 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. STEVE ALLEN SMITH		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 4009 CARPENTER RD		Transaction ID: SA11A1.55676	
City State Zip Code DEFIANCE OH 43512-9697	Amount of Each Receipt this Period 23.08		
FEC ID number of contributing federal political committee. C			
Name of Employer METAL MANAGEMENT, INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.85		

Full Name (Last, First, Middle Initial) B. W Smith		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 6877 SOUTHMAYD RD		Transaction ID: SA11A1.50104	
City State Zip Code COLLINSVILLE TX 76233-3167	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C			
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00		

Full Name (Last, First, Middle Initial) C. ROBERT M SMOTHERMAN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 5	
Mailing Address 937 FAIRFIELD AVE		Transaction ID: SA11A1.52098	
City State Zip Code TEMPERANCE MI 48182-9276	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00		

SUBTOTAL of Receipts This Page (optional) ▶	383.08
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 253 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. FRANCIS SNELL		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5
Mailing Address 19101 SCOTT ROAD		Transaction ID: SA11A1.60560
City State Zip Code HOLT MO 64048-8776	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation FORD MOTOR COMPANY FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. ARTHUR S SNOW		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 398 W APPLE ALY		Transaction ID: SA11A1.50071
City State Zip Code MOORESVILLE IN 46158-6918	Amount of Each Receipt this Period 36.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation GENERAL MOTORS CORPORATION FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

Full Name (Last, First, Middle Initial) C. RYAN SNYDER		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 5
Mailing Address 1003 WAYNE AVE		Transaction ID: SA11A1.56461
City State Zip Code DEFIANCE OH 43512	Amount of Each Receipt this Period 28.85	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation METAL MANAGEMENT, INC FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.77	

SUBTOTAL of Receipts This Page (optional) ▶	364.85
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 254 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) RYAN SNYDER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address 1003 WAYNE AVE		Transaction ID: SA11A1.48794
City State Zip Code DEFIANCE OH 43512	Amount of Each Receipt this Period 23.08	
FEC ID number of contributing federal political committee. C		
Name of Employer METAL MANAGEMENT, INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.85	

B. Full Name (Last, First, Middle Initial) DONALD L SOBAS		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 5
Mailing Address 210 MERRIMAN RD		Transaction ID: SA11A1.52839
City State Zip Code GARDEN CITY MI 48135-1300	Amount of Each Receipt this Period 110.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 535.00	

C. Full Name (Last, First, Middle Initial) DONALD L SOBAS		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 5
Mailing Address 210 MERRIMAN RD		Transaction ID: SA11A1.60000
City State Zip Code GARDEN CITY MI 48135-1300	Amount of Each Receipt this Period 220.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 755.00	

SUBTOTAL of Receipts This Page (optional) ▶	353.08
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 255 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. DONALD L SOBAS		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005	
Mailing Address 210 MERRIMAN RD		Transaction ID: SA11A1.55315	
City State Zip Code GARDEN CITY MI 48135-1300	Amount of Each Receipt this Period 220.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 975.00		

Full Name (Last, First, Middle Initial) B. DONALD L SOBAS		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2005	
Mailing Address 210 MERRIMAN RD		Transaction ID: SA11A1.61186	
City State Zip Code GARDEN CITY MI 48135-1300	Amount of Each Receipt this Period 110.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1085.00		

Full Name (Last, First, Middle Initial) C. GEORGE SOLANDER		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2005	
Mailing Address PO BOX 597		Transaction ID: SA11A1.49538	
City State Zip Code FLAT ROCK OH 44828-0597	Amount of Each Receipt this Period 90.00		
FEC ID number of contributing federal political committee. C			
Name of Employer BELLEVUE MFG CO	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

SUBTOTAL of Receipts This Page (optional) ▶	420.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 256 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. GEORGE SOLANDER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 5	
Mailing Address PO BOX 597		Transaction ID: SA11A1.60563	
City State Zip Code FLAT ROCK OH 44828-0597		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation BELLEVUE MFG CO FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. JIMMIE SPATES		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 5	
Mailing Address 5305 NORTHFIELD RD APT 106		Transaction ID: SA11A1.57419	
City State Zip Code BEDFORD HEIGHTS OH 44146		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation ALCOA INC. FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. JIMMIE SPATES		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5	
Mailing Address 5305 NORTHFIELD RD APT 106		Transaction ID: SA11A1.51268	
City State Zip Code BEDFORD HEIGHTS OH 44146		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation ALCOA INC. FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	90.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 257 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) R Stachura		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 5	
Mailing Address 237 HOLLY ST		Transaction ID: SA11A1.57130	
City State Zip Code BUFFALO NY 14206-3221	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C			
Name of Employer AMERICAN AXLE & MFG INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

B. Full Name (Last, First, Middle Initial) C Stanley		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 12390 FM 730 N		Transaction ID: SA11A1.56441	
City State Zip Code AZLE TX 76020-5240	Amount of Each Receipt this Period 72.00		
FEC ID number of contributing federal political committee. C			
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00		

C. Full Name (Last, First, Middle Initial) JACQUILIA D STANTON		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 5	
Mailing Address 283 N PRAIRIE RD		Transaction ID: SA11A1.57578	
City State Zip Code WARRENTON MO 63383-4335	Amount of Each Receipt this Period 84.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

SUBTOTAL of Receipts This Page (optional) ▶	216.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 258 / 425
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. JACQUILIA D STANTON		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 283 N PRAIRIE RD		Transaction ID: SA11A1.48753
City WARRENTON	State MO	Zip Code 63383-4335
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

Full Name (Last, First, Middle Initial) B. MICHAEL B STANTON		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 5
Mailing Address 283 N PRAIRIE RD		Transaction ID: SA11A1.58838
City WARRENTON	State MO	Zip Code 63383-4335
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 84.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. MICHAEL B STANTON		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 283 N PRAIRIE RD		Transaction ID: SA11A1.61184
City WARRENTON	State MO	Zip Code 63383-4335
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

SUBTOTAL of Receipts This Page (optional)	▶	168.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 259 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) DAVID L STAUCH		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 5
Mailing Address 2665 LEWISBERRY RD		Transaction ID: SA11A1.59831
City YORK State PA Zip Code 17404-1345	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer YORK INTERNATIONAL CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

B. Full Name (Last, First, Middle Initial) DAVID L STAUCH		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 5
Mailing Address 2665 LEWISBERRY RD		Transaction ID: SA11A1.61025
City YORK State PA Zip Code 17404-1345	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer YORK INTERNATIONAL CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

C. Full Name (Last, First, Middle Initial) DAVID L STAUCH		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 5
Mailing Address 2665 LEWISBERRY RD		Transaction ID: SA11A1.57510
City YORK State PA Zip Code 17404-1345	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer YORK INTERNATIONAL CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

SUBTOTAL of Receipts This Page (optional) ▶	130.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 260 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. DAVID L STAUCH		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 5	
Mailing Address 2665 LEWISBERRY RD		Transaction ID: SA11A1.51389	
City YORK	State PA	Zip Code 17404-1345	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer YORK INTERNATIONAL CORPORATION		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. LARRY STEELE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5	
Mailing Address 272 HERITAGE ROAD		Transaction ID: SA11A1.53460	
City CHAMBERSBURG	State PA	Zip Code 17201	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			
Name of Employer EXPRESS CONTAINER CORP		Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. JAMES STEWART		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 5	
Mailing Address 21733 MT AETNA RD		Transaction ID: SA11A1.51385	
City HAGERSTOWN	State MD	Zip Code 21742	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional) ▶	275.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 261 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) D E STJOHN		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 5
Mailing Address 1506 IRON TRAIL W DR		Transaction ID: SA11A1.54030
City INDIANAPOLIS	State IN	Zip Code 46234
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer NAVISTAR INTERNATIONAL CO- RP	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

B. Full Name (Last, First, Middle Initial) GEORGE STOCKS		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 3 / 2 0 0 5
Mailing Address 3133 S.W. 45TH		Transaction ID: SA11A1.51369
City OKLAHOMA CITY	State OK	Zip Code 73119-4406
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

C. Full Name (Last, First, Middle Initial) GEORGE STOCKS		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address 3133 S.W. 45TH		Transaction ID: SA11A1.55142
City OKLAHOMA CITY	State OK	Zip Code 73119-4406
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	75.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 262 / 425
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. MARK A STONER		Date of Receipt M M / D D / Y Y Y Y 08 / 09 / 2005	
Mailing Address 2415 ROSS STREET		Transaction ID: SA11A1.47494	
City NORTHWOOD	State OH	Amount of Each Receipt this Period 5.00	
Zip Code 43619-1417			
FEC ID number of contributing federal political committee. C			
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		

Full Name (Last, First, Middle Initial) B. MARK A STONER		Date of Receipt M M / D D / Y Y Y Y 08 / 24 / 2005	
Mailing Address 2415 ROSS STREET		Transaction ID: SA11A1.47984	
City NORTHWOOD	State OH	Amount of Each Receipt this Period 10.00	
Zip Code 43619-1417			
FEC ID number of contributing federal political committee. C			
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

Full Name (Last, First, Middle Initial) C. MARK A STONER		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2005	
Mailing Address 2415 ROSS STREET		Transaction ID: SA11A1.47495	
City NORTHWOOD	State OH	Amount of Each Receipt this Period 5.00	
Zip Code 43619-1417			
FEC ID number of contributing federal political committee. C			
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00		

SUBTOTAL of Receipts This Page (optional) ▶	20.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 263 / 425		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
JIMMY D STOUFER SR

Mailing Address 315 E LONGFELLOW ST

City State Zip Code
KANSAS CITY MO 64119-1728

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

Name of Employer Occupation
FORD MOTOR COMPANY FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 07 / 2005

Transaction ID: SA11A1.59855

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
LINDA STRAUB

Mailing Address 316 OHIO ST.

City State Zip Code
TOLEDO OH 43611-3611

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

Name of Employer Occupation
TECUMSEH PRODUCTS CO FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 06 / 2005

Transaction ID: SA11A1.51192

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
DAVID J STRICKLAND

Mailing Address 6413 SHERLOCK WAY

City State Zip Code
LOUISVILLE KY 40228-1111

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

Name of Employer Occupation
FORD MOTOR COMPANY FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 29 / 2005

Transaction ID: SA11A1.55699

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)	▶	140.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 264 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. DAVID J STRICKLAND		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005	
Mailing Address 6413 SHERLOCK WAY		Transaction ID: SA11A1.60373	
City LOUISVILLE	State KY	Amount of Each Receipt this Period 80.00	
Zip Code 40228-1111			
FEC ID number of contributing federal political committee. C			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. J Strowd		Date of Receipt M M / D D / Y Y Y Y 10 / 18 / 2005	
Mailing Address 6881 ROBERTS LN		Transaction ID: SA11A1.56443	
City FORT WORTH	State TX	Amount of Each Receipt this Period 60.00	
Zip Code 76140-8441			
FEC ID number of contributing federal political committee. C			
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00		

Full Name (Last, First, Middle Initial) C. M M STUBBLEFIELD		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2005	
Mailing Address 345 FLORAWOOD ST		Transaction ID: SA11A1.52618	
City WATERFORD	State MI	Amount of Each Receipt this Period 40.00	
Zip Code 48327-2432			
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

SUBTOTAL of Receipts This Page (optional) ▶	180.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 265 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. ALLAN SUEMNICK		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2005
Mailing Address 33102 TRUMAN		Transaction ID: SA11A1.53822
City ROCKWOOD	State MI	Zip Code 48173-8602
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 220.00
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. R D SUMMERS		Date of Receipt M M / D D / Y Y Y Y 11 / 28 / 2005
Mailing Address 367 SHADOW HILL DR		Transaction ID: SA11A1.51635
City GREENWOOD	State IN	Zip Code 46142-8451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer NAVISTAR INTERNATIONAL CO- RP	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. DONALD SWEGMAN JR		Date of Receipt M M / D D / Y Y Y Y 07 / 29 / 2005
Mailing Address 658 E STATE ROAD 28		Transaction ID: SA11A1.51198
City ALEXANDRIA	State IN	Zip Code 46001-8915
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 266 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. DONALD SWEGMAN JR		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2005	
Mailing Address 658 E STATE ROAD 28		Transaction ID: SA11A1.48436	
City State Zip Code ALEXANDRIA IN 46001-8915	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 335.00		

Full Name (Last, First, Middle Initial) B. DONALD SWEGMAN JR		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005	
Mailing Address 658 E STATE ROAD 28		Transaction ID: SA11A1.53741	
City State Zip Code ALEXANDRIA IN 46001-8915	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00		

Full Name (Last, First, Middle Initial) C. DONALD SWEGMAN JR		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2005	
Mailing Address 658 E STATE ROAD 28		Transaction ID: SA11A1.51199	
City State Zip Code ALEXANDRIA IN 46001-8915	Amount of Each Receipt this Period 5.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional) ▶	25.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 267 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
CHRISTOPHERJ SZABO

Mailing Address 4523 NEWBERRY ST

City State Zip Code
WAYNE MI 48184-2171

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

Name of Employer Occupation
FORD MOTOR COMPANY FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 29 / 2005

Transaction ID: SA11A1.60697

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
CHRISTOPHERJ SZABO

Mailing Address 4523 NEWBERRY ST

City State Zip Code
WAYNE MI 48184-2171

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

Name of Employer Occupation
FORD MOTOR COMPANY FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2005

Transaction ID: SA11A1.49691

Amount of Each Receipt this Period
300.00

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

Mailing Address 4523 NEWBERRY ST

City State Zip Code
WAYNE MI 48184-2171

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

Name of Employer Occupation
FORD MOTOR COMPANY FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1110.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 07 / 2005

Transaction ID: SA11A1.57173

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 268 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
 JOHN C TASSINARI

Mailing Address 1319 BRUSHEY GROVE AVE

City State Zip Code
 WOOD RIVER MO 62095-1813

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

Name of Employer Occupation
 LEAR CORPORATION FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 6 / 2 0 0 5

Transaction ID: SA11A1.61789

Amount of Each Receipt this Period
 25.00

B. Full Name (Last, First, Middle Initial)
 JOHN C TASSINARI

Mailing Address 1319 BRUSHEY GROVE AVE

City State Zip Code
 WOOD RIVER MO 62095-1813

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

Name of Employer Occupation
 LEAR CORPORATION FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 2 2 / 2 0 0 5

Transaction ID: SA11A1.49653

Amount of Each Receipt this Period
 75.00

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

Mailing Address 12750 CENTRALIA ST #84

City State Zip Code
 LAKEWOD CA 90715

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

Name of Employer Occupation
 GENERAL MOTORS COMPANY FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 2 2 / 2 0 0 5

Transaction ID: SA11A1.50678

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)	400.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 269 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. JAMES TATE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5	
Mailing Address RFD 1 BOX 3640		Transaction ID: SA11A1.49536	
City BEAN STATION	State TN	Zip Code 37708-9745	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer LEAR SEATING	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. DEBRA C TAYLOR		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 3829 EDGE HILL PL		Transaction ID: SA11A1.52542	
City CINCINNATI	State OH	Zip Code 45229-1803	Amount of Each Receipt this Period 24.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL ELECTRIC CO	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00		

Full Name (Last, First, Middle Initial) C. MARIE TAYLOR		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 5	
Mailing Address 1227 E 90TH STREET		Transaction ID: SA11A1.55365	
City LOS ANGELES	State CA	Zip Code 90002	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	474.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 270 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. KIM TEACHOUT		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5	
Mailing Address 472 STATE RD		Transaction ID: SA11A1.52660	
City OTISVILLE	State MI	Zip Code 48463	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			
Name of Employer UAW LOCAL UNION 9699	Occupation LOCAL UNION OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00		

Full Name (Last, First, Middle Initial) B. M Tennant		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5	
Mailing Address 42 DIXON DR		Transaction ID: SA11A1.53653	
City KENMORE	State NY	Zip Code 14223-1815	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer AMERICAN AXLE & MANUFACTURING	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) C. G Tessmar		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address PO BOX 211712		Transaction ID: SA11A1.52152	
City BEDFORD	State TX	Zip Code 76095-8712	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. C			
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00		

SUBTOTAL of Receipts This Page (optional) ▶	165.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 271 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. JAMES L THOMAS JR		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address 639 PROSPECT PL		Transaction ID: SA11A1.48893
City State Zip Code CINCINNATI OH 45229-2991	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 24.00
Name of Employer Occupation GENERAL ELECTRIC CO FACTORY WORKER	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00

Full Name (Last, First, Middle Initial) B. ERIC THOMPSON		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 5
Mailing Address 3334 DOUGLAS		Transaction ID: SA11A1.54329
City State Zip Code TOLEDO OH 43606	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00
Name of Employer Occupation TECUMSEH PRODUCTS CO FACTORY WORKER	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00

Full Name (Last, First, Middle Initial) C. KEVIN H THOMPSON		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 9 / 2 0 0 5
Mailing Address 363 HERITAGE AVE		Transaction ID: SA11A1.58608
City State Zip Code BOWLING GREEN KY 42104-0329	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5.00
Name of Employer Occupation GENERAL MOTORS CORPORATION FACTORY WORKER	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00

SUBTOTAL of Receipts This Page (optional)	▶	54.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 272 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. KEVIN H THOMPSON		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2005
Mailing Address 363 HERITAGE AVE		Transaction ID: SA11A1.58609
City BOWLING GREEN	State KY	Zip Code 42104-0329
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

Full Name (Last, First, Middle Initial) B. KEVIN H THOMPSON		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005
Mailing Address 363 HERITAGE AVE		Transaction ID: SA11A1.53874
City BOWLING GREEN	State KY	Zip Code 42104-0329
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	

Full Name (Last, First, Middle Initial) C. KEVIN H THOMPSON		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2005
Mailing Address 363 HERITAGE AVE		Transaction ID: SA11A1.50061
City BOWLING GREEN	State KY	Zip Code 42104-0329
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	25.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 273 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. HARRY H THOMPSON JR		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 5	
Mailing Address 314 S MADISON PARK TER		Transaction ID: SA11A1.49408	
City State Zip Code PEORIA IL 61605-1673	Amount of Each Receipt this Period 710.00		
FEC ID number of contributing federal political committee. C			
Name of Employer CATERPILLAR	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 710.00		

Full Name (Last, First, Middle Initial) B. CLAUDE E THORNTON		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 5	
Mailing Address 2504 OLDE CREEK CT		Transaction ID: SA11A1.49516	
City State Zip Code LEAVENWORTH KS 66048	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) C. CLAUDE E THORNTON		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5	
Mailing Address 2504 OLDE CREEK CT		Transaction ID: SA11A1.60542	
City State Zip Code LEAVENWORTH KS 66048	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	760.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 274 / 425
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
CARL TILLERY

Mailing Address 2333 DRIFTWOOD APT 414

City State Zip Code
MESQUITE TX 75150-6131

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

Name of Employer Occupation
RETIRE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2005

Transaction ID: SA11A1.54223

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
FRED TINBERG

Mailing Address 13787 170TH ST.

City State Zip Code
BONNER SPRINGS KS 66012

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

Name of Employer Occupation
RETIRE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2005

Transaction ID: SA11A1.54020

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
JOE R TNER

Mailing Address 6836 FORTUNE RD.

City State Zip Code
FT WORTH TX 76116

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

Name of Employer Occupation
GENERAL MOTORS CORPORATION
FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
09 / 13 / 2005

Transaction ID: SA11A1.57971

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ▶ **625.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 275 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. JOE R TNER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5	
Mailing Address 6836 FORTUNE RD.		Transaction ID: SA11A1.60336	
City State Zip Code FT WORTH TX 76116	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. L Toland		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 504 ANTHONY DR		Transaction ID: SA11A1.49529	
City State Zip Code EULESS TX 76039-2066	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C			
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) C. ARTURO G TORRES		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5	
Mailing Address 22540 SANTA CLARA ST.		Transaction ID: SA11A1.57321	
City State Zip Code HAYWARD CA 94541-6234	Amount of Each Receipt this Period 26.00		
FEC ID number of contributing federal political committee. C			
Name of Employer NEW UNITED MOTORS MFG	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00		

SUBTOTAL of Receipts This Page (optional) ▶	111.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 276 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. MANUEL TREVINO		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 5	
Mailing Address 1301 GREENCOVE DR		Transaction ID: SA11A1.48918	
City State Zip Code GARLAND TX 75040-5869		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation NAVISTAR INTERNATIONAL CO-RP FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. JUDITH L TROESTLER		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 5	
Mailing Address PO BOX 37534		Transaction ID: SA11A1.50749	
City State Zip Code MILWAUKEE WI 53237		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation GENERAL MOTORS CORPORATION FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 310.00	

Full Name (Last, First, Middle Initial) C. TERRY T TURNER		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 5	
Mailing Address 6120 W 750 N		Transaction ID: SA11A1.57987	
City State Zip Code MC CORDSVILLE IN 46055-9705		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation NAVISTAR INTERNATIONAL CO-RP FACTORY WORKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional) ▶	250.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 277 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. TERRY T TURNER		Date of Receipt MM / DD / YYYY 12 / 19 / 2005
Mailing Address 6120 W 750 N		Transaction ID: SA11A1.55678
City MC CORDSVILLE	State IN	Zip Code 46055-9705
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer NAVISTAR INTERNATIONAL CO- RP	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. LINDA TURVEY		Date of Receipt MM / DD / YYYY 09 / 19 / 2005
Mailing Address 3715 HAZELHURST AVE		Transaction ID: SA11A1.61678
City TOLEDO	State OH	Zip Code 43612-1022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer JOHNSON CONTROLS	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. KELLY UNTNEKER		Date of Receipt MM / DD / YYYY 11 / 22 / 2005
Mailing Address 201 FIELDER LN		Transaction ID: SA11A1.58652
City FENTON	State MO	Zip Code 63026-5508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer LEAR CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 278 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
BRENDA UPCHURCH

Mailing Address **4040 N 267**

City **BROWNSBURG** State **IN** Zip Code **46112-9708**

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

Name of Employer **GENERAL MOTORS CORPORATION** Occupation **FACTORY WORKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2005

Transaction ID: SA11A1.54121

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
SHERMAN G UPCHURCH

Mailing Address **3600 E LILAC LN**

City **MUNCIE** State **IN** Zip Code **47302-5734**

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

Name of Employer **GENERAL MOTORS CORPORATION** Occupation **FACTORY WORKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2005

Transaction ID: SA11A1.55114

Amount of Each Receipt this Period
5.00

C. Full Name (Last, First, Middle Initial)
SHERMAN G UPCHURCH

Mailing Address **3600 E LILAC LN**

City **MUNCIE** State **IN** Zip Code **47302-5734**

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

Name of Employer **GENERAL MOTORS CORPORATION** Occupation **FACTORY WORKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **335.00**

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2005

Transaction ID: SA11A1.55115

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **315.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 279 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. SHERMAN G UPCHURCH		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005	
Mailing Address 3600 E LILAC LN		Transaction ID: SA11A1.57474	
City State Zip Code MUNCIE IN 47302-5734	Amount of Each Receipt this Period 5.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

Full Name (Last, First, Middle Initial) B. R VILLASENOR		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2005	
Mailing Address 12703 CROSSDALE		Transaction ID: SA11A1.54653	
City State Zip Code NORWALK CA 90650	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 316.00		

Full Name (Last, First, Middle Initial) C. R VILLASENOR		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2005	
Mailing Address 12703 CROSSDALE		Transaction ID: SA11A1.55877	
City State Zip Code NORWALK CA 90650	Amount of Each Receipt this Period 4.00		
FEC ID number of contributing federal political committee. C			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

SUBTOTAL of Receipts This Page (optional) ▶	309.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 280 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. R A VINING		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 5	
Mailing Address 4531 YOUNG AVE		Transaction ID: SA11A1.51196	
City INDIANAPOLIS	State IN	Zip Code 46201-4745	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer NAVISTAR INTERNATIONAL CO- RP	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) B. HARRY L VONDERHAAR		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 5	
Mailing Address 924 WARREN ST		Transaction ID: SA11A1.56962	
City DEFIANCE	State OH	Zip Code 43512-2058	Amount of Each Receipt this Period 28.80
FEC ID number of contributing federal political committee. C			
Name of Employer METAL MANAGEMENT, INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.36		

Full Name (Last, First, Middle Initial) C. HARRY L VONDERHAAR		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 924 WARREN ST		Transaction ID: SA11A1.61586	
City DEFIANCE	State OH	Zip Code 43512-2058	Amount of Each Receipt this Period 23.04
FEC ID number of contributing federal political committee. C			
Name of Employer METAL MANAGEMENT, INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.40		

SUBTOTAL of Receipts This Page (optional) ▶	76.84
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 281 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) KIP G VORE Mailing Address 2872 W BOGGSTOWN RD City SHELBYVILLE State IN Zip Code 46176-8924 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: SA11A1.54126 Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	8	/	2	0	0	5	25.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	2	8	/	2	0	0	5														
25.00																							
Name of Employer NAVISTAR INTERNATIONAL CO-RP Occupation FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>225.00</td> </tr> </table>	225.00																				
225.00																							

B. Full Name (Last, First, Middle Initial) ROGER C WADE Mailing Address 2209 HARRISON AVE City MUSKEGON State MI Zip Code 49441-1325 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: SA11A1.61915 Amount of Each Receipt this Period <table border="1"> <tr> <td>300.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	1	/	2	0	0	5	300.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	2	/	0	1	/	2	0	0	5														
300.00																							
Name of Employer DANA CORP Occupation FACTORY WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>300.00</td> </tr> </table>	300.00																				
300.00																							

C. Full Name (Last, First, Middle Initial) ELLEN N WALLACE Mailing Address 18 BOND ST. City SOMERVILLE State MA Zip Code 02145-1507 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: SA11A1.53919 Amount of Each Receipt this Period <table border="1"> <tr> <td>85.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	1	9	/	2	0	0	5	85.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9	/	1	9	/	2	0	0	5														
85.00																							
Name of Employer LEGAL SERVICES FOR NEW YORK Occupation CLERK Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>285.00</td> </tr> </table>	285.00																				
285.00																							

SUBTOTAL of Receipts This Page (optional)	410.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 282 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. ELLEN N WALLACE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 5
Mailing Address 18 BOND ST.		Transaction ID: SA11A1.56351
City SOMERVILLE	State MA	Zip Code 02145-1507
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer LEGAL SERVICES FOR NEW YORK	Occupation CLERK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00	

Full Name (Last, First, Middle Initial) B. ELLEN N WALLACE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5
Mailing Address 18 BOND ST.		Transaction ID: SA11A1.51378
City SOMERVILLE	State MA	Zip Code 02145-1507
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer LEGAL SERVICES FOR NEW YORK	Occupation CLERK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) C. CHRISTOPHER WALLS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 5
Mailing Address 49 VINCENT ST.		Transaction ID: SA11A1.46939
City DAYTON	State OH	Zip Code 45405-4234
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24.00
Name of Employer FULLER (H.B.) COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	

SUBTOTAL of Receipts This Page (optional) ▶	64.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 283 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) LAWRENCE E WALTER JR Mailing Address 809 W. MAIN ST. City State Zip Code NAPOLEON OH 43545 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 5 Transaction ID: SA11A1.52080 Amount of Each Receipt this Period 28.85
Name of Employer Occupation METAL MANAGEMENT, INC FACTORY WORKER Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 207.77		

B. Full Name (Last, First, Middle Initial) LAWRENCE E WALTER JR Mailing Address 809 W. MAIN ST. City State Zip Code NAPOLEON OH 43545 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5 Transaction ID: SA11A1.59272 Amount of Each Receipt this Period 23.08
Name of Employer Occupation METAL MANAGEMENT, INC FACTORY WORKER Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 230.85		

C. Full Name (Last, First, Middle Initial) JAMES WARD Mailing Address 4648 CANE LANE City State Zip Code URBANA OH 43078 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 5 Transaction ID: SA11A1.53084 Amount of Each Receipt this Period 300.00
Name of Employer Occupation MOYNO IND FACTORY WORKER Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	351.93
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 284 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. R Ward		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address 6302 WILLOW SPRINGS DR		Transaction ID: SA11A1.57248
City State Zip Code ARLINGTON TX 76001-5107	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C		
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

Full Name (Last, First, Middle Initial) B. Mark Warshaw		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 5
Mailing Address 1301 28TH ST		Transaction ID: SA11A1.55776
City State Zip Code SAN DIEGO CA 92102	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer UNIVERSITY OF CALIFORNIA	Occupation CLERK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.50	

Full Name (Last, First, Middle Initial) C. Mark Warshaw		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 5
Mailing Address 1301 28TH ST		Transaction ID: SA11A1.53344
City State Zip Code SAN DIEGO CA 92102	Amount of Each Receipt this Period 12.50	
FEC ID number of contributing federal political committee. C		
Name of Employer UNIVERSITY OF CALIFORNIA	Occupation CLERK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional) ▶	172.50
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 285 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. Mark Warshaw		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2005	
Mailing Address 1301 28TH ST		Transaction ID: SA11A1.49406	
City State Zip Code SAN DIEGO CA 92102	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer UNIVERSITY OF CALIFORNIA	Occupation CLERK		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) B. JOHN WASHINGTON		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2005	
Mailing Address 105 S. BROAD STREET		Transaction ID: SA11A1.51726	
City State Zip Code PENNS GROVE NJ 08069	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

Full Name (Last, First, Middle Initial) C. JOHN WASHINGTON		Date of Receipt M M / D D / Y Y Y Y 12 / 20 / 2005	
Mailing Address 105 S. BROAD STREET		Transaction ID: SA11A1.51727	
City State Zip Code PENNS GROVE NJ 08069	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

SUBTOTAL of Receipts This Page (optional) ▶	275.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 286 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. JASON WATERS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 5
Mailing Address 878 GENEVA AVENUE		Transaction ID: SA11A1.60458
City TOLEDO	State OH	Zip Code 43609-3038
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer TECUMSEH PRODUCTS CO	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. W Watson Jr		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address 521 KELLEY CT		Transaction ID: SA11A1.60936
City FORT WORTH	State TX	Zip Code 76120-1701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.00	

Full Name (Last, First, Middle Initial) C. CAROLE A WAWRZYNIAK		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 5
Mailing Address 23275 CARTER RD		Transaction ID: SA11A1.61791
City BOWLING GREEN	State OH	Zip Code 43402-9299
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer DAIMLERCHRYSLER	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	385.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 287 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. D Webster		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2005	
Mailing Address 6625 JARCARANDA		Transaction ID: SA11A1.51620	
City State Zip Code SCOTTS MI 49088	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer AMERICAN AXLE & MFG INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. D Webster		Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2005	
Mailing Address 6625 JARCARANDA		Transaction ID: SA11A1.56558	
City State Zip Code SCOTTS MI 49088	Amount of Each Receipt this Period 5.00		
FEC ID number of contributing federal political committee. C			
Name of Employer AMERICAN AXLE & MFG INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00		

Full Name (Last, First, Middle Initial) C. RUDY L WELCH		Date of Receipt M M / D D / Y Y Y Y 12 / 16 / 2005	
Mailing Address 2830 HERITAGE COLONY DRIVE		Transaction ID: SA11A1.57311	
City State Zip Code WEBSTER TX 77598-3305	Amount of Each Receipt this Period 6.50		
FEC ID number of contributing federal political committee. C			
Name of Employer PHILADELPHIA GEAR	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.50		

SUBTOTAL of Receipts This Page (optional) ▶	311.50
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 288 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) PAUL WERNERT		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 7813 EDGE WAY APT. H		Transaction ID: SA11A1.57427
City State Zip Code SYLVANIA OH 43560-9351	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer NHK SPRING COMPANY LTD	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

B. Full Name (Last, First, Middle Initial) DUKE WHEELER		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5
Mailing Address 3760 HICKORY VIEW DRIVE		Transaction ID: SA11A1.60064
City State Zip Code HAMILTON OH 45011-6526	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer PHILIP MORRIS	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.50	

C. Full Name (Last, First, Middle Initial) CHARLES W WHITE		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 5
Mailing Address 70 SCOTLAND BLVD		Transaction ID: SA11A1.53778
City State Zip Code MANSFIELD OH 44906-2237	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	100.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 289 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. CHARLES W WHITE		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 5	
Mailing Address 70 SCOTLAND BLVD		Transaction ID: SA11A1.56188	
City MANSFIELD	State OH	Zip Code 44906-2237	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) B. CHARLES W WHITE		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 5	
Mailing Address 70 SCOTLAND BLVD		Transaction ID: SA11A1.58033	
City MANSFIELD	State OH	Zip Code 44906-2237	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. D White		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 825 E PLEASANT RUN 7103		Transaction ID: SA11A1.57767	
City DE SOTO	State TX	Zip Code 75115	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. C			
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00		

SUBTOTAL of Receipts This Page (optional) ▶	110.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 290 / 425
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
DAVID H WILCOX

Mailing Address 1861 N ARBOR WAY DR APT 20

City State Zip Code
CANTON MI 48188-1856

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

Name of Employer Occupation
FORD MOTOR COMPANY FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 29 / 2005

Transaction ID: SA11A1.57170

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
DAVID H WILCOX

Mailing Address 1861 N ARBOR WAY DR APT 20

City State Zip Code
CANTON MI 48188-1856

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

Name of Employer Occupation
FORD MOTOR COMPANY FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2005

Transaction ID: SA11A1.60692

Amount of Each Receipt this Period
80.00

C. Full Name (Last, First, Middle Initial)
DONALD B WILLEY

Mailing Address 6809 W CO RD 900 N

City State Zip Code
FOUNTAIN TOWN IN 46130

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

Name of Employer Occupation
NAVISTAR INTERNATIONAL CO- RP FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 28 / 2005

Transaction ID: SA11A1.54128

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 145.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 291 / 425						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. DONALD B WILLEY		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 9 / 2 0 0 5	
Mailing Address 6809 W CO RD 900 N		Transaction ID: SA11A1.50358	
City State Zip Code FOUNTAINTOWN IN 46130	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer NAVISTAR INTERNATIONAL CO-RP	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. DENNIS WILLIAMS		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address P O BOX 15265		Transaction ID: SA11A1.61564	
City State Zip Code CINCINNATI OH 45215-0265	Amount of Each Receipt this Period 24.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL ELECTRIC CO	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) C. EDGAR A WILLIAMS		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 2178 OESPER AVE		Transaction ID: SA11A1.61862	
City State Zip Code CINCINNATI OH 45207-1314	Amount of Each Receipt this Period 24.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL ELECTRIC CO	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

SUBTOTAL of Receipts This Page (optional) ▶	73.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 292 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. ELLEN WILLIAMS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 5
Mailing Address 139 LINKS LANE		Transaction ID: SA11A1.61127
City WATERLOO State IL Zip Code 62298	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation RETIRED Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. GERALD C WILLIAMS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 5
Mailing Address 1008 PALMERA DR N		Transaction ID: SA11A1.58376
City LA FERIA State TX Zip Code 78559-6234	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL MOTORS CORPORATION Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation FACTORY WORKER Aggregate Year-to-Date ▼ 376.50	

Full Name (Last, First, Middle Initial) C. GERALD C WILLIAMS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address 1008 PALMERA DR N		Transaction ID: SA11A1.57235
City LA FERIA State TX Zip Code 78559-6234	Amount of Each Receipt this Period 8.50	
FEC ID number of contributing federal political committee. C		
Name of Employer GENERAL MOTORS CORPORATION Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation FACTORY WORKER Aggregate Year-to-Date ▼ 385.00	

SUBTOTAL of Receipts This Page (optional) ▶	608.50
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 293 / 425
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. K Williams		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 5614 MILLINGTON TRL		Transaction ID: SA11A1.52289	
City ARLINGTON	State TX	Zip Code 76017-1990	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. C			
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00		

Full Name (Last, First, Middle Initial) B. MICHAEL H WILLIAMS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5	
Mailing Address 11250 ROBIN MDWS		Transaction ID: SA11A1.52263	
City FREELAND	State MI	Zip Code 48623-8413	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 218.00		

Full Name (Last, First, Middle Initial) C. MICHAEL H WILLIAMS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5	
Mailing Address 11250 ROBIN MDWS		Transaction ID: SA11A1.58265	
City FREELAND	State MI	Zip Code 48623-8413	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 248.00		

SUBTOTAL of Receipts This Page (optional) ▶	115.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 294 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
ROBERT E WILLIAMS

Mailing Address 4260 E 42ND ST

City INDIANAPOLIS State IN Zip Code 46226-4457

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

Name of Employer NAVISTAR INTERNATIONAL CO-RP Occupation FACTORY WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
11 / 28 / 2005

Transaction ID: SA11A1.57883

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
ROBIN WILLIAMS

Mailing Address 949 FRIES

City TOLEDO State OH Zip Code 43609-1013

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
09 / 19 / 2005

Transaction ID: SA11A1.50792

Amount of Each Receipt this Period
25.00

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

Mailing Address 949 FRIES

City TOLEDO State OH Zip Code 43609-1013

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
10 / 07 / 2005

Transaction ID: SA11A1.49404

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	▶	75.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 295 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) ROBIN WILLIAMS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address 949 FRIES		Transaction ID: SA11A1.60456
City State Zip Code TOLEDO OH 43609-1013	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B. Full Name (Last, First, Middle Initial) ROBIN WILLIAMS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 949 FRIES		Transaction ID: SA11A1.53342
City State Zip Code TOLEDO OH 43609-1013	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) ROBIN WILLIAMS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 5
Mailing Address 949 FRIES		Transaction ID: SA11A1.59267
City State Zip Code TOLEDO OH 43609-1013	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer ST VINCENT MERCY MEDICAL CEN	Occupation TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional) ▶	75.00
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 296 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. SAMUEL WILLIAMS		Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2005
Mailing Address 5127 UPPER MOUNTAIN ROAD		Transaction ID: SA11A1.61226
City State Zip Code LOCKPORT NY 14094-9605	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer NAVISTAR	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 482.00	

Full Name (Last, First, Middle Initial) B. SAMUEL WILLIAMS		Date of Receipt M M / D D / Y Y Y Y 10 / 11 / 2005
Mailing Address 5127 UPPER MOUNTAIN ROAD		Transaction ID: SA11A1.48919
City State Zip Code LOCKPORT NY 14094-9605	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer NAVISTAR	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 607.00	

Full Name (Last, First, Middle Initial) C. SAMUEL WILLIAMS		Date of Receipt M M / D D / Y Y Y Y 10 / 12 / 2005
Mailing Address 5127 UPPER MOUNTAIN ROAD		Transaction ID: SA11A1.57684
City State Zip Code LOCKPORT NY 14094-9605	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer NAVISTAR	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 632.00	

SUBTOTAL of Receipts This Page (optional) ▶	175.00
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 297 / 425
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
 UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
 SAMUEL WILLIAMS

Mailing Address 5127 UPPER MOUNTAIN ROAD

City State Zip Code
 LOCKPORT NY 14094-9605

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

Name of Employer Occupation
 NAVISTAR FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 657.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 4 / 2 0 0 5

Transaction ID: SA11A1.57685

Amount of Each Receipt this Period
 25.00

B. Full Name (Last, First, Middle Initial)
 SAMUEL WILLIAMS

Mailing Address 5127 UPPER MOUNTAIN ROAD

City State Zip Code
 LOCKPORT NY 14094-9605

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

Name of Employer Occupation
 NAVISTAR FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 682.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 2 8 / 2 0 0 5

Transaction ID: SA11A1.56567

Amount of Each Receipt this Period
 25.00

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

Mailing Address 5127 UPPER MOUNTAIN ROAD

City State Zip Code
 LOCKPORT NY 14094-9605

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

Name of Employer Occupation
 NAVISTAR FACTORY WORKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 707.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 1 9 / 2 0 0 5

Transaction ID: SA11A1.58886

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 298 / 425						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. W J WILLIAMS		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2005	
Mailing Address 139 LINKS LN		Transaction ID: SA11A1.54212	
City WATERLOO	State IL	Amount of Each Receipt this Period 25.00	
Zip Code 62298-1588			
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) B. W J WILLIAMS		Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2005	
Mailing Address 139 LINKS LN		Transaction ID: SA11A1.56628	
City WATERLOO	State IL	Amount of Each Receipt this Period 25.00	
Zip Code 62298-1588			
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. WILLIE WINNINGHAM		Date of Receipt M M / D D / Y Y Y Y 12 / 06 / 2005	
Mailing Address 430 CROTON DR.		Transaction ID: SA11A1.55467	
City TOLEDO	State OH	Amount of Each Receipt this Period 25.00	
Zip Code 43607-2612			
FEC ID number of contributing federal political committee. C			
Name of Employer TECUMSEH PRODUCTS CO	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

SUBTOTAL of Receipts This Page (optional) ▶	75.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 299 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. MARIA E WINTERS		Date of Receipt M M / D D / Y Y Y Y 07 / 29 / 2005
Mailing Address 6907 MONTFORT DR		Transaction ID: SA11A1.58576
City State Zip Code CANTON MI 48187-2702	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. MARIA E WINTERS		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005
Mailing Address 6907 MONTFORT DR		Transaction ID: SA11A1.50013
City State Zip Code CANTON MI 48187-2702	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. MARIA E WINTERS		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2005
Mailing Address 6907 MONTFORT DR		Transaction ID: SA11A1.57452
City State Zip Code CANTON MI 48187-2702	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	200.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 300 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. ALLEN WIREMAN		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 5
Mailing Address 102 SHORT BUEHRER RD		Transaction ID: SA11A1.52886
City	State	Zip Code
ARCHBOLD	OH	43502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.85
Name of Employer METAL MANAGEMENT, INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.77	

Full Name (Last, First, Middle Initial) B. ALLEN WIREMAN		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address 102 SHORT BUEHRER RD		Transaction ID: SA11A1.48917
City	State	Zip Code
ARCHBOLD	OH	43502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 23.08
Name of Employer METAL MANAGEMENT, INC	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.85	

Full Name (Last, First, Middle Initial) C. C H WISE JR		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 5
Mailing Address 435 SOUTHMOOR CIR		Transaction ID: SA11A1.49452
City	State	Zip Code
STOCKBRIDGE	GA	30281-4973
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	151.93
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 301 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. C H WISE JR		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 5	
Mailing Address 435 SOUTHMOOR CIR		Transaction ID: SA11A1.58134	
City State Zip Code STOCKBRIDGE GA 30281-4973	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. RICK L WITT		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 5	
Mailing Address 3010 CHIEF TURTLE CT		Transaction ID: SA11A1.56826	
City State Zip Code HUNTINGTON IN 46750-4127	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) C. CLEM P WITTMAN		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 3 / 2 0 0 5	
Mailing Address 7001 LAKESHORE DR		Transaction ID: SA11A1.54455	
City State Zip Code RAYTOWN MO 64133-6156	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

SUBTOTAL of Receipts This Page (optional) ▶	110.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 302 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. CLEM P WITTMAN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5	
Mailing Address 7001 LAKESHORE DR		Transaction ID: SA11A1.54456	
City RAYTOWN	State MO	Zip Code 64133-6156	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENERAL MOTORS CORPORATION	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. PAUL E WOLFF		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5	
Mailing Address 109 SHELBY CT		Transaction ID: SA11A1.61123	
City WINCHESTER	State VA	Zip Code 22602-4447	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) C. JAMES WOODALL		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 5	
Mailing Address 536 SADDLEHORN DRIVE		Transaction ID: SA11A1.52662	
City CHESAPEAKE	State VA	Zip Code 23322	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	350.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 303 / 425
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
JANE WOOTTON

Mailing Address 2606 WYNDALE ROAD

City Toledo State OH Zip Code 43613-3237

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 5

Transaction ID: SA11A1.54222

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
JANE WOOTTON

Mailing Address 2606 WYNDALE ROAD

City Toledo State OH Zip Code 43613-3237

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

Name of Employer ST VINCENT MERCY MEDICAL CEN Occupation TECHNICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 5

Transaction ID: SA11A1.55464

Amount of Each Receipt this Period
25.00

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

Mailing Address 10337 AIKINSVILLE RD.

City FORTUNA State MO Zip Code 65034

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

Name of Employer Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 5

Transaction ID: SA11A1.52556

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **350.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 304 / 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) C Wright		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address NO ADDRESS		Transaction ID: SA11A1.59349
City GRAND PRAIRIE	State TX	Zip Code 75052
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

B. Full Name (Last, First, Middle Initial) LARRY WYSE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5
Mailing Address 511 SYCAMORE DRIVE		Transaction ID: SA11A1.55368
City RICHMOND	State MO	Zip Code 64085-1365
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer FORD MOTOR COMPANY	Occupation FACTORY WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) ROBERT T YEAGER		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 5
Mailing Address 1146 SOUTHEAST AVE		Transaction ID: SA11A1.61788
City OAK PARK	State IL	Zip Code 60304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer LEGAL SERVICES FOR NEW YORK	Occupation CLERK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

SUBTOTAL of Receipts This Page (optional) ▶	445.00
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 305 / 425
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
 UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
 ROBERT T YEAGER
 Mailing Address 1146 SOUTHEAST AVE
 City State Zip Code
 OAK PARK IL 60304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LEGAL SERVICES FOR NEW YORK CLERK
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 7 / 2 0 0 5
Transaction ID: SA11A1.58290
 Amount of Each Receipt this Period
 40.00

B. Full Name (Last, First, Middle Initial)
 ROBERT T YEAGER
 Mailing Address 1146 SOUTHEAST AVE
 City State Zip Code
 OAK PARK IL 60304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LEGAL SERVICES FOR NEW YORK CLERK
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 345.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 1 / 2 0 0 5
Transaction ID: SA11A1.55977
 Amount of Each Receipt this Period
 20.00

C. Full Name (Last, First, Middle Initial)
 ROBERT T YEAGER
 Mailing Address 1146 SOUTHEAST AVE
 City State Zip Code
 OAK PARK IL 60304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LEGAL SERVICES FOR NEW YORK CLERK
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 365.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 9 / 2 0 0 5
Transaction ID: SA11A1.57136
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional) ► 80.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 306 / 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. V Young		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 3559 GLEN FIELD CT APT 272		Transaction ID: SA11A1.57247	
City State Zip Code ARLINGTON TX 76015-3459	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C			
Name of Employer VOUGHT AIRCRAFT COMPANY	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00		

Full Name (Last, First, Middle Initial) B. RICHARD YUNGHANS		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 5	
Mailing Address 15075 E 1810 RD		Transaction ID: SA11A1.57506	
City State Zip Code STOCKTON MO 65785	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. ANDREW ZIEMKIEWICZ		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 5	
Mailing Address 3152 WALDMAR ROAD		Transaction ID: SA11A1.54224	
City State Zip Code TOLEDO OH 43615	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer JOHNSON CONTROLS INC	Occupation FACTORY WORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	660.00
TOTAL This Period (last page this line number only) ▶	72465.93

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 307 / 425
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial)
A. UAW ILLINOIS POLITICAL ACTION COMMITTEE

Mailing Address 2700 S, RIVER ROAD #200

City	State	Zip Code
DES PLAINES	IL	60018

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 150000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2005

Transaction ID: SA12.62156

Amount of Each Receipt this Period
150000.00

ERRONEOUS DEPOSIT CORRECTED 9/29/05

SUBTOTAL of Receipts This Page (optional)	▶	150000.00
TOTAL This Period (last page this line number only)	▶	150000.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 308 / 425
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
Bank One
Mailing Address PO Box 206A
City State Zip Code
Detroit MI 48232
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 27907.58

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2005
Transaction ID: SA17.62130
Amount of Each Receipt this Period 3559.13
Interest on checking

B. Full Name (Last, First, Middle Initial)
Bank One
Mailing Address PO Box 206A
City State Zip Code
Detroit MI 48232
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 27946.80

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2005
Transaction ID: SA17.62136
Amount of Each Receipt this Period 39.22
Interest on checking

C. Full Name (Last, First, Middle Initial)
Bank One
Mailing Address PO Box 206A
City State Zip Code
Detroit MI 48232
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 28832.08

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2005
Transaction ID: SA17.62143
Amount of Each Receipt this Period 885.28
Interest on checking

SUBTOTAL of Receipts This Page (optional) ► 4483.63
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 309 / 425
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial) Bank One Mailing Address PO Box 206A City State Zip Code Detroit MI 48232 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 5 Transaction ID: SA17.62131 Amount of Each Receipt this Period 4289.77 Interest on checking
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 33121.85	

B. Full Name (Last, First, Middle Initial) Bank One Mailing Address PO Box 206A City State Zip Code Detroit MI 48232 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 5 Transaction ID: SA17.62137 Amount of Each Receipt this Period 44.65 Interest on checking
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 33166.50	

C. Full Name (Last, First, Middle Initial) Bank One Mailing Address PO Box 206A City State Zip Code Detroit MI 48232 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 5 Transaction ID: SA17.62144 Amount of Each Receipt this Period 1146.04 Interest on checking
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 34312.54	

SUBTOTAL of Receipts This Page (optional) ▶	5480.46
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 310 / 425
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) Bank One		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2005	
Mailing Address PO Box 206A		Transaction ID: SA17.62132	
City Detroit	State MI	Zip Code 48232	Amount of Each Receipt this Period 4073.43
FEC ID number of contributing federal political committee. C		Interest on checking	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 38385.97		

Full Name (Last, First, Middle Initial) Bank One		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2005	
Mailing Address PO Box 206A		Transaction ID: SA17.62138	
City Detroit	State MI	Zip Code 48232	Amount of Each Receipt this Period 40.61
FEC ID number of contributing federal political committee. C		Interest on checking	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 38426.58		

Full Name (Last, First, Middle Initial) Bank One		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2005	
Mailing Address PO Box 206A		Transaction ID: SA17.62145	
City Detroit	State MI	Zip Code 48232	Amount of Each Receipt this Period 1075.17
FEC ID number of contributing federal political committee. C		Interest on checking	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 39501.75		

SUBTOTAL of Receipts This Page (optional) ▶	5189.21
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 311 / 425
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. Bank One		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5	
Mailing Address PO Box 206A		Transaction ID: SA17.62133	
City State Zip Code Detroit MI 48232	Amount of Each Receipt this Period 4546.60		
FEC ID number of contributing federal political committee. C	Interest on checking		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 44048.35		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Bank One		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5	
Mailing Address PO Box 206A		Transaction ID: SA17.62139	
City State Zip Code Detroit MI 48232	Amount of Each Receipt this Period 41.99		
FEC ID number of contributing federal political committee. C	Interest on checking		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 44090.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Bank One		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5	
Mailing Address PO Box 206A		Transaction ID: SA17.62146	
City State Zip Code Detroit MI 48232	Amount of Each Receipt this Period 1157.29		
FEC ID number of contributing federal political committee. C	Interest on checking		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 45247.63		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	5745.88
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 312 / 425
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. Full Name (Last, First, Middle Initial)
Bank One
Mailing Address PO Box 206A
City State Zip Code
Detroit MI 48232
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 49691.94

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 5
Transaction ID: SA17.62134
Amount of Each Receipt this Period 4444.31
Interest on checking

B. Full Name (Last, First, Middle Initial)
Bank One
Mailing Address PO Box 206A
City State Zip Code
Detroit MI 48232
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 49732.59

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 5
Transaction ID: SA17.62141
Amount of Each Receipt this Period 40.65
Interest on checking

C. Full Name (Last, First, Middle Initial)
Bank One
Mailing Address PO Box 206A
City State Zip Code
Detroit MI 48232
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 50755.34

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 5
Transaction ID: SA17.62147
Amount of Each Receipt this Period 1022.75
Interest on checking

SUBTOTAL of Receipts This Page (optional) ► 5507.71
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 313 / 425
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. Bank One		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 5	
Mailing Address PO Box 206A		Transaction ID: SA17.62135	
City State Zip Code Detroit MI 48232	Amount of Each Receipt this Period 4372.90		
FEC ID number of contributing federal political committee. C	Interest on checking		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 55128.24		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Bank One		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 5	
Mailing Address PO Box 206A		Transaction ID: SA17.62142	
City State Zip Code Detroit MI 48232	Amount of Each Receipt this Period 40.67		
FEC ID number of contributing federal political committee. C	Interest on checking		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 55168.91		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Bank One		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 5	
Mailing Address PO Box 206A		Transaction ID: SA17.62148	
City State Zip Code Detroit MI 48232	Amount of Each Receipt this Period 959.88		
FEC ID number of contributing federal political committee. C	Interest on checking		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 56128.79		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	5373.45
TOTAL This Period (last page this line number only) ▶	31780.34

**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)

PAGE 314 / 425

<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. ABC MAILING INC.		Transaction ID: SB21B.45809	
Mailing Address 1725 E. 14 MILE SUITE 120		Date of Disbursement 09 / 08 / 2005	
City TROY	State MI	Zip Code 48083-4600	Amount of Each Disbursement this Period 4000.54
Purpose of Disbursement R1C V-CAP MAILING		Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. ABC MAILING INC.		Transaction ID: SB21B.45811	
Mailing Address 1725 E. 14 MILE SUITE 120		Date of Disbursement 09 / 08 / 2005	
City TROY	State MI	Zip Code 48083-4600	Amount of Each Disbursement this Period 4713.74
Purpose of Disbursement R1A V-CAP MAILING		Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. ABC MAILING INC.		Transaction ID: SB21B.45822	
Mailing Address 1725 E. 14 MILE SUITE 120		Date of Disbursement 10 / 27 / 2005	
City TROY	State MI	Zip Code 48083-4600	Amount of Each Disbursement this Period 2662.90
Purpose of Disbursement REG 5 V-CAP TICKETS INV# 15050		Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	11377.18
TOTAL This Period (last page this line number only)	

**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)

PAGE 315 / 425

<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. AMERICAN TIME MANUFACTURING, LTD.		Transaction ID: SB21B.45805
Mailing Address 1600 NORTH CLINTON AVE.		Date of Disbursement 08 / 02 / 2005
City ROCHESTER	State NY	Zip Code 14621
Purpose of Disbursement R5 V-CAP INCENTIVE #0006620-IN	Amount of Each Disbursement this Period 13104.95	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN TIME MANUFACTURING, LTD.		Transaction ID: SB21B.46024
Mailing Address 1600 NORTH CLINTON AVE.		Date of Disbursement 12 / 02 / 2005
City ROCHESTER	State NY	Zip Code 14621
Purpose of Disbursement R3 V-CAP INCENT-INV #6948-IN	Amount of Each Disbursement this Period 1163.92	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Bank One		Transaction ID: SB21B.45820
Mailing Address PO Box 206A		Date of Disbursement 10 / 17 / 2005
City Detroit	State MI	Zip Code 48232
Purpose of Disbursement TX WD-LEONA SMITH 945 4TH QTR	Amount of Each Disbursement this Period 835.15	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	15104.02
TOTAL This Period (last page this line number only)	

**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)

PAGE 316 / 425

<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. Bank One		Transaction ID: SB21B.46100 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address PO Box 206A		Amount of Each Disbursement this Period 280.00
City Detroit State MI Zip Code 48232	Purpose of Disbursement FED TAX WD/O HARRIS/945 4TH QT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. CRANK'S		Transaction ID: SB21B.45807 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 5
Mailing Address 27900 HOOVER		Amount of Each Disbursement this Period 4250.00
City WARREN State MI Zip Code 48093	Purpose of Disbursement R1A Inv#17688 Meeting Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. CYRIEL VANKERSCHAEVER		Transaction ID: SB21B.45838 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address 8693 HEDGEWAY		Amount of Each Disbursement this Period 500.00
City SHELBY TWP State MI Zip Code 48317	Purpose of Disbursement REGION 1 PRIZE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	5030.00
TOTAL This Period (last page this line number only) ▶	_____

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)

PAGE 317 / 425

<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. DAN RODGERS SPORTING GOODS		Transaction ID: SB21B.45808
Mailing Address 5340 MONROE STREET		Date of Disbursement 08 / 25 / 2005
City TOLEDO	State OH	Zip Code 43623
Purpose of Disbursement 2B VCAP INCENTIVE INV #00032304		Amount of Each Disbursement this Period 8043.75
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. DAN RODGERS SPORTING GOODS		Transaction ID: SB21B.46229
Mailing Address 5340 MONROE STREET		Date of Disbursement 12 / 15 / 2005
City TOLEDO	State OH	Zip Code 43623
Purpose of Disbursement R2B V-CAP INCENTIVE/INV #32586		Amount of Each Disbursement this Period 9607.50
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. DAN RODGERS SPORTING GOODS		Transaction ID: SB21B.46230
Mailing Address 5340 MONROE STREET		Date of Disbursement 12 / 15 / 2005
City TOLEDO	State OH	Zip Code 43623
Purpose of Disbursement DIRECTOR'S CLUB V-CAP JACKETS		Amount of Each Disbursement this Period 3362.63
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional)	21013.88
TOTAL This Period (last page this line number only)	

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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. DAVID CAJTHAML		Transaction ID: SB21B.45836 Date of Disbursement 12 / 01 / 2005
Mailing Address 872 LAKEWOOD DR.		Amount of Each Disbursement this Period 500.00
City LAKE ORION	State MI Zip Code 48362	
Purpose of Disbursement REGION 1 PRIZE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. FRANK MUNOZ		Transaction ID: SB21B.45831 Date of Disbursement 12 / 01 / 2005
Mailing Address 37205 TRICIA DR.		Amount of Each Disbursement this Period 500.00
City STERLING HEIGHTS	State MI Zip Code 48310	
Purpose of Disbursement REGION 1 PRIZE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. FRED HARIG		Transaction ID: SB21B.46005 Date of Disbursement 12 / 01 / 2005
Mailing Address 5881 WRIGHT DR.		Amount of Each Disbursement this Period 500.00
City TROY	State MI Zip Code 48098	
Purpose of Disbursement REGION 1 PRIZE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶

**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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. HARRIS ODDIE		Transaction ID: SB21B.46032 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 316 A 1/2 WEBER		Amount of Each Disbursement this Period 1000.00
City TOLEDO State OH Zip Code 43516	Purpose of Disbursement REGION 2B PLATINUM CLUB PRIZE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. HARRIS ODDIE		Transaction ID: SB21B.46112 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 316 A 1/2 WEBER		Amount of Each Disbursement this Period -280.00
City TOLEDO State OH Zip Code 43516	Purpose of Disbursement FEDERAL TAXES WITHHELD	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. HINES CONNIE		Transaction ID: SB21B.46036 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 439 MORROW RD. #183		Amount of Each Disbursement this Period 500.00
City S. LEBANON State OH Zip Code 45065	Purpose of Disbursement REGION 2B PLATINUM CLUB PRIZE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1220.00
TOTAL This Period (last page this line number only) ▶

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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial)		Transaction ID: SB21B.45806																					
A. IMPRESSIONS SPECIALITY ADVERTISING		Date of Disbursement																					
Mailing Address 8914 S. TELEGRAPH ROAD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	2		2	0	0	5														
City TAYLOR State MI Zip Code 48180		Amount of Each Disbursement this Period																					
Purpose of Disbursement REG 1A INCENTIVE INV #81305		2125.15																					
Candidate Name		Category/Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial)		Transaction ID: SB21B.45812																					
B. IMPRESSIONS SPECIALITY ADVERTISING		Date of Disbursement																					
Mailing Address 8914 S. TELEGRAPH ROAD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	8		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	8		2	0	0	5														
City TAYLOR State MI Zip Code 48180		Amount of Each Disbursement this Period																					
Purpose of Disbursement REGION 1A INCENTIVE/INV #79427		18825.00																					
Candidate Name		Category/Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial)		Transaction ID: SB21B.45816																					
C. IMPRESSIONS SPECIALITY ADVERTISING		Date of Disbursement																					
Mailing Address 8914 S. TELEGRAPH ROAD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	6		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	6		2	0	0	5														
City TAYLOR State MI Zip Code 48180		Amount of Each Disbursement this Period																					
Purpose of Disbursement REG 1A INCENTIVE/INV #81987		1266.28																					
Candidate Name		Category/Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

SUBTOTAL of Disbursements This Page (optional)	▶	22216.43
TOTAL This Period (last page this line number only)	▶	

**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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial)		Transaction ID: SB21B.45825																					
A. IMPRESSIONS SPECIALITY ADVERTISING		Date of Disbursement																					
Mailing Address 8914 S. TELEGRAPH ROAD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	2	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	2	/	2	0	0	5														
City TAYLOR State MI Zip Code 48180		Amount of Each Disbursement this Period																					
Purpose of Disbursement REG 1A INCENTIVE, INV. #82043		2095.57																					
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial)		Transaction ID: SB21B.45826																					
B. IMPRESSIONS SPECIALITY ADVERTISING		Date of Disbursement																					
Mailing Address 8914 S. TELEGRAPH ROAD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	2	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	2	/	2	0	0	5														
City TAYLOR State MI Zip Code 48180		Amount of Each Disbursement this Period																					
Purpose of Disbursement REG 1A INCENTIVE, INV #81996		4207.28																					
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial)		Transaction ID: SB21B.45827																					
C. IMPRESSIONS SPECIALITY ADVERTISING		Date of Disbursement																					
Mailing Address 8914 S. TELEGRAPH ROAD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	2	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	2	/	2	0	0	5														
City TAYLOR State MI Zip Code 48180		Amount of Each Disbursement this Period																					
Purpose of Disbursement REG 1A INCENTIVE, INV. #82282		20.00																					
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

SUBTOTAL of Disbursements This Page (optional)	▶	6322.85
TOTAL This Period (last page this line number only)	▶	

**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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial)		Transaction ID: SB21B.45828																					
A. IMPRESSIONS SPECIALITY ADVERTISING		Date of Disbursement																					
Mailing Address 8914 S. TELEGRAPH ROAD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		1	5		2	0	0	5														
City TAYLOR State MI Zip Code 48180		Amount of Each Disbursement this Period																					
Purpose of Disbursement REG 1D V-CAP INCENTIVE		<table border="1"> <tr> <td colspan="10">3422.60</td> </tr> </table>		3422.60																			
3422.60																							
Candidate Name		Category/Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																							

Full Name (Last, First, Middle Initial)		Transaction ID: SB21B.46025																					
B. IMPRESSIONS SPECIALITY ADVERTISING		Date of Disbursement																					
Mailing Address 8914 S. TELEGRAPH ROAD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		0	2		2	0	0	5														
City TAYLOR State MI Zip Code 48180		Amount of Each Disbursement this Period																					
Purpose of Disbursement REG 1A INCENTIV-INVOICE #82440		<table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table>		10.00																			
10.00																							
Candidate Name		Category/Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																							

Full Name (Last, First, Middle Initial)		Transaction ID: SB21B.46028																					
C. IMPRESSIONS SPECIALITY ADVERTISING		Date of Disbursement																					
Mailing Address 8914 S. TELEGRAPH ROAD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		0	2		2	0	0	5														
City TAYLOR State MI Zip Code 48180		Amount of Each Disbursement this Period																					
Purpose of Disbursement REG 1A INCENTIV/INVOICE #79427		<table border="1"> <tr> <td colspan="10">6375.00</td> </tr> </table>		6375.00																			
6375.00																							
Candidate Name		Category/Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																							

SUBTOTAL of Disbursements This Page (optional)	▶	9807.60
TOTAL This Period (last page this line number only)	▶	

**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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. IMPRESSIONS SPECIALITY ADVERTISING		Transaction ID: SB21B.46029 Date of Disbursement
Mailing Address 8914 S. TELEGRAPH ROAD		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City TAYLOR	State MI	Zip Code 48180
Purpose of Disbursement REG 1A INCENTIV-INVOICE #82366		<input type="text" value="10.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. KEITH BRYANT		Transaction ID: SB21B.45834 Date of Disbursement
Mailing Address 16965 CRESCENT		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City SOUTHFIELD	State MI	Zip Code 48075
Purpose of Disbursement REGION 1 PRIZE		<input type="text" value="500.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. JOHN LEGG		Transaction ID: SB21B.46235 Date of Disbursement
Mailing Address 3050 CROFTON		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City DEWITT	State MI	Zip Code 48820
Purpose of Disbursement R1C V-CAP RAFFLE-2ND PLACE		<input type="text" value="350.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="860.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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<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

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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. MARTIN DAVES		Transaction ID: SB21B.45832	
Mailing Address 290 DOGWOOD RD.		Date of Disbursement 12 / 01 / 2005	
City ANDREWS	State NC	Zip Code 28901	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement REGION 1 PRIZE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. MUIR FRED		Transaction ID: SB21B.46038	
Mailing Address 4122 OAKCREST		Date of Disbursement 12 / 15 / 2005	
City TOLEDO	State OH	Zip Code 43623	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement REGION 2B PLATINUM CLUB PRIZE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. MUNDY KATOWITZ MEDIA, INC.		Transaction ID: SB21B.45829	
Mailing Address 904 PENNSYLVANIA AVE., SE		Date of Disbursement 11 / 30 / 2005	
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period 245322.21
Purpose of Disbursement PENSION LEGISLATION MEDIA BUY		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	246322.21
TOTAL This Period (last page this line number only)	

**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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. MUNDY KATOWITZ MEDIA, INC.		Transaction ID: SB21B.46030 Date of Disbursement 12 / 06 / 2005
Mailing Address 904 PENNSYLVANIA AVE., SE		Amount of Each Disbursement this Period 3682.82
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement BLOGOSHERE AD 1/2 START 1-WEEK	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. REED'S APPLIANCE COMPANY		Transaction ID: SB21B.45815 Date of Disbursement 10 / 06 / 2005
Mailing Address 552 IMLAY CITY ROAD		Amount of Each Disbursement this Period 6206.00
City LAPEER State MI Zip Code 48446	Purpose of Disbursement R1 VCAP DD PRIZES/INV #23100	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. REHBERG DEREK		Transaction ID: SB21B.46034 Date of Disbursement 12 / 15 / 2005
Mailing Address 975 N. STEWARD RD.		Amount of Each Disbursement this Period 500.00
City MANSFIELD State OH Zip Code 44905	Purpose of Disbursement REGION 2B PLATINUM CLUB PRIZE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	10388.82
TOTAL This Period (last page this line number only) ▶	[]

**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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. RICHARD SERWATKA		Transaction ID: SB21B.45844 Date of Disbursement 12 / 01 / 2005
Mailing Address 72491 COON CREEK		Amount of Each Disbursement this Period 500.00
City ARMADA State MI Zip Code 48005	Purpose of Disbursement REGION 1 PRIZE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. ROBERT CONGDON		Transaction ID: SB21B.45840 Date of Disbursement 12 / 01 / 2005
Mailing Address 2222 MERTZ RD.		Amount of Each Disbursement this Period 500.00
City CARO State MI Zip Code 48723	Purpose of Disbursement REGION 1 PRIZE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. SHARON TERRY		Transaction ID: SB21B.45842 Date of Disbursement 12 / 01 / 2005
Mailing Address 860 LYNHAVEN		Amount of Each Disbursement this Period 500.00
City ROCHESTER HILLS State MI Zip Code 48307	Purpose of Disbursement REGION 1 PRIZE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶

**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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. LEONA SMITH		Transaction ID: SB21B.45818 Date of Disbursement 10 / 17 / 2005
Mailing Address RR 2 BOX 118		Amount of Each Disbursement this Period 2982.68
City TOWER HILL	State IL Zip Code 62571-9644	
Purpose of Disbursement REG1A PROMO V-CAP GRND PRZ '04		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. LEONA SMITH		Transaction ID: SB21B.45819 Date of Disbursement 10 / 17 / 2005
Mailing Address RR 2 BOX 118		Amount of Each Disbursement this Period -835.15
City TOWER HILL	State IL Zip Code 62571-9644	
Purpose of Disbursement FEDERAL TAXES WITHHELD		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. SOLANDER GEORGE		Transaction ID: SB21B.46040 Date of Disbursement 12 / 15 / 2005
Mailing Address 7909 MAIN STREET		Amount of Each Disbursement this Period 500.00
City FLAT ROCK	State OH Zip Code 44838	
Purpose of Disbursement REGION 2B PLATINUM CLUB PRIZE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	2647.53
TOTAL This Period (last page this line number only) ▶	

**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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. STANLEY TRUSWELL		Transaction ID: SB21B.46001 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address 6170 N. SILVERY LANE		Amount of Each Disbursement this Period 500.00
City DEARBORN HEIGHTS State MI Zip Code 48127		
Purpose of Disbursement REGION 1 PRIZE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. U.S. POSTMASTER		Transaction ID: SB21B.45814 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 5
Mailing Address 1725 E. 14 MILE SUITE 120		Amount of Each Disbursement this Period 2224.74
City TROY State MI Zip Code 48083-4600		
Purpose of Disbursement R9A PSOTAGE V-CAP TICKETS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. VIZUAL EXPRESS		Transaction ID: SB21B.45810 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 5
Mailing Address 440 E. CENTER STREET		Amount of Each Disbursement this Period 710.40
City MARION State OH Zip Code 43302		
Purpose of Disbursement R2B V-CAP INCENTIVE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	3435.14
TOTAL This Period (last page this line number only) ▶

**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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. VIZUAL EXPRESS		Transaction ID: SB21B.45813 Date of Disbursement
Mailing Address 440 E. CENTER STREET		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2005"/>
City MARION	State OH	Zip Code 43302
Purpose of Disbursement R2B V-CAP INCENTIVE #81406	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="8236.71"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. VIZUAL EXPRESS		Transaction ID: SB21B.45821 Date of Disbursement
Mailing Address 440 E. CENTER STREET		<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2005"/>
City MARION	State OH	Zip Code 43302
Purpose of Disbursement R2B V-CAP INCENTIVE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="3053.01"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. VIZUAL EXPRESS		Transaction ID: SB21B.46023 Date of Disbursement
Mailing Address 440 E. CENTER STREET		<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2005"/>
City MARION	State OH	Zip Code 43302
Purpose of Disbursement R2B V-CAP INCENTIV-INV #004930	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="6122.58"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="17412.30"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. VIZUAL EXPRESS		Transaction ID: SB21B.46231 Date of Disbursement
Mailing Address 440 E. CENTER STREET		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City MARION	State OH	Zip Code 43302
Purpose of Disbursement R2B V-CAP INCENTIVE/INV #5217		<input type="text" value="4284.37"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. WILSON TROPHY COMPANY		Transaction ID: SB21B.46027 Date of Disbursement
Mailing Address 1724 FRIENZA AVE.		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City SACRAMENTO	State CA	Zip Code 95815
Purpose of Disbursement R1D V-CAP INCENT-INV #A03-5573		<input type="text" value="412.69"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. DOUGLAS WOLLETT		Transaction ID: SB21B.46233 Date of Disbursement
Mailing Address 6326 W. WILOW		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City LANSING	State MI	Zip Code 48910
Purpose of Disbursement R1C V-CAP RAFFLE DRAW-1ST PLCE		<input type="text" value="400.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5097.06"/>
TOTAL This Period (last page this line number only)	<input type="text" value="381255.02"/>

**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 checked="" 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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. UAW MICHIGAN V-PAC		Transaction ID: SB22.46241 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 5
Mailing Address 8000 E. JEFFERSON		Amount of Each Disbursement this Period 100000.00
City DETROIT State MI Zip Code 48214	Purpose of Disbursement TRANSFER TO AFFILIATED COMMITTEE	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. UAW MICHIGAN V-PAC		Transaction ID: SB22.46243 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 5
Mailing Address 8000 E. JEFFERSON		Amount of Each Disbursement this Period 100000.00
City DETROIT State MI Zip Code 48214	Purpose of Disbursement TRANSFER TO AFFILIATED COMMITTEE	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. UAW MICHIGAN V-PAC		Transaction ID: SB22.46244 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 8000 E. JEFFERSON		Amount of Each Disbursement this Period 100000.00
City DETROIT State MI Zip Code 48214	Purpose of Disbursement TRANSFER TO AFFILIATED COMMITTEE	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	300000.00
TOTAL This Period (last page this line number only)	300000.00

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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. ABERCROMBIE FOR CONGRESS		Transaction ID: SB23.46316 Date of Disbursement																					
Mailing Address 2469 SOUTH KING STREET		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	2		2	0	0	5														
City HONOLULU	State HI	Zip Code 96826	Amount of Each Disbursement this Period																				
Purpose of Disbursement NEIL ABERCROMBIE		Category/ Type	2000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: HI	District: 1																						

Full Name (Last, First, Middle Initial) B. ABERCROMBIE FOR CONGRESS		Transaction ID: SB23.46317 Date of Disbursement																					
Mailing Address 2469 SOUTH KING STREET		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	8		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	8		2	0	0	5														
City HONOLULU	State HI	Zip Code 96826	Amount of Each Disbursement this Period																				
Purpose of Disbursement NEIL ABERCROMBIE		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: HI	District: 1																						

Full Name (Last, First, Middle Initial) C. ACKERMAN FOR CONGRESS		Transaction ID: SB23.46403 Date of Disbursement																					
Mailing Address PO BOX 95		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	2		2	0	0	5														
City FRESH MEADOWS	State NY	Zip Code 11365	Amount of Each Disbursement this Period																				
Purpose of Disbursement GARY ACKERMAN		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NY	District: 05																						

SUBTOTAL of Disbursements This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

**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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. ACKERMAN FOR CONGRESS		Transaction ID: SB23.46417 Date of Disbursement																					
Mailing Address PO BOX 95		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	2	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	2	/	2	0	0	5														
City FRESH MEADOWS	State NY	Zip Code 11365	Amount of Each Disbursement this Period																				
Purpose of Disbursement GARY ACKERMAN		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NY	District: 05																						

Full Name (Last, First, Middle Initial) B. AKAKA IN 2006		Transaction ID: SB23.46319 Date of Disbursement																					
Mailing Address 301 4TH STREET, NE, 2ND FLOOR		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	2	1	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9	/	2	1	/	2	0	0	5														
City WASHINGTON	State DC	Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement DANIEL K AKAKA		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: HI	District:																						

Full Name (Last, First, Middle Initial) C. ALAN MOLLOHAN FOR CONGRESS COMMITTEE		Transaction ID: SB23.46466 Date of Disbursement																					
Mailing Address PO BOX 1343		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	2	3	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9	/	2	3	/	2	0	0	5														
City FAIRMONT	State WV	Zip Code 26555-1343	Amount of Each Disbursement this Period																				
Purpose of Disbursement ALAN B MOLLOHAN		Category/ Type	2000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: WV	District: 1																						

SUBTOTAL of Disbursements This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

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)

PAGE 334 / 425

<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. ALEXANDER GREEN FOR CONGRESS		Transaction ID: SB23.46452
Mailing Address 3003 SOUTH LOOP WEST SUITE 321		Date of Disbursement 09 / 21 / 2005
City HOUSTON	State TX	Zip Code 77054
Purpose of Disbursement ALEXANDER GREEN	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: TX	District: 9	Amount of Each Disbursement this Period 1000.00

Full Name (Last, First, Middle Initial) B. ALLEN FOR CONGRESS		Transaction ID: SB23.46360
Mailing Address 6282 OCCOQUAN FOREST DRIVE		Date of Disbursement 08 / 02 / 2005
City MANSASSAS	State VA	Zip Code 20112
Purpose of Disbursement TOM ALLEN	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: ME	District: 1	Amount of Each Disbursement this Period 1000.00

Full Name (Last, First, Middle Initial) C. A LOT OF PEOPLE FOR DAVE OBEY		Transaction ID: SB23.46463
Mailing Address P.O. BOX 75214		Date of Disbursement 08 / 12 / 2005
City WASHINGTON	State DC	Zip Code 20013-5214
Purpose of Disbursement DAVID OBEY	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: WI	District: 7	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

**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)

PAGE 335 / 425

<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. ANNA ESHOO FOR CONGRESS		Transaction ID: SB23.46272 Date of Disbursement 09 / 08 / 2005
Mailing Address P.O. BOX 636		Amount of Each Disbursement this Period 1000.00
City ANNANDALE State VA Zip Code 22003	Purpose of Disbursement ANNA ESHOO Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. BARNEY FRANK FOR CONGRESS		Transaction ID: SB23.46348 Date of Disbursement 12 / 02 / 2005
Mailing Address PO BOX 2884		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20013	Purpose of Disbursement BARNEY FRANK Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. BECERRA FOR CONGRESS		Transaction ID: SB23.46266 Date of Disbursement 08 / 02 / 2005
Mailing Address PO BOX 261060		Amount of Each Disbursement this Period 1000.00
City LOS ANGELES State CA Zip Code 90026	Purpose of Disbursement XAVIER BECERRA Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

**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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. BECERRA FOR CONGRESS		Transaction ID: SB23.46281 Date of Disbursement 10 / 05 / 2005
Mailing Address PO BOX 261060		Amount of Each Disbursement this Period 1000.00
City LOS ANGELES State CA Zip Code 90026	Purpose of Disbursement XAVIER BECERRA Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Ben Cardin for Senate		Transaction ID: SB23.46353 Date of Disbursement 09 / 08 / 2005
Mailing Address 38 Ivy Street, S.E.		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement BENJAMIN CARDIN Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Ben Cardin for Senate		Transaction ID: SB23.46357 Date of Disbursement 10 / 27 / 2005
Mailing Address 38 Ivy Street, S.E.		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement BENJAMIN CARDIN Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

**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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. Ben Cardin for Senate		Transaction ID: SB23.46358 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 5
Mailing Address 38 Ivy Street, S.E.		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement BENJAMIN CARDIN Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. BERMAN FOR CONGRESS		Transaction ID: SB23.46260 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 5
Mailing Address 8665 WILSHIRE BOULEVARD #220		Amount of Each Disbursement this Period 1000.00
City BEVERLY HILLS State CA Zip Code 90211	Purpose of Disbursement HOWARD BERMAN Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 26	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. BERMAN FOR CONGRESS		Transaction ID: SB23.46279 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 5
Mailing Address 8665 WILSHIRE BOULEVARD #220		Amount of Each Disbursement this Period 4000.00
City BEVERLY HILLS State CA Zip Code 90211	Purpose of Disbursement HOWARD BERMAN Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 26	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. BERRY FOR CONGRESS		Transaction ID: SB23.46255 Date of Disbursement
Mailing Address 227 MASSACHUSETTS AVE., N.E., SUITE 101		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2005"/>
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement MARION BERRY	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AR	District: 01	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) B. BETTY MCCOLLUM FOR CONGRESS		Transaction ID: SB23.46369 Date of Disbursement
Mailing Address PO BOX 14131		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2005"/>
City ST PAUL	State MN	Zip Code 55114-0131
Purpose of Disbursement BETTY MCCOLLUM	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN	District: 4	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) C. BISHOP FOR CONGRESS		Transaction ID: SB23.46311 Date of Disbursement
Mailing Address 6 E STREET S.E.		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2005"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement SANFORD BISHOP	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 01	
		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. BOB ETHERIDGE FOR CONGRESS		Transaction ID: SB23.46380 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 5
Mailing Address PO BOX 28001		Amount of Each Disbursement this Period 1000.00
City RALEIGH State NC Zip Code 27611	Purpose of Disbursement BOB ETHERIDGE Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. BOB ETHERIDGE FOR CONGRESS		Transaction ID: SB23.46382 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 5
Mailing Address PO BOX 28001		Amount of Each Disbursement this Period 1000.00
City RALEIGH State NC Zip Code 27611	Purpose of Disbursement BOB ETHERIDGE Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. BOREN FOR CONGRESS		Transaction ID: SB23.46424 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 5
Mailing Address PO BOX 1449		Amount of Each Disbursement this Period 5000.00
City OKEMAH State OK Zip Code 74859	Purpose of Disbursement DAN BOREN Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶

**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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. BOREN FOR CONGRESS		Transaction ID: SB23.46425 Date of Disbursement																					
Mailing Address PO BOX 1449		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>5</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	5	
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		1	8		2	0	5															
City OKEMAH	State OK	Zip Code 74859	Amount of Each Disbursement this Period																				
Purpose of Disbursement DAN BOREN		<input type="checkbox"/>	<input type="text" value="5000.00"/>																				
Candidate Name		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: OK	District: 2																						

Full Name (Last, First, Middle Initial) B. BOSWELL FOR CONGRESS		Transaction ID: SB23.46320 Date of Disbursement																					
Mailing Address PO BOX 823		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>5</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	5	
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	2		2	0	5															
City INDIANOLA	State IA	Zip Code 50125	Amount of Each Disbursement this Period																				
Purpose of Disbursement LEONARD L BOSWELL		<input type="checkbox"/>	<input type="text" value="500.00"/>																				
Candidate Name		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: IA	District: 3																						

Full Name (Last, First, Middle Initial) C. BOSWELL FOR CONGRESS		Transaction ID: SB23.46321 Date of Disbursement																					
Mailing Address PO BOX 823		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>5</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	5	
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	2		2	0	5															
City INDIANOLA	State IA	Zip Code 50125	Amount of Each Disbursement this Period																				
Purpose of Disbursement LEONARD L BOSWELL		<input type="checkbox"/>	<input type="text" value="500.00"/>																				
Candidate Name		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: IA	District: 3																						

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. BOUCHER FOR CONGRESS		Transaction ID: SB23.46456 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 5
Mailing Address PO BOX 2000		Amount of Each Disbursement this Period 1000.00
City ABINGDON State VA Zip Code 24212	Purpose of Disbursement RICHARD BOUCHER Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 9	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. BOUCHER FOR CONGRESS		Transaction ID: SB23.46457 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 5
Mailing Address PO BOX 2000		Amount of Each Disbursement this Period 3000.00
City ABINGDON State VA Zip Code 24212	Purpose of Disbursement RICHARD BOUCHER Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 9	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. BRAD MILLER FOR CONGRESS CAMPAIGN		Transaction ID: SB23.46385 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 5
Mailing Address 3803 B COMPUTER DRIVE SUITE 110		Amount of Each Disbursement this Period 3000.00
City RALEIGH State NC Zip Code 27609	Purpose of Disbursement BRAD MILLER Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶

**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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. BRIAN BAIRD FOR CONGRESS CAMPAIGN		Transaction ID: SB23.46461 Date of Disbursement
Mailing Address 442 NEW JERSEY AVENUE S.E.		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement BRIAN BAIRD	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA District: 03	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. BUTTERFIELD FOR CONGRESS COMMITTEE		Transaction ID: SB23.46379 Date of Disbursement
Mailing Address 800 W. HINES STREET		<input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City WILSON	State NC	Zip Code 27893
Purpose of Disbursement G K. BUTTERFIELD	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District: 1	Amount of Each Disbursement this Period <input type="text" value="2500.00"/>	

Full Name (Last, First, Middle Initial) C. BUTTERFIELD FOR CONGRESS COMMITTEE		Transaction ID: SB23.46381 Date of Disbursement
Mailing Address 800 W. HINES STREET		<input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City WILSON	State NC	Zip Code 27893
Purpose of Disbursement G K. BUTTERFIELD	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District: 1	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. CALUMET PAC		Transaction ID: SB23.46332 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 5
Mailing Address 8000 UTAH STREET		Amount of Each Disbursement this Period 5000.00
City MERRILLVILLE State IN Zip Code 46410	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. CAMPAIGN TO ELECT JIM MARSHALL		Transaction ID: SB23.46312 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 5
Mailing Address PO BOX 125		Amount of Each Disbursement this Period 1000.00
City MACON State GA Zip Code 31202	Category/ Type	
Purpose of Disbursement JIM MARSHALL		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. CAMPAIGN TO ELECT JIM MARSHALL		Transaction ID: SB23.46313 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 5
Mailing Address PO BOX 125		Amount of Each Disbursement this Period 4000.00
City MACON State GA Zip Code 31202	Category/ Type	
Purpose of Disbursement JIM MARSHALL		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	10000.00
TOTAL This Period (last page this line number only) ▶	[]

**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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. CAPUANO FOR CONGRESS		Transaction ID: SB23.46342 Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2005
Mailing Address 227 MASSACHUSETTS AVE NE SUITE 101		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement MICHAEL E. CAPUANO Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 8	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. CHARLES A. GONZALEZ CONGRESSIONAL		Transaction ID: SB23.46451 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2005
Mailing Address P O BOX 12612 1215 BROADWAY		Amount of Each Disbursement this Period 1000.00
City SAN ANTONIO State TX Zip Code 78212	Purpose of Disbursement CHARLES A. GONZALEZ Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. CHARLES A. GONZALEZ CONGRESSIONAL		Transaction ID: SB23.46453 Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2005
Mailing Address P O BOX 12612 1215 BROADWAY		Amount of Each Disbursement this Period 1000.00
City SAN ANTONIO State TX Zip Code 78212	Purpose of Disbursement CHARLES A. GONZALEZ Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

**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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. CHARLES A. GONZALEZ CONGRESSIONAL		Transaction ID: SB23.46455 Date of Disbursement
Mailing Address P O BOX 12612 1215 BROADWAY		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/>
City SAN ANTONIO	State TX	Zip Code 78212
Purpose of Disbursement CHARLES A. GONZALEZ	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 20	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. CHARLIE MELANCON FOR CONGRESS		Transaction ID: SB23.46340 Date of Disbursement
Mailing Address PO BOX 549		<input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/>
City NAPOLEONVILLE	State LA	Zip Code 70390
Purpose of Disbursement CHARLIE MELANCON	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA District: 3	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) C. CHARLIE MELANCON FOR CONGRESS		Transaction ID: SB23.46341 Date of Disbursement
Mailing Address PO BOX 549		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/>
City NAPOLEONVILLE	State LA	Zip Code 70390
Purpose of Disbursement CHARLIE MELANCON	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA District: 3	Amount of Each Disbursement this Period <input type="text" value="4000.00"/>	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. CHET EDWARDS FOR CONGRESS		Transaction ID: SB23.46449 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 5
Mailing Address P.O. BOX 70426		Amount of Each Disbursement this Period 5000.00
City WASHINGTON State DC Zip Code 20024	Purpose of Disbursement CHET EDWARDS Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. CITIZENS FOR ELEANOR HOLMES NORTON		Transaction ID: SB23.46304 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 5
Mailing Address 1730 RHODE ISLAND AVE, NW SUITE 712		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20036	Purpose of Disbursement ELEANOR HOLMES NORTON Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. CITIZENS FOR JOHN OLVER		Transaction ID: SB23.46344 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 5
Mailing Address 38 IVY STREET SE		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement JOHN OLVER Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶

**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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. CITIZENS FOR TAX JUSTICE		Transaction ID: SB23.46295 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 5
Mailing Address 1311 L STREET NW		Amount of Each Disbursement this Period 2500.00
City WASHINGTON State DC Zip Code 20005	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. CITIZENS FOR WATERS		Transaction ID: SB23.46267 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 5
Mailing Address 555 S FLOWER ST #4510		Amount of Each Disbursement this Period 1000.00
City LOS ANGELES State CA Zip Code 90017	Category/ Type	
Purpose of Disbursement MAXINE WATERS		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 35	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. CITIZENS FOR WATERS		Transaction ID: SB23.46273 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 5
Mailing Address 555 S FLOWER ST #4510		Amount of Each Disbursement this Period 1000.00
City LOS ANGELES State CA Zip Code 90017	Category/ Type	
Purpose of Disbursement MAXINE WATERS		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 35	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. COMMITTEE TO ELECT ARTUR DAVIS TO		Transaction ID: SB23.46250
Mailing Address PO BOX 1845		Date of Disbursement 09 / 15 / 2005
City BIRMINGHAM	State AL	Zip Code 35201
Purpose of Disbursement ARTUR DAVIS	Amount of Each Disbursement this Period 1000.00	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AL District: 07		

Full Name (Last, First, Middle Initial) B. COMMITTEE TO ELECT ARTUR DAVIS TO		Transaction ID: SB23.46251
Mailing Address PO BOX 1845		Date of Disbursement 10 / 27 / 2005
City BIRMINGHAM	State AL	Zip Code 35201
Purpose of Disbursement ARTUR DAVIS	Amount of Each Disbursement this Period 1000.00	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AL District: 07		

Full Name (Last, First, Middle Initial) C. COMMITTEE TO ELECT ARTUR DAVIS TO		Transaction ID: SB23.46253
Mailing Address PO BOX 1845		Date of Disbursement 12 / 15 / 2005
City BIRMINGHAM	State AL	Zip Code 35201
Purpose of Disbursement ARTUR DAVIS	Amount of Each Disbursement this Period 1000.00	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AL District: 07		

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

**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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. COMMITTEE TO ELECT LINDA SANCHEZ		Transaction ID: SB23.46278 Date of Disbursement
Mailing Address P.O. BOX 1865		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2005"/>
City HAWAIIAN GARDENS	State CA	Zip Code 90716
Purpose of Disbursement LINDA SANCHEZ	<input type="text" value="3000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 39		

Full Name (Last, First, Middle Initial) B. COMMITTEE TO RE-ELECT CAROLYN CHEEKS		Transaction ID: SB23.46364 Date of Disbursement
Mailing Address P.O. BOX 32175		<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2005"/>
City DETROIT	State MI	Zip Code 48232
Purpose of Disbursement CAROLYN C. KILPATRICK	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 13		

Full Name (Last, First, Middle Initial) C. COMMITTEE TO RE-ELECT NYDIA VELAZQUEZ		Transaction ID: SB23.46416 Date of Disbursement
Mailing Address 436 NEW JERSEY AVENUE SE		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2005"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement NYDIA VELAZQUEZ	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 12		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

PAGE 350 / 425

<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. COMMITTEE TO RE-ELECT NYDIA VELAZQUEZ		Transaction ID: SB23.46420
Mailing Address 436 NEW JERSEY AVENUE SE		Date of Disbursement 12 / 02 / 2005
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement NYDIA VELAZQUEZ	Amount of Each Disbursement this Period 1000.00	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 12	

Full Name (Last, First, Middle Initial) B. CONGRESSIONAL BLACK CAUCUS PAC		Transaction ID: SB23.46299
Mailing Address 1701 PENNSYLVANIA NW #960		Date of Disbursement 09 / 21 / 2005
City WASHINGTON	State DC	Zip Code 20006
Purpose of Disbursement CONTRIBUTION	Amount of Each Disbursement this Period 5000.00	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. CONGRESSMAN BART GORDON COMMITTEE		Transaction ID: SB23.46445
Mailing Address PO BOX 2008		Date of Disbursement 10 / 17 / 2005
City MURFREESBORO	State TN	Zip Code 37133
Purpose of Disbursement BART GORDON	Amount of Each Disbursement this Period 1000.00	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN	District: 6	

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

**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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE		Transaction ID: SB23.46261
Mailing Address 8665 WILSHIRE BLVD, SUITE 220		Date of Disbursement MM / DD / YYYY 08 / 02 / 2005
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Disbursement HENRY A WAXMAN	Category/ Type	Amount of Each Disbursement this Period 1000.00
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 29	

Full Name (Last, First, Middle Initial) B. COSTELLO FOR CONGRESS COMMITTEE		Transaction ID: SB23.46325
Mailing Address P.O. BOX 8250		Date of Disbursement MM / DD / YYYY 09 / 02 / 2005
City BELLEVILLE	State IL	Zip Code 62222
Purpose of Disbursement JERRY F COSTELLO	Category/ Type	Amount of Each Disbursement this Period 1000.00
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District: 12	

Full Name (Last, First, Middle Initial) C. CROWLEY FOR CONGRESS		Transaction ID: SB23.46411
Mailing Address 6282 OCCOQUAN FORREST DRIVE		Date of Disbursement MM / DD / YYYY 09 / 23 / 2005
City MANASSAS	State VA	Zip Code 20112
Purpose of Disbursement JOSEPH CROWLEY	Category/ Type	Amount of Each Disbursement this Period 1000.00
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 7	

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

**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)

PAGE 352 / 425

<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. CUMMINGS FOR CONGRESS		Transaction ID: SB23.46349 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 5
Mailing Address 421 NEW JERSEY AVENUE SE		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement ELIJAH CUMMINGS Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 7	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. CUMMINGS FOR CONGRESS		Transaction ID: SB23.46351 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 5
Mailing Address 421 NEW JERSEY AVENUE SE		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement ELIJAH CUMMINGS Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 7	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. CYNTHIA MCKINNEY FOR CONGRESS		Transaction ID: SB23.46314 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 5
Mailing Address P O BOX 371125		Amount of Each Disbursement this Period 5000.00
City DECATUR State GA Zip Code 30037	Purpose of Disbursement CYNTHIA MCKINNEY Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 4	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶

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)

PAGE 353 / 425

<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. DAN LIPINSKI FOR CONGRESS		Transaction ID: SB23.46328 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 5
Mailing Address 5838 S. ARCHER		Amount of Each Disbursement this Period 4000.00
City CHICAGO State IL Zip Code 60638	Purpose of Disbursement DAN LIPINSKI Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 3	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. DAVID PRICE FOR CONGRESS		Transaction ID: SB23.46384 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 5
Mailing Address PO BOX 1986		Amount of Each Disbursement this Period 1000.00
City RALEIGH State NC Zip Code 27602	Purpose of Disbursement DAVID PRICE Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 4	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. DAVID PRICE FOR CONGRESS		Transaction ID: SB23.46386 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 5
Mailing Address PO BOX 1986		Amount of Each Disbursement this Period 1000.00
City RALEIGH State NC Zip Code 27602	Purpose of Disbursement DAVID PRICE Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 4	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶

**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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. DAVIS FOR CONGRESS		Transaction ID: SB23.46323 Date of Disbursement																					
Mailing Address PO BOX 2842		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	8		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	8		2	0	0	5														
City WASHINGTON	State DC	Zip Code 20013	Amount of Each Disbursement this Period																				
Purpose of Disbursement DANNY K DAVIS		Category/ Type	3400.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: IL	District: 7																						

Full Name (Last, First, Middle Initial) B. DAVIS FOR CONGRESS		Transaction ID: SB23.46329 Date of Disbursement																					
Mailing Address PO BOX 2842		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	3		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	3		2	0	0	5														
City WASHINGTON	State DC	Zip Code 20013	Amount of Each Disbursement this Period																				
Purpose of Disbursement DANNY K DAVIS		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: IL	District: 7																						

Full Name (Last, First, Middle Initial) C. DONNELLY FOR CONGRESS		Transaction ID: SB23.46331 Date of Disbursement																					
Mailing Address PO BOX 1961		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	5		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		2	5		2	0	0	5														
City SOUTH BEND	State IN	Zip Code 46634	Amount of Each Disbursement this Period																				
Purpose of Disbursement JOE DONNELLY		Category/ Type	5000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: IN	District: 02																						

SUBTOTAL of Disbursements This Page (optional)	▶	9400.00
TOTAL This Period (last page this line number only)	▶	

**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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. DONNELLY FOR CONGRESS		Transaction ID: SB23.46336 Date of Disbursement																					
Mailing Address PO BOX 1961		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	5		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	5		2	0	0	5														
City SOUTH BEND	State IN	Zip Code 46634																					
Purpose of Disbursement JOE DONNELLY		<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>5000.00</td> </tr> </table>		Amount of Each Disbursement this Period	5000.00																		
Amount of Each Disbursement this Period																							
5000.00																							
Candidate Name		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: IN District: 02																							

Full Name (Last, First, Middle Initial) B. DOYLE FOR CONGRESS COMMITTEE		Transaction ID: SB23.46430 Date of Disbursement																					
Mailing Address PO BOX 17426		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	5		2	0	0	5														
City PITTSBURGH	State PA	Zip Code 15235																					
Purpose of Disbursement MIKE DOYLE		<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>1000.00</td> </tr> </table>		Amount of Each Disbursement this Period	1000.00																		
Amount of Each Disbursement this Period																							
1000.00																							
Candidate Name		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: PA District: 14																							

Full Name (Last, First, Middle Initial) C. EARL BLUMENAUER FOR CONGRESS		Transaction ID: SB23.46427 Date of Disbursement																					
Mailing Address P.O. BOX 1396		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	5		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	5		2	0	0	5														
City PORTLAND	State OR	Zip Code 97207																					
Purpose of Disbursement EARL BLUMENAUER		<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>1000.00</td> </tr> </table>		Amount of Each Disbursement this Period	1000.00																		
Amount of Each Disbursement this Period																							
1000.00																							
Candidate Name		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: OR District: 3																							

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

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)

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<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

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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. EARL BLUMENAUER FOR CONGRESS		Transaction ID: SB23.46428 Date of Disbursement
Mailing Address P.O. BOX 1396		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2005"/>
City PORTLAND	State OR	Zip Code 97207
Purpose of Disbursement EARL BLUMENAUER	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR District: 3		

Full Name (Last, First, Middle Initial) B. EARL POMEROY FOR CONGRESS		Transaction ID: SB23.46388 Date of Disbursement
Mailing Address PO BOX 75214		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2005"/>
City WASHINGTON	State DC	Zip Code 20013-5214
Purpose of Disbursement EARL POMEROY	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND District: 01		

Full Name (Last, First, Middle Initial) C. EARL POMEROY FOR CONGRESS		Transaction ID: SB23.46390 Date of Disbursement
Mailing Address PO BOX 75214		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2005"/>
City WASHINGTON	State DC	Zip Code 20013-5214
Purpose of Disbursement EARL POMEROY	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND District: 01		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. ELLSWORTH FOR CONGRESS		Transaction ID: SB23.46334 Date of Disbursement 09 / 02 / 2005
Mailing Address PO BOX 62		Amount of Each Disbursement this Period 5000.00
City EVANSVILLE	State IN Zip Code 47708	
Purpose of Disbursement BRAD ELLSWORTH		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN District: 8		

Full Name (Last, First, Middle Initial) B. ELLSWORTH FOR CONGRESS		Transaction ID: SB23.46338 Date of Disbursement 11 / 15 / 2005
Mailing Address PO BOX 62		Amount of Each Disbursement this Period 5000.00
City EVANSVILLE	State IN Zip Code 47708	
Purpose of Disbursement BRAD ELLSWORTH		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN District: 8		

Full Name (Last, First, Middle Initial) C. ENGEL FOR CONGRESS		Transaction ID: SB23.46401 Date of Disbursement 08 / 02 / 2005
Mailing Address 115 D ST, SE #102		Amount of Each Disbursement this Period 1000.00
City WASHINGTON	State DC Zip Code 20003	
Purpose of Disbursement ELIOT L ENGEL		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 17		

SUBTOTAL of Disbursements This Page (optional) ▶	11000.00
TOTAL This Period (last page this line number only) ▶	[]

**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)

PAGE 358 / 425

<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. ENGEL FOR CONGRESS		Transaction ID: SB23.46409 Date of Disbursement
Mailing Address 115 D ST, SE #102		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2005"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement ELIOT L ENGEL	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 17		

Full Name (Last, First, Middle Initial) B. EVAN BAYH COMMITTEE		Transaction ID: SB23.46337 Date of Disbursement
Mailing Address 426 C ST NE		<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2005"/>
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement EVAN BAYH	<input type="text" value="5000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN District:		

Full Name (Last, First, Middle Initial) C. FATTAH FOR CONGRESS		Transaction ID: SB23.46433 Date of Disbursement
Mailing Address 1800 JFK BLVD., SUITE 502		<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2005"/>
City PHILADELPHIA	State PA	Zip Code 19103
Purpose of Disbursement CHAKA FATTAH	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 2		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. FRIENDS FOR BARON HILL		Transaction ID: SB23.46335 Date of Disbursement
Mailing Address PO BOX 1071		<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2005"/>
City SEYMOUR	State IN	Zip Code 47274
Purpose of Disbursement BARON HILL	<input type="text" value="5000.00"/>	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN District: 9		

Full Name (Last, First, Middle Initial) B. FRIENDS OF BENNIE THOMPSON		Transaction ID: SB23.46378 Date of Disbursement
Mailing Address PO BOX 100		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2005"/>
City BOLTON	State MS	Zip Code 39041
Purpose of Disbursement BENNIE THOMPSON	<input type="text" value="1000.00"/>	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MS District: 02		

Full Name (Last, First, Middle Initial) C. FRIENDS OF BUD CRAMER		Transaction ID: SB23.46252 Date of Disbursement
Mailing Address 38 IVY STREET SE		<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2005"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement BUD CRAMER	<input type="text" value="1000.00"/>	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AL District: 5		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. FRIENDS OF CAROLYN MCCARTHY COMMITTEE		Transaction ID: SB23.46408 Date of Disbursement
Mailing Address 38 IVY STREET SE		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2005"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement CAROLYN MCCARTHY	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 4		

Full Name (Last, First, Middle Initial) B. FRIENDS OF CONGRESSMAN TIM HOLDEN		Transaction ID: SB23.46429 Date of Disbursement
Mailing Address PO BOX 37		<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2005"/>
City ST CLAIR	State PA	Zip Code 17970
Purpose of Disbursement TIM HOLDEN	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 17		

Full Name (Last, First, Middle Initial) C. FRIENDS OF CONGRESSMAN TIM HOLDEN		Transaction ID: SB23.46434 Date of Disbursement
Mailing Address PO BOX 37		<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2005"/>
City ST CLAIR	State PA	Zip Code 17970
Purpose of Disbursement TIM HOLDEN	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 17		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. FRIENDS OF CORRINE BROWN		Transaction ID: SB23.46307 Date of Disbursement
Mailing Address 421 NEW JERSEY AVENUE SE		<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2005"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement CORRINE BROWN	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 03	

Full Name (Last, First, Middle Initial) B. FRIENDS OF FARR		Transaction ID: SB23.46284 Date of Disbursement
Mailing Address 227 MASSACHUSETTS AVE, NE SUITE 302		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2005"/>
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement SAM FARR	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 17	

Full Name (Last, First, Middle Initial) C. FRIENDS OF FARR		Transaction ID: SB23.46288 Date of Disbursement
Mailing Address 227 MASSACHUSETTS AVE, NE SUITE 302		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2005"/>
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement SAM FARR	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 17	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. FRIENDS OF GEORGE MILLER		Transaction ID: SB23.46258 Date of Disbursement
Mailing Address 300 NORTH LEE ST SUITE 500		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2005"/>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement GEORGE MILLER	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 7		

Full Name (Last, First, Middle Initial) B. FRIENDS OF GEORGE MILLER		Transaction ID: SB23.46277 Date of Disbursement
Mailing Address 300 NORTH LEE ST SUITE 500		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2005"/>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement GEORGE MILLER	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 7		

Full Name (Last, First, Middle Initial) C. FRIENDS OF JIM CLYBURN		Transaction ID: SB23.46440 Date of Disbursement
Mailing Address 501 CAPITOL COURT NE SUITE 100		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2005"/>
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement JAMES CLYBURN	<input type="text" value="2000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SC District: 06		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. FRIENDS OF JIM MCDERMOTT		Transaction ID: SB23.46458 Date of Disbursement
Mailing Address 6282 OCCOQUAN FOREST DRIVE		<input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City MANASSAS	State VA	Zip Code 20112
Purpose of Disbursement JIM MCDERMOTT	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA District: 07		

Full Name (Last, First, Middle Initial) B. FRIENDS OF JIM MCDERMOTT		Transaction ID: SB23.46462 Date of Disbursement
Mailing Address 6282 OCCOQUAN FOREST DRIVE		<input type="text" value="12"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City MANASSAS	State VA	Zip Code 20112
Purpose of Disbursement JIM MCDERMOTT	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA District: 07		

Full Name (Last, First, Middle Initial) C. FRIENDS OF JIM OBERSTAR		Transaction ID: SB23.46368 Date of Disbursement
Mailing Address PO BOX 2884		<input type="text" value="09"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City WASHINGTON	State DC	Zip Code 20013
Purpose of Disbursement JIM OBERSTAR	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN District: 8		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. FRIENDS OF JOE BACA		Transaction ID: SB23.46264	
Mailing Address PO BOX 362		Date of Disbursement 08 / 02 / 2005	
City SAN BERNARDINO	State CA	Zip Code 92402-0362	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement JOE BACA		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District: 43			

Full Name (Last, First, Middle Initial) B. FRIENDS OF JOE BACA		Transaction ID: SB23.46265	
Mailing Address PO BOX 362		Date of Disbursement 08 / 02 / 2005	
City SAN BERNARDINO	State CA	Zip Code 92402-0362	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement JOE BACA		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District: 43			

Full Name (Last, First, Middle Initial) C. FRIENDS OF JOE BACA		Transaction ID: SB23.46276	
Mailing Address PO BOX 362		Date of Disbursement 09 / 21 / 2005	
City SAN BERNARDINO	State CA	Zip Code 92402-0362	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement JOE BACA		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District: 43			

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

**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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. FRIENDS OF JOHN BARROW		Transaction ID: SB23.46315 Date of Disbursement
Mailing Address 2141 WEST BROAD STREET SUITE B		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2005"/>
City ATHENS	State GA	Zip Code 30606
Purpose of Disbursement JOHN BARROW	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA	District: 12	
		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>

Full Name (Last, First, Middle Initial) B. FRIENDS OF KENT CONRAD		Transaction ID: SB23.46389 Date of Disbursement
Mailing Address 420 C STREET, NE LOWER LEVEL		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2005"/>
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement KENT CONRAD	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD	District:	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) C. FRIENDS OF KENT CONRAD		Transaction ID: SB23.46391 Date of Disbursement
Mailing Address 420 C STREET, NE LOWER LEVEL		<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2005"/>
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement KENT CONRAD	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD	District:	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

PAGE 366 / 425

<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. FRIENDS OF LANE EVANS		Transaction ID: SB23.46322 Date of Disbursement																					
Mailing Address PO BOX 5263		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	2		2	0	0	5														
City ROCK ISLAND	State IL	Zip Code 61204-5263	Amount of Each Disbursement this Period																				
Purpose of Disbursement LANE EVANS		Category/ Type	5000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: IL	District: 17																						

Full Name (Last, First, Middle Initial) B. FRIENDS OF LOIS CAPPs		Transaction ID: SB23.46271 Date of Disbursement																					
Mailing Address PO BOX 23940		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	8		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	8		2	0	0	5														
City SANTA BARBARA	State CA	Zip Code 93121	Amount of Each Disbursement this Period																				
Purpose of Disbursement LOIS CAPPs		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: CA	District: 23																						

Full Name (Last, First, Middle Initial) C. FRIENDS OF LOIS CAPPs		Transaction ID: SB23.46286 Date of Disbursement																					
Mailing Address PO BOX 23940		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		1	5		2	0	0	5														
City SANTA BARBARA	State CA	Zip Code 93121	Amount of Each Disbursement this Period																				
Purpose of Disbursement LOIS CAPPs		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: CA	District: 23																						

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

**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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. FRIENDS OF PATRICK KENNEDY		Transaction ID: SB23.46436	
Mailing Address PO BOX 77047		Date of Disbursement 09 / 23 / 2005	
City WASHINGTON	State DC	Zip Code 20013	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement PATRICK KENNEDY		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: RI	District: 1		

Full Name (Last, First, Middle Initial) B. FRIENDS OF RAHM EMANUEL		Transaction ID: SB23.46326	
Mailing Address PO BOX 101124		Date of Disbursement 09 / 02 / 2005	
City CHICAGO	State IL	Zip Code 60610	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement RAHM EMANUEL		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IL	District: 05		

Full Name (Last, First, Middle Initial) C. FRIENDS OF RAHM EMANUEL		Transaction ID: SB23.46330	
Mailing Address PO BOX 101124		Date of Disbursement 11 / 03 / 2005	
City CHICAGO	State IL	Zip Code 60610	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement RAHM EMANUEL		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IL	District: 05		

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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)

PAGE 368 / 425

<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. FRIENDS OF ROBERT C BYRD COMMITTEE		Transaction ID: SB23.46467 Date of Disbursement
Mailing Address 424 C STREET, NW		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement ROBERT C BYRD		<input type="text" value="1000.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WV	District:	

Full Name (Last, First, Middle Initial) B. FRIENDS OF ROSA DELAURO		Transaction ID: SB23.46290 Date of Disbursement
Mailing Address 729 15TH STREET, NW - 3RD FLR		<input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement ROSA DELAURO		<input type="text" value="1000.00"/>
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT	District: 3	

Full Name (Last, First, Middle Initial) C. FRIENDS OF ROSA DELAURO		Transaction ID: SB23.46291 Date of Disbursement
Mailing Address 729 15TH STREET, NW - 3RD FLR		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement ROSA DELAURO		<input type="text" value="1000.00"/>
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT	District: 3	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. FRIENDS OF ROSA DELAURO		Transaction ID: SB23.46293 Date of Disbursement
Mailing Address 729 15TH STREET, NW - 3RD FLR		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement ROSA DELAURO	<input type="text" value=""/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT District: 3	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. FRIENDS OF WEINER		Transaction ID: SB23.46415 Date of Disbursement
Mailing Address 442 NEW JERSEY AVENUE SE		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement ANTHONY WEINER	<input type="text" value=""/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 9	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) C. GENE GREEN CONGRESSIONAL CAMPAIGN		Transaction ID: SB23.46446 Date of Disbursement
Mailing Address PO BOX 16128		<input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City HOUSTON	State TX	Zip Code 77222
Purpose of Disbursement GENE GREEN	<input type="text" value=""/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 29	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value=""/>

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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. GENE GREEN CONGRESSIONAL CAMPAIGN		Transaction ID: SB23.46454	
Mailing Address PO BOX 16128		Date of Disbursement 10 / 17 / 2005	
City HOUSTON	State TX	Zip Code 77222	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement GENE GREEN		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX	District: 29		

Full Name (Last, First, Middle Initial) B. GREEN MOUNTAIN PAC		Transaction ID: SB23.46298	
Mailing Address 10 G STREET NE #470		Date of Disbursement 08 / 09 / 2005	
City WASHINGTON	State DC	Zip Code 20002	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement CONTRIBUTION		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) C. HACKETT FOR CONGRESS		Transaction ID: SB23.62150	
Mailing Address 27 NORTH 2ND		Date of Disbursement 07 / 25 / 2005	
City BATAVIA	State OH	Zip Code 45103	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement CONTRIBUTION		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: OH	District: 02 Special-General		

SUBTOTAL of Disbursements This Page (optional)	8500.00
TOTAL This Period (last page this line number only)	

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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A. HERSETH FOR CONGRESS Full Name (Last, First, Middle Initial) Mailing Address PO BOX 884 City BROOKINGS State SD Zip Code 57006 Purpose of Disbursement STEPHANIE HERSETH Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 1 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.46441 Date of Disbursement 12 / 02 / 2005 Amount of Each Disbursement this Period 1000.00
--	--	---

B. HIGGINS FOR CONGRESS Full Name (Last, First, Middle Initial) Mailing Address PO BOX 28 City BUFFALO State NY Zip Code 14220 Purpose of Disbursement BRIAN M. HIGGINS Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 27 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.46402 Date of Disbursement 08 / 18 / 2005 Amount of Each Disbursement this Period 3000.00
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C. HOOLEY FOR CONGRESS Full Name (Last, First, Middle Initial) Mailing Address P.O. BOX 465 City WEST LINN State OR Zip Code 97068 Purpose of Disbursement DARLENE HOOLEY Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.46426 Date of Disbursement 09 / 23 / 2005 Amount of Each Disbursement this Period 1000.00
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SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	_____

**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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. HOUSE MAJORITY FUND		Transaction ID: SB23.46300 Date of Disbursement
Mailing Address 436 NEW JERSEY AVENUE, S.E.		<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2005"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement CONTRIBUTION	<input type="text" value="5000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. HOYER FOR CONGRESS COMMITTEE		Transaction ID: SB23.46350 Date of Disbursement
Mailing Address PO BOX 2884		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2005"/>
City WASHINGTON	State DC	Zip Code 20013
Purpose of Disbursement STENY HOYER	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD District: 5		

Full Name (Last, First, Middle Initial) C. HOYER FOR CONGRESS COMMITTEE		Transaction ID: SB23.46352 Date of Disbursement
Mailing Address PO BOX 2884		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2005"/>
City WASHINGTON	State DC	Zip Code 20013
Purpose of Disbursement STENY HOYER	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD District: 5		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

PAGE 373 / 425

<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. INSLEE FOR CONGRESS		Transaction ID: SB23.46459 Date of Disbursement																					
Mailing Address PO BOX 33027		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	5		2	0	0	5														
City SEATTLE	State WA	Zip Code 98133	Amount of Each Disbursement this Period																				
Purpose of Disbursement JAY INSLEE		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: WA	District: 04																						

Full Name (Last, First, Middle Initial) B. INSLEE FOR CONGRESS		Transaction ID: SB23.46460 Date of Disbursement																					
Mailing Address PO BOX 33027		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	7		2	0	0	5														
City SEATTLE	State WA	Zip Code 98133	Amount of Each Disbursement this Period																				
Purpose of Disbursement JAY INSLEE		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: WA	District: 04																						

Full Name (Last, First, Middle Initial) C. JOHN LEWIS FOR CONGRESS COMMITTEE		Transaction ID: SB23.46310 Date of Disbursement																					
Mailing Address 4212 37TH ST., NW		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	2		2	0	0	5														
City WASHINGTON	State DC	Zip Code 20008	Amount of Each Disbursement this Period																				
Purpose of Disbursement JOHN LEWIS		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: GA	District: 5																						

SUBTOTAL of Disbursements This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

**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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. JOHN SPRATT FOR CONGRESS		Transaction ID: SB23.46438 Date of Disbursement																					
Mailing Address P.O. BOX 2884		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	2		2	0	0	5														
City WASHINGTON	State DC	Zip Code 20013	Amount of Each Disbursement this Period																				
Purpose of Disbursement JOHN SPRATT		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: SC	District: 5																						

Full Name (Last, First, Middle Initial) B. JOHN SPRATT FOR CONGRESS		Transaction ID: SB23.46439 Date of Disbursement																					
Mailing Address P.O. BOX 2884		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	2		2	0	0	5														
City WASHINGTON	State DC	Zip Code 20013	Amount of Each Disbursement this Period																				
Purpose of Disbursement JOHN SPRATT		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: SC	District: 5																						

Full Name (Last, First, Middle Initial) C. JOHN TIERNEY FOR CONGRESS		Transaction ID: SB23.46347 Date of Disbursement																					
Mailing Address PO BOX 8013		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		1	5		2	0	0	5														
City SALEM	State MA	Zip Code 01970	Amount of Each Disbursement this Period																				
Purpose of Disbursement JOHN TIERNEY		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: MA	District: 6																						

SUBTOTAL of Disbursements This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

**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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial)

A. KEEP NICK RAHALL IN CONGRESS COMMITTEE

Mailing Address 1301 DELAWARE AVENUE SW
#N409

City WASHINGTON State DC Zip Code 20024-3913

Purpose of Disbursement
NICK JOE RAHALL II

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: WV District: 3

Transaction ID: SB23.46465

Date of Disbursement

09 / 23 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. KENDRICK MEEK FOR CONGRESS

Mailing Address 2111 WILSON BLVD. 8TH FLOOR

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement
KENDRICK MEEK

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: FL District: 17

Transaction ID: SB23.46308

Date of Disbursement

09 / 12 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. KENDRICK MEEK FOR CONGRESS

Mailing Address 2111 WILSON BLVD. 8TH FLOOR

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement
KENDRICK MEEK

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: FL District: 17

Transaction ID: SB23.46309

Date of Disbursement

11 / 15 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

**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)

PAGE 376 / 425

<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. KENNEDY FOR SENATE		Transaction ID: SB23.46345 Date of Disbursement
Mailing Address 301 4TH ST., NE SUITE 202		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/>
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement EDWARD M KENNEDY		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA	District:	

Full Name (Last, First, Middle Initial) B. KENTUCKY DEMOCRATIC PARTY (FEDERAL)		Transaction ID: SB23.46339 Date of Disbursement
Mailing Address PO BOX 694		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/>
City FRANKFORT	State KY	Zip Code 40602
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. KILROY FOR CONGRESS		Transaction ID: SB23.46423 Date of Disbursement
Mailing Address 929 HARRISON AVE., STE. 305		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/>
City COLUMBUS	State OH	Zip Code 43235
Purpose of Disbursement MARY JO KILROY		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH	District: 15	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="11000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. KLEIN FOR CONGRESS		Transaction ID: SB23.46306 Date of Disbursement																					
Mailing Address 301 YAMATO RD., SUITE 2198		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	2		2	0	0	5														
City BOCA RATON	State FL	Zip Code 33431	Amount of Each Disbursement this Period																				
Purpose of Disbursement RON KLEIN		Category/ Type	5000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: FL	District: 22																						

Full Name (Last, First, Middle Initial) B. L.A. PAC		Transaction ID: SB23.46263 Date of Disbursement																					
Mailing Address 6380 WILSHIRE BLVD. #1612		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	2		2	0	0	5														
City LOS ANGELES	State CA	Zip Code 90048	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION		Category/ Type	2500.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State:	District:																						

Full Name (Last, First, Middle Initial) C. L.A. PAC		Transaction ID: SB23.46289 Date of Disbursement																					
Mailing Address 6380 WILSHIRE BLVD. #1612		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		2	2		2	0	0	5														
City LOS ANGELES	State CA	Zip Code 90048	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION		Category/ Type	2500.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State:	District:																						

SUBTOTAL of Disbursements This Page (optional)	▶	10000.00
TOTAL This Period (last page this line number only)	▶	

**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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. LANGEVIN FOR CONGRESS		Transaction ID: SB23.46435 Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2005
Mailing Address 301 4TH ST NE		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement JIM LANGEVIN Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. LANGEVIN FOR CONGRESS		Transaction ID: SB23.46437 Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2005
Mailing Address 301 4TH ST NE		Amount of Each Disbursement this Period 2000.00
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement JIM LANGEVIN Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. LARSON FOR CONGRESS		Transaction ID: SB23.46292 Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2005
Mailing Address 6282 OCCOQUAN FOREST DRIVE		Amount of Each Disbursement this Period 1000.00
City MANASSAS State VA Zip Code 20112	Purpose of Disbursement JOHN LARSON Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶

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)

PAGE 379 / 425

<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. LEVIN FOR CONGRESS COMMITTEE		Transaction ID: SB23.46362 Date of Disbursement 09 / 12 / 2005
Mailing Address 436 NEW JERSY AVENUE SE		Amount of Each Disbursement this Period 3000.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement SANDER LEVIN Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. LEVIN FOR CONGRESS COMMITTEE		Transaction ID: SB23.46363 Date of Disbursement 09 / 12 / 2005
Mailing Address 436 NEW JERSY AVENUE SE		Amount of Each Disbursement this Period 5000.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement SANDER LEVIN Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. LINCOLN DAVIS FOR CONGRESS		Transaction ID: SB23.46443 Date of Disbursement 09 / 15 / 2005
Mailing Address P.O. BOX 2002		Amount of Each Disbursement this Period 1000.00
City PALL MALL State TN Zip Code 38577	Purpose of Disbursement LINCOLN DAVIS Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 4	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	9000.00
TOTAL This Period (last page this line number only) ▶

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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. LINCOLN DAVIS FOR CONGRESS		Transaction ID: SB23.46444
Mailing Address P.O. BOX 2002		Date of Disbursement 09 / 21 / 2005
City PALL MALL	State TN	Zip Code 38577
Purpose of Disbursement LINCOLN DAVIS	Amount of Each Disbursement this Period 2000.00	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN District: 4		

Full Name (Last, First, Middle Initial) B. LOFGREN FOR CONGRESS		Transaction ID: SB23.46280
Mailing Address 236 MASS. AVE, NE SUITE 206		Date of Disbursement 10 / 05 / 2005
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement ZOE LOFGREN	Amount of Each Disbursement this Period 2000.00	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 16		

Full Name (Last, First, Middle Initial) C. LOUISE SLAUGHTER REELECTION COMMITTEE		Transaction ID: SB23.46399
Mailing Address P.O. BOX 2884		Date of Disbursement 08 / 02 / 2005
City WASHINGTON	State DC	Zip Code 20013
Purpose of Disbursement LOUISE SLAUGHTER	Amount of Each Disbursement this Period 1000.00	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 28		

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

**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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. LOUISE SLAUGHTER REELECTION COMMITTEE		Transaction ID: SB23.46412 Date of Disbursement																					
Mailing Address P.O. BOX 2884		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	5		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	5		2	0	0	5														
City WASHINGTON	State DC	Zip Code 20013	Amount of Each Disbursement this Period																				
Purpose of Disbursement LOUISE SLAUGHTER		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NY	District: 28																						

Full Name (Last, First, Middle Initial) B. LOUISE SLAUGHTER REELECTION COMMITTEE		Transaction ID: SB23.46414 Date of Disbursement																					
Mailing Address P.O. BOX 2884		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	6		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	6		2	0	0	5														
City WASHINGTON	State DC	Zip Code 20013	Amount of Each Disbursement this Period																				
Purpose of Disbursement LOUISE SLAUGHTER		Category/ Type	2000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NY	District: 28																						

Full Name (Last, First, Middle Initial) C. LUCILLE ROYBAL-ALLARD FOR CONGRESS		Transaction ID: SB23.46259 Date of Disbursement																					
Mailing Address 3415 S SEPULVEDA BLVD SUITE 640		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	2		2	0	0	5														
City LOS ANGELES	State CA	Zip Code 90034	Amount of Each Disbursement this Period																				
Purpose of Disbursement LUCILLE ROYBAL-ALLARD		Category/ Type	1500.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: CA	District: 34																						

SUBTOTAL of Disbursements This Page (optional)	▶	4500.00
TOTAL This Period (last page this line number only)	▶	

**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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. MALONEY FOR CONGRESS		Transaction ID: SB23.46400 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 5
Mailing Address 230 PARK AVE 34TH FLOOR		Amount of Each Disbursement this Period 1000.00
City NEW YORK State NY Zip Code 10169	Purpose of Disbursement CAROLYN MALONEY Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. MCCASKILL FOR MISSOURI		Transaction ID: SB23.46374 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address PO BOX 6771		Amount of Each Disbursement this Period 5000.00
City ST. LOUIS State MO Zip Code 63144	Purpose of Disbursement CLAIRE MCCASKILL Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. MCCASKILL FOR MISSOURI		Transaction ID: SB23.46375 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address PO BOX 6771		Amount of Each Disbursement this Period 5000.00
City ST. LOUIS State MO Zip Code 63144	Purpose of Disbursement CLAIRE MCCASKILL Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	11000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. MCNULTY FOR CONGRESS COMMITTEE		Transaction ID: SB23.46406 Date of Disbursement
Mailing Address PO BOX 75214		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2005"/>
City WASHINGTON	State DC	Zip Code 20013-5214
Purpose of Disbursement MICHAEL MCNULTY	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 21	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. MEL WATT FOR CONGRESS		Transaction ID: SB23.46383 Date of Disbursement
Mailing Address PO BOX 36831		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2005"/>
City CHARLOTTE	State NC	Zip Code 28236
Purpose of Disbursement MELVIN WATT	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District: 12	Amount of Each Disbursement this Period <input type="text" value="2000.00"/>	

Full Name (Last, First, Middle Initial) C. MICHAUD FOR CONGRESS		Transaction ID: SB23.46359 Date of Disbursement
Mailing Address 213 LISBON STREET		<input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2005"/>
City LEWISTON	State ME	Zip Code 04240
Purpose of Disbursement MICHAEL MICHAUD	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ME District: 02	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. MICHAUD FOR CONGRESS		Transaction ID: SB23.46361 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 5
Mailing Address 213 LISBON STREET		Amount of Each Disbursement this Period 1000.00
City LEWISTON State ME Zip Code 04240	Purpose of Disbursement MICHAEL MICHAUD Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. MIKE HONDA FOR CONGRESS		Transaction ID: SB23.46270 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 5
Mailing Address 6132 BOLLINGER RD		Amount of Each Disbursement this Period 1000.00
City SAN JOSE State CA Zip Code 95129	Purpose of Disbursement MIKE HONDA Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 15	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. MIKE MCINTYRE FOR CONGRESS		Transaction ID: SB23.46387 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 5
Mailing Address P.O. BOX 1		Amount of Each Disbursement this Period 1000.00
City LUMBERTON State NC Zip Code 28359-0001	Purpose of Disbursement MIKE MCINTYRE Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 07	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. MIKE ROSS FOR CONGRESS COMMITTEE		Transaction ID: SB23.46254 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 5
Mailing Address PO BOX 360		Amount of Each Disbursement this Period 1000.00
City PRESCOTT State AR Zip Code 71857-0360	Purpose of Disbursement MIKE ROSS Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 4	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. MIKE THOMPSON FOR CONGRESS COMMITTEE		Transaction ID: SB23.46285 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 442 NEW JERSEY AVE S.E.		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement MIKE THOMPSON Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. NADLER FOR CONGRESS		Transaction ID: SB23.46419 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address 18 EAST 16TH STREET, SUITE 401		Amount of Each Disbursement this Period 1000.00
City NEW YORK State NY Zip Code 10003	Purpose of Disbursement JERROLD NADLER Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 8	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

**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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. NAPOLITANO FOR CONGRESS		Transaction ID: SB23.46274 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2005
Mailing Address 227 MASSACHUSETTS AVE, NE SUITE 101		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement GRACE NAPOLITANO	
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 38	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. NAPOLITANO FOR CONGRESS		Transaction ID: SB23.46283 Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2005
Mailing Address 227 MASSACHUSETTS AVE, NE SUITE 101		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement GRACE NAPOLITANO	
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 38	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. NAPOLITANO FOR CONGRESS		Transaction ID: SB23.46287 Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2005
Mailing Address 227 MASSACHUSETTS AVE, NE SUITE 101		Amount of Each Disbursement this Period 2000.00
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement GRACE NAPOLITANO	
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 38	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶

**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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. NITA LOWEY FOR CONGRESS		Transaction ID: SB23.46407 Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2005
Mailing Address 38 IVY STREET SE		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement NITA LOWEY Candidate Name Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 18	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. NITA LOWEY FOR CONGRESS		Transaction ID: SB23.46418 Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2005
Mailing Address 38 IVY STREET SE		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement NITA LOWEY Candidate Name Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 18	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. PALLONE FOR CONGRESS		Transaction ID: SB23.46395 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2005
Mailing Address P.O. BOX 3176		Amount of Each Disbursement this Period 1000.00
City LONG BRANCH State NJ Zip Code 07740	Purpose of Disbursement FRANK PALLONE Candidate Name Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

**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)

PAGE 388 / 425

<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. PASCRELL FOR CONGRESS		Transaction ID: SB23.46394 Date of Disbursement																					
Mailing Address 63 QUARTZ LANE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	8		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	8		2	0	0	5														
City PATERSON	State NJ	Zip Code 07501	Amount of Each Disbursement this Period																				
Purpose of Disbursement WILLIAM J PASCRELL JR		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NJ	District: 8																						

Full Name (Last, First, Middle Initial) B. PASCRELL FOR CONGRESS		Transaction ID: SB23.62152 Date of Disbursement																					
Mailing Address 63 QUARTZ LANE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	4		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	4		2	0	0	5														
City PATERSON	State NJ	Zip Code 07501	Amount of Each Disbursement this Period																				
Purpose of Disbursement VOIDED CONTRIBUTION		Category/ Type	-1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NJ	District: 8																						

Full Name (Last, First, Middle Initial) C. PASCRELL FOR CONGRESS		Transaction ID: SB23.46396 Date of Disbursement																					
Mailing Address 63 QUARTZ LANE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	5		2	0	0	5														
City PATERSON	State NJ	Zip Code 07501	Amount of Each Disbursement this Period																				
Purpose of Disbursement WILLIAM J PASCRELL JR		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NJ	District: 8																						

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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)

PAGE 389 / 425

<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. PASTOR FOR ARIZONA		Transaction ID: SB23.46256 Date of Disbursement
Mailing Address PO BOX 6554		<input type="text" value="08"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City PHOENIX	State AZ	Zip Code 85005-6554
Purpose of Disbursement ED PASTOR	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ District: 2		

Full Name (Last, First, Middle Initial) B. PENNSYLVANIANS FOR KANJORSKI		Transaction ID: SB23.46431 Date of Disbursement
Mailing Address PO BOX 2884		<input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City WASHINGTON	State DC	Zip Code 20013
Purpose of Disbursement PAUL E KANJORSKI	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 11		

Full Name (Last, First, Middle Initial) C. PETERSON FOR CONGRESS		Transaction ID: SB23.46370 Date of Disbursement
Mailing Address PO BOX 265		<input type="text" value="10"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City DETROIT LAKES	State MN	Zip Code 56502
Purpose of Disbursement COLLIN PETERSON	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN District: 7		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value=""/>

**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)

PAGE 390 / 425

<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. PETERSON FOR CONGRESS		Transaction ID: SB23.46372 Date of Disbursement 11 / 15 / 2005	
Mailing Address PO BOX 265		Amount of Each Disbursement this Period 1000.00	
City DETROIT LAKES	State MN	Zip Code 56502	Category/ Type
Purpose of Disbursement COLLIN PETERSON			
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MN District: 7			

Full Name (Last, First, Middle Initial) B. PETE STARK RE-ELECTION COMMITTEE		Transaction ID: SB23.46268 Date of Disbursement 09 / 02 / 2005	
Mailing Address PO BOX 75214		Amount of Each Disbursement this Period 1000.00	
City WASHINGTON	State DC	Zip Code 20013-5214	Category/ Type
Purpose of Disbursement FORTNEY (PETE) STARK			
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District: 13			

Full Name (Last, First, Middle Initial) C. RANGEL FOR CONGRESS		Transaction ID: SB23.46249 Date of Disbursement 12 / 02 / 2005	
Mailing Address PO BOX 5577		Amount of Each Disbursement this Period 1000.00	
City NEW YORK	State NY	Zip Code 10027	Category/ Type
Purpose of Disbursement CHARLES RANGEL			
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY District: 15			

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

**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)

PAGE 391 / 425

<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. RAUL GRIJALVA FOR CONGRESS		Transaction ID: SB23.46257 Date of Disbursement																					
Mailing Address PO BOX 1242		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	9		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	9		2	0	0	5														
City TUCSON	State AZ	Zip Code 85702-1242	Amount of Each Disbursement this Period																				
Purpose of Disbursement RAUL GRIJALVA		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: AZ	District: 07																						

Full Name (Last, First, Middle Initial) B. RE-ELECT HAROLD FORD JR.		Transaction ID: SB23.46442 Date of Disbursement																					
Mailing Address 227 MASSACHUSETTS AVE NE #101		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	2		2	0	0	5														
City WASHINGTON	State DC	Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement HAROLD FORD		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: TN	District: 9																						

Full Name (Last, First, Middle Initial) C. RE-ELECT MCGOVERN COMMITTEE		Transaction ID: SB23.46346 Date of Disbursement																					
Mailing Address PO BOX 60405		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		1	5		2	0	0	5														
City WORCESTER	State MA	Zip Code 01606-0405	Amount of Each Disbursement this Period																				
Purpose of Disbursement JIM MCGOVERN		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: MA	District: 3																						

SUBTOTAL of Disbursements This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

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)

PAGE 392 / 425

<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. REYES FOR CONGRESS		Transaction ID: SB23.46450 Date of Disbursement																					
Mailing Address 505 E RIO GRANDE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	8		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	8		2	0	0	5														
City EL PASO	State TX	Zip Code 79902	Amount of Each Disbursement this Period																				
Purpose of Disbursement SILVESTRE REYES		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: TX	District: 16																						

Full Name (Last, First, Middle Initial) B. RICHARD E NEAL FOR CONGRESS COMMITTEE		Transaction ID: SB23.46343 Date of Disbursement																					
Mailing Address PO BOX 2884		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	7		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	7		2	0	0	5														
City WASHINGTON	State DC	Zip Code 20013	Amount of Each Disbursement this Period																				
Purpose of Disbursement RICHARD E NEAL		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: MA	District: 2																						

Full Name (Last, First, Middle Initial) C. RUSH HOLT FOR CONGRESS		Transaction ID: SB23.46397 Date of Disbursement																					
Mailing Address P O BOX 782		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	7		2	0	0	5														
City PENNINGTON	State NJ	Zip Code 08534	Amount of Each Disbursement this Period																				
Purpose of Disbursement RUSH HOLT		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NJ	District: 12																						

SUBTOTAL of Disbursements This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

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)

PAGE 393 / 425

<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. RUSS CARNAHAN FOR CONGRESS COMMITTEE		Transaction ID: SB23.46376 Date of Disbursement
Mailing Address 7370 MANCHESTER, SUITE 20		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City ST. LOUIS	State MO	Zip Code 63143
Purpose of Disbursement RUSS CARNAHAN	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
State: MO District: 3		

Full Name (Last, First, Middle Initial) B. RUSS CARNAHAN FOR CONGRESS COMMITTEE		Transaction ID: SB23.46377 Date of Disbursement
Mailing Address 7370 MANCHESTER, SUITE 20		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City ST. LOUIS	State MO	Zip Code 63143
Purpose of Disbursement RUSS CARNAHAN	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt Retirement	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
State: MO District: 3		

Full Name (Last, First, Middle Initial) C. SABO FOR CONGRESS		Transaction ID: SB23.46371 Date of Disbursement
Mailing Address PO BOX 14791		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City MINNEAPOLIS	State MN	Zip Code 55414
Purpose of Disbursement MARTIN O SABO	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
State: MN District: 5		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="11000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

PAGE 394 / 425

<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. SANDERS FOR SENATE		Transaction ID: SB23.46245 Date of Disbursement																					
Mailing Address PO BOX 391		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	2		2	0	0	5														
City BURLINGTON	State VT	Zip Code 05402																					
Purpose of Disbursement BERNARD SANDERS		<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>1000.00</td> </tr> </table>		Amount of Each Disbursement this Period	1000.00																		
Amount of Each Disbursement this Period																							
1000.00																							
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: VT	District:																						

Full Name (Last, First, Middle Initial) B. SANDERS FOR SENATE		Transaction ID: SB23.46247 Date of Disbursement																					
Mailing Address PO BOX 391		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	8		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	8		2	0	0	5														
City BURLINGTON	State VT	Zip Code 05402																					
Purpose of Disbursement BERNARD SANDERS		<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>1000.00</td> </tr> </table>		Amount of Each Disbursement this Period	1000.00																		
Amount of Each Disbursement this Period																							
1000.00																							
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: VT	District:																						

Full Name (Last, First, Middle Initial) C. SANDERS FOR SENATE		Transaction ID: SB23.46248 Date of Disbursement																					
Mailing Address PO BOX 391		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	5		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	5		2	0	0	5														
City BURLINGTON	State VT	Zip Code 05402																					
Purpose of Disbursement BERNARD SANDERS		<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>1000.00</td> </tr> </table>		Amount of Each Disbursement this Period	1000.00																		
Amount of Each Disbursement this Period																							
1000.00																							
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: VT	District:																						

SUBTOTAL of Disbursements This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

**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)

PAGE 395 / 425

<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. SCHAKOWSKY FOR CONGRESS		Transaction ID: SB23.46324 Date of Disbursement																					
Mailing Address PO BOX 5130		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	2		2	0	0	5														
City EVANSTON	State IL	Zip Code 60204	Amount of Each Disbursement this Period																				
Purpose of Disbursement JAN SCHAKOWSKY		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: IL	District: 9																						

Full Name (Last, First, Middle Initial) B. SCHIFF FOR CONGRESS		Transaction ID: SB23.46275 Date of Disbursement																					
Mailing Address 150 EAST CORSON STREET		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	5		2	0	0	5														
City PASADENA	State CA	Zip Code 91103	Amount of Each Disbursement this Period																				
Purpose of Disbursement ADAM SCHIFF		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: CA	District: 29																						

Full Name (Last, First, Middle Initial) C. SCHWARTZ FOR CONGRESS		Transaction ID: SB23.46432 Date of Disbursement																					
Mailing Address PO BOX 45706		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	1		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	1		2	0	0	5														
City PHILADELPHIA	State PA	Zip Code 19149	Amount of Each Disbursement this Period																				
Purpose of Disbursement ALLYSON SCHWARTZ		Category/ Type	3000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: PA	District: 13																						

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

**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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. SEARCHLIGHT LEADERSHIP FUND		Transaction ID: SB23.46303 Date of Disbursement
Mailing Address 2850 CONNECTICUT AVE 1ST FLOOR		<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2005"/>
City WASHINGTON	State DC	Zip Code 20008
Purpose of Disbursement CONTRIBUTION	<input type="text"/>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) B. SERRANO FOR CONGRESS		Transaction ID: SB23.46405 Date of Disbursement
Mailing Address 421 NEW JERSEY AVENUE, SE		<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2005"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement JOSE SERRANO	<input type="text"/>	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 16		
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) C. SERRANO FOR CONGRESS		Transaction ID: SB23.46410 Date of Disbursement
Mailing Address 421 NEW JERSEY AVENUE, SE		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2005"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement JOSE SERRANO	<input type="text"/>	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 16		
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

PAGE 397 / 425

<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. SHEILA JACKSON LEE FOR CONGRESS		Transaction ID: SB23.46447 Date of Disbursement																					
Mailing Address PO BOX 75214		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	5		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		2	5		2	0	0	5														
City WASHINGTON	State DC	Zip Code 20013-5214	Amount of Each Disbursement this Period																				
Purpose of Disbursement SHEILA JACKSON LEE		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: TX	District: 18																						

Full Name (Last, First, Middle Initial) B. SHELLEY BERKLEY FOR CONGRESS		Transaction ID: SB23.46398 Date of Disbursement																					
Mailing Address 7432 SILVER PALM COURT		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	2		2	0	0	5														
City LAS VEGAS	State NV	Zip Code 89117	Amount of Each Disbursement this Period																				
Purpose of Disbursement SHELLEY BERKLEY		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NV	District: 1																						

Full Name (Last, First, Middle Initial) C. SOUTHERN CALIFORNIA FUND		Transaction ID: SB23.46296 Date of Disbursement																					
Mailing Address PO BOX 75214		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	2		2	0	0	5														
City WASHINGTON	State DC	Zip Code 20013-5214	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION		Category/ Type	5000.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State:	District:																						

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

**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)

PAGE 398 / 425

<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. STEPHANIE TUBBS-JONES FOR U.S. CONGRESS		Transaction ID: SB23.46421 Date of Disbursement
Mailing Address 3729 SILSBY RD.		<input type="text" value="11"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City CLEVELAND HEIGHTS	State OH	Zip Code 44118
Purpose of Disbursement STEPHANIE TUBBS JONES	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
State: OH	District: 11	

Full Name (Last, First, Middle Initial) B. STEVE ISRAEL FOR CONGRESS		Transaction ID: SB23.46404 Date of Disbursement
Mailing Address 1966 DEER PARK AVE		<input type="text" value="09"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City DEER PARK	State NY	Zip Code 11729
Purpose of Disbursement STEVE ISRAEL	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
State: NY	District: 2	

Full Name (Last, First, Middle Initial) C. STEVE ROTHMAN FOR CONGRESS INC.		Transaction ID: SB23.46392 Date of Disbursement
Mailing Address 38 IVY STREET, S.E.		<input type="text" value="08"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement STEVE ROTHMAN	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
State: NJ	District: 9	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

PAGE 399 / 425

<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. STEVE ROTHMAN FOR CONGRESS INC.		Transaction ID: SB23.46393 Date of Disbursement
Mailing Address 38 IVY STREET, S.E.		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2005"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement STEVE ROTHMAN	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ District: 9	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. STUPAK FOR CONGRESS		Transaction ID: SB23.46365 Date of Disbursement
Mailing Address 998 NORTH ROYAL ST		<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2005"/>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement BART STUPAK	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 1	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) C. STUPAK FOR CONGRESS		Transaction ID: SB23.46366 Date of Disbursement
Mailing Address 998 NORTH ROYAL ST		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2005"/>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement BART STUPAK	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 1	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

PAGE 400 / 425

<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. STUPAK FOR CONGRESS		Transaction ID: SB23.46367 Date of Disbursement																					
Mailing Address 998 NORTH ROYAL ST		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	5		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		1	5		2	0	0	5														
City ALEXANDRIA	State VA	Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement BART STUPAK		Category/ Type	4000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: MI	District: 1																						

Full Name (Last, First, Middle Initial) B. TAMMY BALDWIN FOR CONGRESS		Transaction ID: SB23.46464 Date of Disbursement																					
Mailing Address P O BOX 696		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		0	2		2	0	0	5														
City MADISON	State WI	Zip Code 53701	Amount of Each Disbursement this Period																				
Purpose of Disbursement TAMMY BALDWIN		Category/ Type	3000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: WI	District: 2																						

Full Name (Last, First, Middle Initial) C. TIM BISHOP FOR CONGRESS		Transaction ID: SB23.46413 Date of Disbursement																					
Mailing Address 6 E STREET, S.E.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	6		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	6		2	0	0	5														
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement TIMOTHY BISHOP		Category/ Type	3000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NY	District: 01																						

SUBTOTAL of Disbursements This Page (optional)	▶	10000.00
TOTAL This Period (last page this line number only)	▶	

**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)

PAGE 401 / 425

<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. UDALL FOR US ALL		Transaction ID: SB23.46246 Date of Disbursement
Mailing Address P O BOX 208		<input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City SANTA FE	State NM	Zip Code 87504
Purpose of Disbursement TOM UDALL	<input type="text" value=""/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NM District: 5	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. UNITE OUR STATES PAC		Transaction ID: SB23.46302 Date of Disbursement
Mailing Address 513 CAPITOL COURT E #100		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement CONTRIBUTION	<input type="text" value=""/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period <input type="text" value="2500.00"/>	

Full Name (Last, First, Middle Initial) C. VAN HOLLEN FOR CONGRESS		Transaction ID: SB23.46354 Date of Disbursement
Mailing Address 3514 FARRAGUT AVENUE		<input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City KENSINGTON	State MD	Zip Code 20895
Purpose of Disbursement CHRIS VAN HOLLEN	<input type="text" value=""/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD District: 08	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value=""/>

**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)

PAGE 402 / 425

<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. VAN HOLLEN FOR CONGRESS		Transaction ID: SB23.46355 Date of Disbursement																					
Mailing Address 3514 FARRAGUT AVENUE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	1		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	1		2	0	0	5														
City KENSINGTON	State MD	Zip Code 20895	Amount of Each Disbursement this Period																				
Purpose of Disbursement CHRIS VAN HOLLEN		Category/ Type	2000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: MD	District: 08																						

Full Name (Last, First, Middle Initial) B. WOOLSEY FOR CONGRESS COMMITTEE		Transaction ID: SB23.46269 Date of Disbursement																					
Mailing Address PO BOX 750176		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	2		2	0	0	5														
City PETALUMA	State CA	Zip Code 94975	Amount of Each Disbursement this Period																				
Purpose of Disbursement LYNN WOOLSEY		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: CA	District: 6																						

Full Name (Last, First, Middle Initial) C. WOOLSEY FOR CONGRESS COMMITTEE		Transaction ID: SB23.46282 Date of Disbursement																					
Mailing Address PO BOX 750176		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	5		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	5		2	0	0	5														
City PETALUMA	State CA	Zip Code 94975	Amount of Each Disbursement this Period																				
Purpose of Disbursement LYNN WOOLSEY		Category/ Type	2000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: CA	District: 6																						

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

**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)

PAGE 403 / 425

<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)

UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial)

A. WYNN FOR CONGRESS

Mailing Address 7003 DOGWOOD RD

City BALTIMORE State MD Zip Code 21244

Purpose of Disbursement
ALBERT R WYNN

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: MD District: 4

Transaction ID: SB23.46356

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

372900.00

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)

PAGE 404 / 425

<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. BURLINGTON COUNTY DEMOCRATIC		Transaction ID: SB29.46494 Date of Disbursement
Mailing Address P.O. BOX 28		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City MOUNT HOLLY	State NJ	Zip Code 08060
Purpose of Disbursement NON-FEDERAL CONTRIBUTION		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="5000.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) B. CAPE MAY COUNTY DEMOCRATIC		Transaction ID: SB29.46492 Date of Disbursement
Mailing Address P.O. BOX 600		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City SOUTH SEAVILLE	State NJ	Zip Code 08246
Purpose of Disbursement NON-FEDERAL CONTRIBUTION		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="15000.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) C. CUMBERLAND COUNTY DEMOCRATIC		Transaction ID: SB29.46498 Date of Disbursement
Mailing Address P.O. BOX 812		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City VINELAND	State NJ	Zip Code 08360
Purpose of Disbursement NON-FEDERAL CONTRIBUTION		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="5000.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="25000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

PAGE 405 / 425

<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. LEIGH KEGERREIS		Transaction ID: SB29.46476 Date of Disbursement 11 / 21 / 2005	
Mailing Address 13704 LAPLAISANCE RD.		Amount of Each Disbursement this Period 534.38	
City MONROE State MI Zip Code 48161	Purpose of Disbursement REIMB TEMP CAP COOR GAS/PARKNG	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. NJ DEMOCRATIC STATE COMMITTEE		Transaction ID: SB29.46496 Date of Disbursement 12 / 15 / 2005	
Mailing Address 196 WEST STATE ST., 3RD FLOOR		Amount of Each Disbursement this Period 25000.00	
City TRENTON State NJ Zip Code 08608	Purpose of Disbursement NON-FEDERAL CONTRIBUTION	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. OHIO STATE UAW PAC COUNCIL		Transaction ID: SB29.46474 Date of Disbursement 11 / 02 / 2005	
Mailing Address 133 E. LIVINGSTON ROAD		Amount of Each Disbursement this Period 150000.00	
City COLUMBUS State OH Zip Code 43215	Purpose of Disbursement CONTRIBUTION	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	175534.38
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. TEXAS UAW CAP VOLUNTARY FUND COMMITTEE		Transaction ID: SB29.62164 Date of Disbursement
Mailing Address 1341 WEST MOCKINGBIRD LANE STE 301		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2005"/>
City DALLAS	State TX	Zip Code 75247-6901
Purpose of Disbursement CONTRIBUTION	<input type="text" value="500.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. TEXAS UAW CAP VOLUNTARY FUND COMMITTEE		Transaction ID: SB29.62165 Date of Disbursement
Mailing Address 1341 WEST MOCKINGBIRD LANE STE 301		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2005"/>
City DALLAS	State TX	Zip Code 75247-6901
Purpose of Disbursement CONTRIBUTION	<input type="text" value="500.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. TEXAS UAW CAP VOLUNTARY FUND COMMITTEE		Transaction ID: SB29.46470 Date of Disbursement
Mailing Address 1341 W MOCKINGBIRD LN STE 310W		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2005"/>
City DALLAS	State TX	Zip Code 75247
Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

PAGE 407 / 425

<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. TEXAS UAW CAP VOLUNTARY FUND COMMITTEE		Transaction ID: SB29.46473 Date of Disbursement
Mailing Address 1341 W MOCKINGBIRD LN STE 310W		<input type="text" value="10"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City DALLAS	State TX	Zip Code 75247
Purpose of Disbursement CONTRIBUTION	<input type="text" value="1500.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. UAW ILLINOIS POLITICAL ACTION COMMITTEE		Transaction ID: SB29.46469 Date of Disbursement
Mailing Address 2700 S, RIVER ROAD #200		<input type="text" value="09"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City DES PLAINES	State IL	Zip Code 60018
Purpose of Disbursement REVERSE DEPOSIT ERROR CK#14731	<input type="text" value="150000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. UAW LOCAL 1612		Transaction ID: SB29.46482 Date of Disbursement
Mailing Address 1375 VIRGINIA DRIVE SUITE 202		<input type="text" value="12"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City FORT WASHINGTON	State PA	Zip Code 19034-3217
Purpose of Disbursement REIMB-WAGES - PATRICK ASHTON	<input type="text" value="10064.09"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="161564.09"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. UAW LOCAL 723		Transaction ID: SB29.46479 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 5
Mailing Address 281 DETROIT		Amount of Each Disbursement this Period 480.00
City MONROE State MI Zip Code 48161	Purpose of Disbursement REIMB TEMP CAP COORDINATOR	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. UAW LOCAL 723		Transaction ID: SB29.46480 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 5
Mailing Address 281 DETROIT		Amount of Each Disbursement this Period 957.56
City MONROE State MI Zip Code 48161	Purpose of Disbursement REIMB TEMP CAP COORDINATOR	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. UAW LOCAL 723		Transaction ID: SB29.46483 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 5
Mailing Address 281 DETROIT		Amount of Each Disbursement this Period 14748.18
City MONROE State MI Zip Code 48161	Purpose of Disbursement REIMB LEIGH KEGERREIS-TEMP CAP	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	16185.74
TOTAL This Period (last page this line number only) ▶	[]

**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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. UAW LOCAL 723		Transaction ID: SB29.46484 Date of Disbursement
Mailing Address 281 DETROIT		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/>
City MONROE	State MI	Zip Code 48161
Purpose of Disbursement REIMB LEIGH KEGERREIS-TEMP CAP		<input type="text" value="1437.56"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. UAW LOCAL 723		Transaction ID: SB29.46485 Date of Disbursement
Mailing Address 281 DETROIT		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/>
City MONROE	State MI	Zip Code 48161
Purpose of Disbursement REIMB LEIGH KEGERREIS-TEMP CAP		<input type="text" value="1437.56"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. UAW LOCAL 723		Transaction ID: SB29.46490 Date of Disbursement
Mailing Address 281 DETROIT		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/>
City MONROE	State MI	Zip Code 48161
Purpose of Disbursement REIMB LEIGH KEGERREIS-CAP COOR		<input type="text" value="4312.68"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7187.80"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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<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)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial) A. UAW REGION 3 VICTORY FUND		Transaction ID: SB29.62166 Date of Disbursement
Mailing Address 5850 FORTUNE CIRCLE WEST		<input type="text" value="08"/> / <input type="text" value="18"/> / <input type="text" value="2005"/>
City INDIANAPOLIS	State IN	Zip Code 46241
Purpose of Disbursement CONTRIBUTION	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="100000.00"/>

Full Name (Last, First, Middle Initial) B. UAW REGION 3 VICTORY FUND		Transaction ID: SB29.46477 Date of Disbursement
Mailing Address 5850 FORTUNE CIRCLE WEST		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2005"/>
City INDIANAPOLIS	State IN	Zip Code 46241
Purpose of Disbursement USE FOR ELECTIONS	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="200000.00"/>

Full Name (Last, First, Middle Initial) C. VIRGINIA STATE UAW PAC		Transaction ID: SB29.46472 Date of Disbursement
Mailing Address 1005 NORTH POINT BLVD. #701		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2005"/>
City BALTIMORE	State MD	Zip Code 21224
Purpose of Disbursement BUDGET SUPPLEMENT	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="25000.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="325000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="712472.01"/>

Image# 27991011791

Form/Schedule: **SA12** Erroneous deposit made to UAW V-CAP from UAW Illinois Political Action Committee on 9/8/05 reported on Line 12
Transaction ID: **SA12.62156** as Transfers from Affiliated/Other Party Committees. It was caught by supervision and corrected immediately
on 9/29/05 reported on Line 29 as an Other Disbursement.

Form/Schedule: **SB21B** This refers to the cost of preparing and mailing UAW Region 5 V-CAP individual receipts for donations to V-CAP.
Transaction ID: **SB21B.45827** These contributions are directly to the separate segregated fund. This does not refer to any donations directly
to federal candidates.

Image# 27991011792

Form/Schedule: **SB21B** This refers to the cost of incentive (watch) offered to encourage UAW Region 5 members and their families to donate to V-CAP.
Transaction ID: **SB21B.45805**

Form/Schedule: **SB21B** This refers to the cost of incentive (watch) offered to encourage UAW Region 3 members and their families to donate to V-CAP.
Transaction ID: **SB21B.46024**

Image# 27991011793

Form/Schedule: **SB21B** This refers to the cost of food and refreshments provided at a meeting for V-CAP volunteers.
Transaction ID: **SB21B.45807**

Form/Schedule: **SB21B** This refers to the cost of incentive (jacket) offered to encourage UAW Region 2B members and their families to donate to V-CAP.
Transaction ID: **SB21B.45808**

Image# 27991011794

Form/Schedule: **SB21B** this refers to the cost of incentive (jacket) offered to encourage UAW Region 2B members and their families to donate to V-CAP.
Transaction ID: **SB21B.46229**

Form/Schedule: **SB21B** This refers to the cost of incentive (afghan) offered to encourage UAW Region 2B members and their families to donate to V-CAP.
Transaction ID: **SB21B.45806**

Image# 27991011795

Form/Schedule: **SB21B** This refers to the cost of incentive (fleece jacket) offered to encourage UAW Region 1A members and their families to donate to V-CAP.
Transaction ID: **SB21B.45812**

Form/Schedule: **SB21B** This refers to the cost of incentive (afghan) offered to encourage UAW Region 1A members and their families to donate to V-CAP.
Transaction ID: **SB21B.45816**

Image# 27991011796

Form/Schedule: **SB21B** This refers to the cost of incentive (garment bag) offered to encourage UAW Region 1A members and their families to donate to V-CAP.
Transaction ID: **SB21B.45828**

Form/Schedule: **SB21B** This refers to the cost of incentive (garment bag) offered to encourage UAW Region 1A members and their families to donate to V-CAP.
Transaction ID: **SB21B.45828**

Image# 27991011797

Form/Schedule: **SB21B** This refers to the cost of incentive (shirt) offered to encourage UAW Region 1A members and their families to donate to V-CAP.
Transaction ID: **SB21B.45827**

Form/Schedule: **SB21B** This refers to the cost of incentive (watch) offered to encourage UAW Region 1D members and their families to donate to V-CAP.
Transaction ID: **SB21B.45828**

Image# 27991011798

Form/Schedule: **SB21B** This refers to the cost of incentive (shirt) offered to encourage UAW Region 1A members and their families to donate to V-CAP.
Transaction ID: **SB21B.46025**

Form/Schedule: **SB21B** This refers to the cost of incentive (fleece jacket) offered to encourage UAW Region 1A members and their families to donate to V-CAP.
Transaction ID: **SB21B.46025**

Image# 27991011799

Form/Schedule: **SB21B** This refers to the cost of incentive (fleece jacket) offered to encourage UAW Region 1A members and their families to donate to V-CAP.
Transaction ID: **SB21B.46029**

Form/Schedule: **SB21B** This refers to the cost of incentive (electronic devices) offered to encourage UAW Region 1 membes and their families to donate to V-CAP.
Transaction ID: **SB21B.45815**

Image# 27991011800

Form/Schedule: **SB21B** This refers to the cost of incentive (Vacation) offered to encourage UAW Region 1A members and their families to donate to V-CAP.
Transaction ID: **SB21B.45818**

Form/Schedule: **SB21B** This refers to the cost of incentive (shirt) offered to encourage UAW Region 2B members and their families to donate to V-CAP.
Transaction ID: **SB21B.45810**

Image# 27991011801

Form/Schedule: **SB21B** This refers to the cost of incentive (ring) offered to encourage UAW Region 2B members and their families to donate to V-CAP.
Transaction ID: **SB21B.45813**

Form/Schedule: **SB21B** This refers to the cost of incentive (ring) offered to encourage UAW Region 2B membes and their families to donate to V-CAP.
Transaction ID: **SB21B.46023**

Image# 27991011802

Form/Schedule: **SB21B** This refers to the cost of incentive (shirt) offered to encourage UAW Region 2B embers and their families to donate to V-CAP.
Transaction ID: **SB21B.46231**

Form/Schedule: **SB21B** This refers tot he cost of incentive (pin) offered to encourage UAW Region 1D members and their families to donate to V-CAP.
Transaction ID: **SB21B.46027**

Image# 27991011803

Form/Schedule: **SB23** Original Check #26169, dated 9/8/05, for \$1,000, was drawn to 'Ben Cardin for House' in error, as he was running for Senate. Campaign, however, correctly deposited the check into the 'Ben Cardin for Senate' account.
Transaction ID: **SB23.46353**

Form/Schedule: **SB23** Original check #26276, dated 10/27/05, for \$1,000, was drawn to 'Ben Cardin for House' in error, as he was running for Senate. Campaign, however, correctly deposited the check into the 'Ben Cardin for Senate' bank account.
Transaction ID: **SB23.46357**

Image# 27991011804

Form/Schedule: **SB23** Original Check #26317, dated 11/21/05, for \$1,000, was drawn to 'Ben Cardin for House' in error, as he was running for Senate. Campaign, however, correctly deposited the check into the 'Ben Cardin for Senate' account.
Transaction ID: **SB23.46358**

Form/Schedule: **SB23** PRIMARY DEBT RETIREMENT
Transaction ID: **SB23.46377**

Image# 27991011805

Form/Schedule: **SB29** Erroneous deposit made to UAW V-CAP from UAW Illinois Political Action Committee on 9/8/05 reported on Line 12
Transaction ID: **SB29.46469** as Transfers from Affiliated/Other Party Committees. It was caught by supervision and corrected immediately
on 9/29/05 reported on Line 29 as an Other Disbursement.
