

**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**

CITY

STATE

ZIPCODE

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

01

01

2010

through

03

31

2010

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

04

15

2010

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

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 91

Write or Type Committee Name

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

Report Covering the Period:

From:

M M  
0 1D D  
0 1Y Y Y Y  
2 0 1 0

To:

M M  
0 3D D  
3 1Y Y Y Y  
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y 2010</span>		6015242.40
(b) Cash on Hand at Beginning of Reporting Period .....	6015242.40	
(c) Total Receipts (from Line 19) .....	1773393.51	1773393.51
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	7788635.91	7788635.91
7. Total Disbursements (from Line 31) .....	351419.70	351419.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	7437216.21	7437216.21
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> 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**

FEC Form 3X (Rev. 06/2004)

3 / 91

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	1	0

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		
(i) Itemized (use Schedule A) .....	17702.00	17702.00
(ii) Unitemized .....	1753514.85	1753514.85
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	1771216.85	1771216.85
(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) .....	1771216.85	1771216.85
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
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) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	500.00	500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	1676.66	1676.66
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)) .....	1773393.51	1773393.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1773393.51	1773393.51

## DETAILED SUMMARY PAGE

of Disbursements

4 / 91

FEC Form 3X (Rev. 02/2003)

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.....	128859.70	128859.70	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	128859.70	128859.70	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	200000.00	200000.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
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 .....	60.00	60.00	
(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)) .....	60.00	60.00	
29. Other Disbursements.....	22500.00	22500.00	
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))..	351419.70	351419.70	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	351419.70	351419.70	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 91

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) .....	1771216.85	1771216.85
34. Total Contribution Refunds (from Line 28(d)) .....	60.00	60.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1771156.85	1771156.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	128859.70	128859.70
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	128859.70	128859.70

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

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

FOR LINE NUMBER: PAGE 6 / 91

(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)

MIKE ABELL

Mailing Address 3307 BARDSTOWN RD

City

SPRINGFIELD

State

KY

Zip Code

40069-9451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INTERNATIONAL UNION, UAW

Occupation

UNION STAFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.115984

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

THOMAS ASHTON

Mailing Address 1375 VIRGINIA DRIVE

City

FORT WASHINGTON

State

PA

Zip Code

19034-3236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SPD TECHNOLOGIES

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 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.116021

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

EDWARD BALUKAS

Mailing Address 207 W MONROE ST

City

EASTON

State

PA

Zip Code

18402-1713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RENAULT

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 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.115995

Amount of Each Receipt this Period

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 91

(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)

WILLIAM BARBER

Mailing Address 218 RADER CT

City

OLIN

State

NC

Zip Code

28660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHRYSLER LLC

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	1	/	0	7	/	2	0	1	0

Transaction ID: SA11AI.115999

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

BRIAN S BESS

Mailing Address 29759 ROAN

City

WARREN

State

MI

Zip Code

48093

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 ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.116005

Amount of Each Receipt this Period

240.00

**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

Name of Employer  
INTERNATIONAL UNION, UAW

Occupation

UNION STAFF - REG 8 ASST. DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	0	/	2	0	1	0

Transaction ID: SA11AI.115998

Amount of Each Receipt this Period

300.00

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

840.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 91

(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)

BRADLEY BINGHAM

Mailing Address 409 CAROLINA AVENUE APT 1

City

BRISTOL

State

TN

Zip Code

37620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INTERNATIONAL UNION

Occupation

UNION STAFF

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	0	/	2	0	1	0

Transaction ID: SA11AI.116316

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

RALPH E BISHOP

Mailing Address 8720 N JEFFERSON

City

KANSAS CITY

State

MO

Zip Code

64155

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
0	2	/	0	9	/	2	0	1	0

Transaction ID: SA11AI.115981

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL CAVANAUGH

Mailing Address 26330 JEFFERSON AVENUE

City

ST CLAIR SHORES

State

MI

Zip Code

48081-2429

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
0	3	/	1	0	/	2	0	1	0

Transaction ID: SA11AI.116296

Amount of Each Receipt this Period

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 91

(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 CAVANAUGH

Mailing Address 26330 JEFFERSON AVENUE

City

ST CLAIR SHORES

State

MI

Zip Code

48081-2429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.116304

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

JOHN COYNE

Mailing Address 3802 STAR ISLAND DRIVE

City

HOLIDAY

State

FL

Zip Code

34691

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  
0 3 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.116311

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

MAURICE DAVISON

Mailing Address 5331 HOLLY SPRINGS DR E

City

INDIANAPOLIS

State

IN

Zip Code

46254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INTERNATIONAL UNION, UAW

Occupation

UNION STAFF - REG 3 DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.116000

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 91

(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)

SHAWN B DEAN

Mailing Address P.O. BOX 1214

City

STERLING HEIGHTS

State

MI

Zip Code

48311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHRYSLER LLC

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 1 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.116018

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

PAUL DIETZ

Mailing Address 235 DENTON DRIVE

City

DALLASTOWN

State

PA

Zip Code

17313-1417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
YORK INTERNATIONAL CORPOR-  
ATION

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 1 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.115987

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

DAVID R DOPP

Mailing Address 3364 WESTVIEW CIR

City

GREENCASTLE

State

PA

Zip Code

17225-9367

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VOLVO (AB)

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 1 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.116014

Amount of Each Receipt this Period

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 91

(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)

RONNIE DUBREE

Mailing Address 4018 CROFTON STREET

City

LAFAYETTE

State

IN

Zip Code

47909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INTERNATIONAL UNION, UAWOccupation  
UNION STAFF - REG 3

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.115982

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

HARVEY DURHAM

Mailing Address 1276 FIRST AVENUE

City

LAWRENCEBURG

State

TN

Zip Code

38464

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INTERNATIONAL UNION, UAWOccupation  
UNION STAFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.116312

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

GARY ENGLAND

Mailing Address 1830 CO ROAD 84

City

DANVILLE

State

AL

Zip Code

35619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INTERNATIONAL UNION, UAWOccupation  
UNION STAFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.116007

Amount of Each Receipt this Period

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 91

(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)

FRED FABI

Mailing Address 19450 GULF BLVD #505

City

INDIAN SHORES

State

FL

Zip Code

33785

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.116292

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

MARK FERRELL

Mailing Address 6534 SANTA ANA LANE

City

INDIANAPOLIS

State

IN

Zip Code

46214-3388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INTERNATIONAL UNION, UAW

Occupation

UNION STAFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.116009

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

LARRY FLUKE

Mailing Address 59327 WHITE CLOUD CIRCLE

City

SOUTH BEND

State

IN

Zip Code

46614

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  
0 3 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.116317

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 91

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)

RICHARD GOUINE

Mailing Address 3670 RICH RD

City

MUSKEGON

State

MI

Zip Code

49445-8532

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENERAL DYNAMICS

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	1	/	1	2	/	2	0	1	0

Transaction ID: SA11AI.116276

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

EARL F GROVE

Mailing Address 1223 FELTON RD

City

RED LION

State

PA

Zip Code

17356-9305

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
0	1	/	0	8	/	2	0	1	0

Transaction ID: SA11AI.116277

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

PAUL GUTHRIE

Mailing Address 1483 N COUNTY ROAD 1150 W

City

KOKOMO

State

IN

Zip Code

46901-8673

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 ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	1	0

Transaction ID: SA11AI.116523

Amount of Each Receipt this Period

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 91

(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)

KEITH D HALL

Mailing Address 18275 NEW JERSEY

City

SOUTHFIELD

State

MI

Zip Code

48075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHRYSLER LLC

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
0	1	/	2	9	/	2	0	1	0

Transaction ID: SA11AI.115993

Amount of Each Receipt this Period

240.00

**B.**

Full Name (Last, First, Middle Initial)

ALLEN HARRIS

Mailing Address 5413 JACKSON ST

City

INDIANAPOLIS

State

IN

Zip Code

46241-1221

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
0	2	/	2	6	/	2	0	1	0

Transaction ID: SA11AI.116008

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

ALLEN HARRIS

Mailing Address 5413 JACKSON ST

City

INDIANAPOLIS

State

IN

Zip Code

46241-1221

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 ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	1	0

Transaction ID: SA11AI.116307

Amount of Each Receipt this Period

25.00

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

565.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 91

(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)

ALLEN HARRIS

Mailing Address 5413 JACKSON ST

City

INDIANAPOLIS

State

IN

Zip Code

46241-1221

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
0	3	/	3	1	/	2	0	1	0

Transaction ID: SA11AI.116308

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

DONALD JENKINS

Mailing Address 115 PARK PLACE DRIVE

City

COVINGTON

State

GA

Zip Code

30016

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
0	1	/	2	0	/	2	0	1	0

Transaction ID: SA11AI.116016

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

GERALD KARIEM

Mailing Address 2468 VISTA POINTE CT NW

City

GRAND RAPIDS

State

MI

Zip Code

49534

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INTERNATIONAL UNION, UAW

Occupation

UNION STAFF - REG 1D ASST. DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	0

Transaction ID: SA11AI.115996

Amount of Each Receipt this Period

400.00

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

725.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 91

(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)

BONNIE J LAURIA

Mailing Address 3913 MAES RD

City

WEST BRANCH

State

MI

Zip Code

48661-9691

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  
0 3 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.116522

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

LLOYD MAHAFFEY

Mailing Address 7270 SALISBURY ROAD

City

MAUMEE

State

OH

Zip Code

43537

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  
0 2 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.115991

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

LYNEE MANCEWICZ

Mailing Address 19030 COUNTY ROAD 8

City

BRISTOL

State

IN

Zip Code

46507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INTERNATIONAL UNION, UAW

Occupation

UNION STAFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.115986

Amount of Each Receipt this Period

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 91

(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)

RICHARD H MERREN, JR.

Mailing Address 3915 E PONTIAC ST

City

FORT WAYNE

State

IN

Zip Code

46803-3801

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  
0 3 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.116320

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

JOHN C MORRIS

Mailing Address 1116 SOUTHWINDS DR

City

PORT ORANGE

State

FL

Zip Code

32129-7835

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  
0 3 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.116300

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

WILBERT NEAL

Mailing Address 7705 NE 75TH TERRACE

City

KANSAS CITY

State

MO

Zip Code

64158-1067

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  
0 1 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.116013

Amount of Each Receipt this Period

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 91

(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)

KEITH NEARGARDNER

Mailing Address 7415 MEADOW VIOLET COURT

City

AVON

State

IN

Zip Code

46123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INTERNATIONAL UNION, UAW

Occupation

UNION STAFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.115997

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

DONALD OETMAN

Mailing Address 3250 LAKEVIEW DRIVE

City

ALLEGAN

State

MI

Zip Code

49010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INTERNATIONAL UNION, UAW

Occupation

UNION STAFF - REG 1D DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.116011

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

GEORGETTA PAULIN

Mailing Address 1026 WEST IRVIN AVENUE

City

HAGERSTOWN

State

MD

Zip Code

21742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INTERNATIONAL UNION, UAW

Occupation

UNION STAFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.116294

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 91

(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 G PEDERSEN

Mailing Address 11255 BRENTWOOD AVE

City

ZIONSVILLE

State

IN

Zip Code

46077-9306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PENSKE 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  
0 1 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.115988

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

ROBERT G PEDERSEN

Mailing Address 11255 BRENTWOOD AVE

City

ZIONSVILLE

State

IN

Zip Code

46077-9306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PENSKE CORPORATION

Occupation

FACTORY WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.50

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.115989

Amount of Each Receipt this Period

37.50

**C.**

Full Name (Last, First, Middle Initial)

ROBERT G PEDERSEN

Mailing Address 11255 BRENTWOOD AVE

City

ZIONSVILLE

State

IN

Zip Code

46077-9306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PENSKE 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  
0 2 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.116002

Amount of Each Receipt this Period

37.50

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 91

(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 G PEDERSEN

Mailing Address 11255 BRENTWOOD AVE

City

ZIONSVILLE

State

IN

Zip Code

46077-9306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PENSKE CORPORATION

Occupation

FACTORY WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.50

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.116302

Amount of Each Receipt this Period

37.50

**B.**

Full Name (Last, First, Middle Initial)

ROBERT G PEDERSEN

Mailing Address 11255 BRENTWOOD AVE

City

ZIONSVILLE

State

IN

Zip Code

46077-9306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PENSKE 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  
0 3 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.116293

Amount of Each Receipt this Period

37.50

**C.**

Full Name (Last, First, Middle Initial)

DONALD PELLOW

Mailing Address 2232 S GROW RD

City

SIDNEY

State

MI

Zip Code

48885-9702

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  
0 1 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.116271

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 91

(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)

DAVID PERKINS

Mailing Address 21405 RUBLE ROAD

City

BOONSBORO

State

MO

Zip Code

21713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VOLVO (AB)

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	1	/	1	1	/	2	0	1	0

Transaction ID: SA11AI.116003

Amount of Each Receipt this Period

300.00

**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 ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	8	/	2	0	1	0

Transaction ID: SA11AI.116269

Amount of Each Receipt this Period

330.00

**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 ▼

660.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	2	/	2	0	1	0

Transaction ID: SA11AI.116272

Amount of Each Receipt this Period

330.00

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

960.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 91

(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)

BRADLEY POPE

Mailing Address 5250 ALEXANDER ROAD

City

DUBLIN

State

VA

Zip Code

24084

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INTERNATIONAL UNION, UAW

Occupation

UNION STAFF

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 1 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.116020

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

PAUL E PORT

Mailing Address 1714 14TH AVE

City

MENOMINEE

State

MI

Zip Code

49858-2548

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JONES L E 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 Y  
0 1 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.116274

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

DOUGLAS PRESTON

Mailing Address 88 CORWIN ST

City

NORWALK

State

OH

Zip Code

44857-2243

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 ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.116015

Amount of Each Receipt this Period

60.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 91

(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)

DOUGLAS PRESTON

Mailing Address 88 CORWIN ST

City

NORWALK

State

OH

Zip Code

44857-2243

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.116306

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

SHANE SACK

Mailing Address 6110 GRAND BLANC RD

City

SWARTZ CREEK

State

MI

Zip Code

48473-9442

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 ▼

599.60

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.116521

Amount of Each Receipt this Period

595.00

**C.**

Full Name (Last, First, Middle Initial)

GARY SHEPHERD

Mailing Address 500 SHATTUCK RD

City

SAGINAW

State

MI

Zip Code

48604-2329

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

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

Transaction ID: SA11AI.116279

Amount of Each Receipt this Period

252.00

**SUBTOTAL** of Receipts This Page (optional) .....

1147.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 91

(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)

TIMOTHY SMITH

Mailing Address 1801 MT VICTOR LANE

City

BOWLING GREEN

State

KY

Zip Code

42103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INTERNATIONAL UNION, UAW

Occupation

UNION STAFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.116319

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

JAMES STEWART

Mailing Address 21733 MT AETNA RD

City

HAGERSTOWN

State

MD

Zip Code

21742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INTERNATIONAL UNION, UAW

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  
0 3 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.116314

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

MELVIN N THOMPSON JR

Mailing Address 5722 PERRYTOWN DR

City

WEST BLOOMFIELD

State

MI

Zip Code

48322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHRYSLER LLC

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  
0 1 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.116019

Amount of Each Receipt this Period

240.00

**SUBTOTAL** of Receipts This Page (optional) .....

840.00

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 91

(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)

CONNIE THURMAN

Mailing Address 956 TEXARKANA DRIVE

City

INDIANAPOLIS

State

IN

Zip Code

46231

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  
0 2 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.115994

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

TERRY THURMAN

Mailing Address 956 TEXARKANA DRIVE

City

INDIANAPOLIS

State

IN

Zip Code

46231

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  
0 2 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.115985

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

HARRY W TRUXTON

Mailing Address 69 PERRY PLACE DR

City

PONTIAC

State

MI

Zip Code

48340-2177

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  
0 3 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.116520

Amount of Each Receipt this Period

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 91

(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 G WAGNER

Mailing Address 5882 NW 62ND AVE

City

OCALA

State

FL

Zip Code

34482-2613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.116268

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

ROBERT G WAGNER

Mailing Address 5882 NW 62ND AVE

City

OCALA

State

FL

Zip Code

34482-2613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.116524

Amount of Each Receipt this Period

105.00

**C.**

Full Name (Last, First, Middle Initial)

BEVERLY WOODS

Mailing Address PO BOX 13502

City

FLINT

State

MI

Zip Code

48501-3502

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 ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.116526

Amount of Each Receipt this Period

310.00

**SUBTOTAL** of Receipts This Page (optional) .....

715.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 91

(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)

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  
0 1 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.116010

Amount of Each Receipt this Period

300.00

B.

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.115983

Amount of Each Receipt this Period

100.00

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

400.00

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

17702.00

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

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

FOR LINE NUMBER: PAGE 28 / 91

(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)  
CONNECTICUT DEMOCRATIC STATE

Mailing Address 179 ALLYN STREET  
SUITE 301

City State Zip Code  
HARTFORD CT 06103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 0

Transaction ID: SA16.116282

Amount of Each Receipt this Period

500.00

REFUND OF EXCESS CONTRIBU-  
TION

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

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

500.00

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

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

FOR LINE NUMBER: PAGE 29 / 91

(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)

JPMORGAN CHASE

Mailing Address 611 WOODWARD

City

DETROIT

State

MI

Zip Code

48226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.43

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 1 0

Transaction ID: SA17.116284

Amount of Each Receipt this Period

406.43

INTEREST ON CHECKING

**B.**

Full Name (Last, First, Middle Initial)

JPMORGAN CHASE

Mailing Address 611 WOODWARD

City

DETROIT

State

MI

Zip Code

48226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

413.06

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 1 0

Transaction ID: SA17.116286

Amount of Each Receipt this Period

6.63

INTEREST ON CHECKING

**C.**

Full Name (Last, First, Middle Initial)

JPMORGAN CHASE

Mailing Address 611 WOODWARD

City

DETROIT

State

MI

Zip Code

48226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

467.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 1 0

Transaction ID: SA17.116288

Amount of Each Receipt this Period

53.96

INTEREST ON CHECKING

**SUBTOTAL** of Receipts This Page (optional) .....

467.02

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

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

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

FOR LINE NUMBER: PAGE 30 / 91

(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)

JPMORGAN CHASE

Mailing Address 611 WOODWARD

City

DETROIT

State

MI

Zip Code

48226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.72

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 1 0

Transaction ID: SA17.116290

Amount of Each Receipt this Period

22.70

INTEREST ON CHECKING

**B.**

Full Name (Last, First, Middle Initial)

JPMORGAN CHASE

Mailing Address 611 WOODWARD

City

DETROIT

State

MI

Zip Code

48226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: SA17.116285

Amount of Each Receipt this Period

423.36

INTEREST ON CHECKING

**C.**

Full Name (Last, First, Middle Initial)

JPMORGAN CHASE

Mailing Address 611 WOODWARD

City

DETROIT

State

MI

Zip Code

48226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

919.48

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: SA17.116287

Amount of Each Receipt this Period

6.40

INTEREST ON CHECKING

**SUBTOTAL** of Receipts This Page (optional) .....

452.46

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

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

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

FOR LINE NUMBER: PAGE 31 / 91

(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)

JPMORGAN CHASE

Mailing Address 611 WOODWARD

City

DETROIT

State

MI

Zip Code

48226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

981.66

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: SA17.116289

Amount of Each Receipt this Period

62.18

INTEREST ON CHECKING

**B.**

Full Name (Last, First, Middle Initial)

JPMORGAN CHASE

Mailing Address 611 WOODWARD

City

DETROIT

State

MI

Zip Code

48226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1005.98

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: SA17.116291

Amount of Each Receipt this Period

24.32

INTEREST ON CHECKING

**C.**

Full Name (Last, First, Middle Initial)

JPMORGAN CHASE

Mailing Address 611 WOODWARD

City

DETROIT

State

MI

Zip Code

48226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1554.10

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: SA17.116542

Amount of Each Receipt this Period

548.12

INTEREST ON CHECKING

**SUBTOTAL** of Receipts This Page (optional) .....

634.62

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

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

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

FOR LINE NUMBER: PAGE 32 / 91

(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)

JPMORGAN CHASE

Mailing Address 611 WOODWARD

City

DETROIT

State

MI

Zip Code

48226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1561.65

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: SA17.116543

Amount of Each Receipt this Period

7.55

INTEREST ON CHECKING

**B.**

Full Name (Last, First, Middle Initial)

JPMORGAN CHASE

Mailing Address 611 WOODWARD

City

DETROIT

State

MI

Zip Code

48226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1645.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: SA17.116544

Amount of Each Receipt this Period

83.65

INTEREST ON CHECKING

**C.**

Full Name (Last, First, Middle Initial)

JPMORGAN CHASE

Mailing Address 611 WOODWARD

City

DETROIT

State

MI

Zip Code

48226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1676.66

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: SA17.116545

Amount of Each Receipt this Period

31.36

INTEREST ON CHECKING

**SUBTOTAL** of Receipts This Page (optional) .....

122.56

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

1676.66



# **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 33 / 91

<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)

**A.**

Full Name (Last, First, Middle Initial)

AL SERRA AUTO PLAZA

Mailing Address G-6201 SOUTH SAGINAW STREET

City GRAND BLANC State MI Zip Code 48439

Purpose of Disbursement  
CAR FOR R1C RAFFLE PRIZE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.116445

Date of Disbursement

/   /

Amount of Each Disbursement this Period

34627.07

**B.**

Full Name (Last, First, Middle Initial)

AMY STACK

Mailing Address 1470 HOULIHAN RD.

City SAGINAW State MI Zip Code 48601

Purpose of Disbursement  
REG 1D PRIZE WINNERS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.116198

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

ADOLPH BORREGO

Mailing Address 7365 BIRCH RUN RD

City BIRCH RUN State MI Zip Code 48415-8459

Purpose of Disbursement  
REFUND DUE TO OVERPAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.116456

Date of Disbursement

/   /

Amount of Each Disbursement this Period

700.00

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

35827.07

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 34 / 91

<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)

**A.**

Full Name (Last, First, Middle Initial)

CECIL HEINTZELMAN

**Transaction ID:** SB21B.116124

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	1	0

Mailing Address 3581 LAKE BAYSHORE DR. UNIT J-

City  
BRADENTONState  
FLZip Code  
34205

Amount of Each Disbursement this Period

Purpose of Disbursement  
REG 1D PRIZE WINNERS

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

7200.00

**B.**

Full Name (Last, First, Middle Initial)

CLARENCE H. JOHNSON, P.C.

**Transaction ID:** SB21B.116031

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	1		2	0	1	0

Mailing Address P O BOX 427  
26212 WOODWARD AVENUECity  
ROYAL OAKState  
MIZip Code  
48068-0427

Amount of Each Disbursement this Period

Purpose of Disbursement  
2008 AUDIT, TAX FILINGS, MISC

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

3823.40

**C.**

Full Name (Last, First, Middle Initial)

CUSTOM PROMOTIONS, INC.

**Transaction ID:** SB21B.116455

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	0

Mailing Address 17520 W. TWELVE MILE RD.  
#210City  
SOUTHFIELDState  
MIZip Code  
48076

Amount of Each Disbursement this Period

Purpose of Disbursement  
R1C INV#1135 VCAP SWEATSHIRTS

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

962.51

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

11985.91

**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 35 / 91

<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)

**A.** Full Name (Last, First, Middle Initial)  
**DAN RODGERS SPORTING GOODS**

Mailing Address 5340 MONROE STREET

City TOLEDO State OH Zip Code 43623

Purpose of Disbursement  
R2B INV#01863-00 VCAP JACKETS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.116037

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1056.83

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

Mailing Address 512 14TH ST.

City BAY CITY State MI Zip Code 48708

Purpose of Disbursement  
REG 1D PRIZE WINNERS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.116202

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

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

Mailing Address 1812 MORIN DR.

City BAY CITY State MI Zip Code 48708

Purpose of Disbursement  
REG 1D PRIZE WINNERS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.116043

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

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

1806.83

**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 36 / 91

<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)

**A.**

Full Name (Last, First, Middle Initial)

DAVID MYSAK

Mailing Address 4405 W. 124TH ST.

City  
GRANT

State  
MI

Zip Code  
49327

Purpose of Disbursement  
REG 1D PRIZE WINNERS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.116210

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

DEXTER MITCHELL SR.

Mailing Address 2101 W. STOKER RD.

City  
SAGINAW

State  
MI

Zip Code  
48604

Purpose of Disbursement  
REG 1D PRIZE WINNERS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.116051

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

GERALD DOBBS

Mailing Address 113 INDIANA AVE.

City  
CADILLAC

State  
MI

Zip Code  
49601

Purpose of Disbursement  
REG 1D PRIZE WINNERS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.116206

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

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

1250.00

**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 37 / 91

<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)

**A.**

Full Name (Last, First, Middle Initial)

GERALDINE SMITH

Mailing Address 9161 LUEA LN.

City  
SWARTZ CREEK

State  
MI

Zip Code  
48473

Purpose of Disbursement  
REG 1C VCAP DOLLAR DRIVE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.116427

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

HENRY MCCLELLON

Mailing Address 4845 S. WASHINGTON

City  
SAGINAW

State  
MI

Zip Code  
48601

Purpose of Disbursement  
REG 1D PRIZE WINNERS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.116041

Date of Disbursement

/   /

Amount of Each Disbursement this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

HILLSTAR PROMOTIONS INC.

Mailing Address 4400 MANOR LANE

City  
HAMBURG

State  
NY

Zip Code  
14075

Purpose of Disbursement  
R9 VCAP DIAMOND CLUB TRAVEL BAGS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.116446

Date of Disbursement

/   /

Amount of Each Disbursement this Period

11862.04

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

12512.04

**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 38 / 91

<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)

A.

Full Name (Last, First, Middle Initial)

JEFFERY ZARISKE

Mailing Address 5613 FORT RD

City  
SAGINAW

State  
MI

Zip Code  
48601

Purpose of Disbursement  
REG 1D PRIZE WINNERS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.116194

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL JOSEPH

Mailing Address 22150 STRATFORD

City  
OAK PARK

State  
MI

Zip Code  
48237

Purpose of Disbursement  
LEASED EMPLOYEE COSTS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.116451

Date of Disbursement

/   /

Amount of Each Disbursement this Period

538.76

C.

Full Name (Last, First, Middle Initial)

JPMORGAN CHASE

Mailing Address 611 WOODWARD

City  
DETROIT

State  
MI

Zip Code  
48226

Purpose of Disbursement  
FED TAXES W/D REG 3 VCAP PRIZE - J. O'BRYAN

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.116026

Date of Disbursement

/   /

Amount of Each Disbursement this Period

840.00

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

1878.76

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

B. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.116451**

V-CAP leases employees for membership communication and related activities from the Local Unions. These descriptions reflect payment from V-CAP to the leased employees directly for reimbursement for out of pocket costs.

# **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 40 / 91

<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)

**A.**

Full Name (Last, First, Middle Initial)

JPMORGAN CHASE

Mailing Address 611 WOODWARD

City  
DETROIT

State  
MI

Zip Code  
48226

Purpose of Disbursement  
FED TAXES W/D REG 3 VCAP PRIZE- D. WHITENIGHT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.116027

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1400.00

**B.**

Full Name (Last, First, Middle Initial)

JPMORGAN CHASE

Mailing Address 611 WOODWARD

City  
DETROIT

State  
MI

Zip Code  
48226

Purpose of Disbursement  
FED TAXES W/D REG 3 VCAP PRIZE - B. KESSINGER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.116030

Date of Disbursement

/   /

Amount of Each Disbursement this Period

560.00

**C.**

Full Name (Last, First, Middle Initial)

JPMORGAN CHASE

Mailing Address 611 WOODWARD

City  
DETROIT

State  
MI

Zip Code  
48226

Purpose of Disbursement  
FED TAX WD REG 1D VCAP PRIZE- C. HEINTZELMAN

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.116127

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2800.00

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

4760.00

**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 41 / 91

<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)

A.

Full Name (Last, First, Middle Initial)

JPMORGAN CHASE

Mailing Address 611 WOODWARD

City  
DETROIT

State  
MI

Zip Code  
48226

Purpose of Disbursement  
1120 POL TAX DUE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.116449

Date of Disbursement

03 / 12 / 2010

Amount of Each Disbursement this Period

1969.00

B.

Full Name (Last, First, Middle Initial)

KEITH BRYAN

Mailing Address 4811 PINEDELL AVE. NE

City  
COMSTOCK PARK

State  
MI

Zip Code  
49321

Purpose of Disbursement  
REG 1D PRIZE WINNERS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.116196

Date of Disbursement

01 / 26 / 2010

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

BRIAN KESSINGER

Mailing Address 9838 SOUTH DOGWOOD VALLEY ROAD

City  
HARDINSBURG

State  
IN

Zip Code  
47125

Purpose of Disbursement  
REGION 3 VCAP DRAWING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.116035

Date of Disbursement

01 / 11 / 2010

Amount of Each Disbursement this Period

-560.00

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

1909.00

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

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

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

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **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 43 / 91

<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)

**A.**

Full Name (Last, First, Middle Initial)

LOUIS MARTIN

Mailing Address 504 W. HOSMER ST.

City  
SAINT CHARLES

State  
MI

Zip Code  
48655

Purpose of Disbursement  
REG 1D PRIZE WINNERS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.116039

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MARSHA MORSE

Mailing Address 4719 E. SHAFFER RD.

City  
MIDLAND

State  
MI

Zip Code  
48642

Purpose of Disbursement  
REG 1D PRIZE WINNERS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.116193

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MARTIN GREEN

Mailing Address 8555 76TH ST. SE

City  
ALTO

State  
MI

Zip Code  
49302

Purpose of Disbursement  
REG 1D PRIZE WINNERS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.116045

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

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

1250.00

**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 44 / 91

<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)

A.

Full Name (Last, First, Middle Initial)

MICHAEL HANLEY

Mailing Address 203 S. BATES

City  
SAGINAW

State  
MI

Zip Code  
48602

Purpose of Disbursement  
REG 1D PRIZE WINNERS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.116208

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

JAMES O'BRYAN

Mailing Address 815 WILLIAM BALLARD LANE

City  
NEW HAVEN

State  
KY

Zip Code  
40051

Purpose of Disbursement  
REGION 3 VCAP DRAWING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.116024

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-840.00

C.

Full Name (Last, First, Middle Initial)

JAMES O'BRYAN

Mailing Address 815 WILLIAM BALLARD LANE

City  
NEW HAVEN

State  
KY

Zip Code  
40051

Purpose of Disbursement  
REGION 3 VCAP DRAWING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.116025

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3000.00

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

2660.00

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

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

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

FEC Schedule B ( Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 46 / 91

<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)

**A.**

Full Name (Last, First, Middle Initial)

STELLA POLLACK

Mailing Address 605 RIDGE RD.

City  
PAW PAWState  
MIZip Code  
49079Purpose of Disbursement  
REG 1C VCAP DOLLAR DRIVE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.116425

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	1	/	2	0	1	0

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

STEVEN COCHRAN

Mailing Address 630 VALLEY AVE.

City  
FREMONTState  
MIZip Code  
49412Purpose of Disbursement  
REG 1D PRIZE WINNERS

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.116212

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	1	0

Amount of Each Disbursement this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

SWIFT PRINTING COMPANY

Mailing Address 404 BRIDGE STREET NW

City  
GRAND RAPIDSState  
MIZip Code  
49504Purpose of Disbursement  
R1D INV# 38653 DIR.CLUB BKLETS

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.116454

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	9	/	2	0	1	0

Amount of Each Disbursement this Period

1900.79

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

2900.79

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 47 / 91

<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)

A.

Full Name (Last, First, Middle Initial)

THE MCLAUGHLIN COMPANY

Mailing Address 1725 DESALES ST. NW

City  
WASHINGTON

State  
DC

Zip Code  
20036

Purpose of Disbursement  
CAP/PAC CRIME POLICY RENEWAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.116214

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 2 / 0 3 / 2 0 1 0

Amount of Each Disbursement this Period

22870.00

B.

Full Name (Last, First, Middle Initial)

THOMAS JOHNROE

Mailing Address 1919 N. VILLA CT.

City  
ESSEXVILLE

State  
MI

Zip Code  
48732

Purpose of Disbursement  
REG 1D PRIZE WINNERS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.116049

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 1 / 2 6 / 2 0 1 0

Amount of Each Disbursement this Period

250.00

C.

Full Name (Last, First, Middle Initial)

TRENT BOGLE

Mailing Address 316 W. HOLMES RD.

City  
LANSING

State  
MI

Zip Code  
48910

Purpose of Disbursement  
REG 1C VCAP DOLLAR DRIVE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.116323

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 3 / 0 1 / 2 0 1 0

Amount of Each Disbursement this Period

500.00

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

23620.00

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 48 / 91

<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)

**A.**

Full Name (Last, First, Middle Initial)

UAW LOCAL 892

Mailing Address 601 WOODLAND DR.

City  
SALINE

State  
MI

Zip Code  
48176-1297

Purpose of Disbursement  
LEASED EMPLOYEE COSTS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.116215

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1146.92

**B.**

Full Name (Last, First, Middle Initial)

UAW LOCAL 892

Mailing Address 601 WOODLAND DR.

City  
SALINE

State  
MI

Zip Code  
48176-1297

Purpose of Disbursement  
LEASED EMPLOYEE COSTS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.116216

Date of Disbursement

/   /

Amount of Each Disbursement this Period

746.92

**C.**

Full Name (Last, First, Middle Initial)

UAW LOCAL 892

Mailing Address 601 WOODLAND DR.

City  
SALINE

State  
MI

Zip Code  
48176-1297

Purpose of Disbursement  
LEASED EMPLOYEE COSTS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.116218

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2293.84

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

4187.68

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



A. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.116215**

V-CAP leases employees for membership communication and related activities from the Local Unions.  
These descriptions reflect payment from V-CAP to the relevant Local Unions for the leased employees.

B. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.116216**

V-CAP leases employees for membership communication and related activities from the Local Unions.  
These descriptions reflect payment from V-CAP to the relevant Local Unions for the leased employees.

C. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.116218**

V-CAP leases employees for membership communication and related activities from the Local Unions.  
These descriptions reflect payment from V-CAP to the relevant Local Unions for the leased employees.

# **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)

<b>A.</b> Full Name (Last, First, Middle Initial) UAW LOCAL 892	<b>Transaction ID:</b> SB21B.116222 <b>Date of Disbursement</b>																				
Mailing Address 601 WOODLAND DR.	<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>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	6		2	0	1	0												
City SALINE State MI Zip Code 48176-1297	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LEASED EMPLOYEE COSTS	<table border="1"> <tr> <td>946.92</td> </tr> </table>	946.92																			
946.92																					
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) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) UAW LOCAL 892	<b>Transaction ID:</b> SB21B.116223 <b>Date of Disbursement</b>																				
Mailing Address 601 WOODLAND DR.	<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>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	6		2	0	1	0												
City SALINE State MI Zip Code 48176-1297	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LEASED EMPLOYEE COSTS	<table border="1"> <tr> <td>1146.92</td> </tr> </table>	1146.92																			
1146.92																					
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) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) UAW LOCAL 892	<b>Transaction ID:</b> SB21B.116224 <b>Date of Disbursement</b>																				
Mailing Address 601 WOODLAND DR.	<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>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	4		2	0	1	0												
City SALINE State MI Zip Code 48176-1297	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LEASED EMPLOYEE COSTS	<table border="1"> <tr> <td>1146.92</td> </tr> </table>	1146.92																			
1146.92																					
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) .....

3240.76

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

A. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.116222**

V-CAP leases employees for membership communication and related activities from the Local Unions.  
These descriptions reflect payment from V-CAP to the relevant Local Unions for the leased employees.

B. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.116223**

V-CAP leases employees for membership communication and related activities from the Local Unions.  
These descriptions reflect payment from V-CAP to the relevant Local Unions for the leased employees.

C. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.116224**

V-CAP leases employees for membership communication and related activities from the Local Unions.  
These descriptions reflect payment from V-CAP to the relevant Local Unions for the leased employees.

# **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 54 / 91

<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)

**A.**

Full Name (Last, First, Middle Initial)

UAW LOCAL 892

Mailing Address 601 WOODLAND DR.

City  
SALINE

State  
MI

Zip Code  
48176-1297

Purpose of Disbursement  
LEASED EMPLOYEE COSTS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.116447

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1146.92

**B.**

Full Name (Last, First, Middle Initial)

UAW LOCAL 892

Mailing Address 601 WOODLAND DR.

City  
SALINE

State  
MI

Zip Code  
48176-1297

Purpose of Disbursement  
LEASED EMPLOYEE COSTS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.116453

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1146.92

**C.**

Full Name (Last, First, Middle Initial)

VINCENT BECKMAN

Mailing Address 6101 N. STATE RD.

City  
OWOSSO

State  
MI

Zip Code  
48867

Purpose of Disbursement  
REG 1C VCAP DOLLAR DRIVE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.116392

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

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

2793.84

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

A. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.116447**

V-CAP leases employees for membership communication and related activities from the Local Unions.  
These descriptions reflect payment from V-CAP to the relevant Local Unions for the leased employees.

B. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.116453**

V-CAP leases employees for membership communication and related activities from the Local Unions.  
These descriptions reflect payment from V-CAP to the relevant Local Unions for the leased employees.

# **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)

A.

Full Name (Last, First, Middle Initial)

DONALD WHITENIGHT

Mailing Address 7060 CHESTNUT RIDGE RD

City  
LOCKPORT

State  
NY

Zip Code  
14094-3502

Purpose of Disbursement  
REGION 3 VCAP DRAWING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.116033

Date of Disbursement

<sup>M</sup>  <sup>M</sup> /  <sup>D</sup>  <sup>D</sup> /  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>

Amount of Each Disbursement this Period

5000.00

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

5000.00

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

121953.70



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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)

**A.** Full Name (Last, First, Middle Initial)  
ALAN GRAYSON FOR U.S. CONGRESS

Mailing Address 2206 E. COLONIAL DRIVE

City ORLANDO State FL Zip Code 32803

Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
ALAN MARK GRAYSONOffice Sought: ☒ House  
☐ Senate  
☐ President

State: FL District: 08

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.116468

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	0	/	2	0	1	0

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
ALEXI FOR ILLINOIS

Mailing Address PO BOX 494

City CHICAGO State IL Zip Code 60690

Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
ALEXANDER GIANNOULIASOffice Sought: ☐ House  
☒ Senate  
☐ President

State: IL District: 00

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.116234

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	1	0

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
ALEXI FOR ILLINOIS

Mailing Address PO BOX 494

City CHICAGO State IL Zip Code 60690

Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
ALEXANDER GIANNOULIASOffice Sought: ☐ House  
☒ Senate  
☐ President

State: IL District: 00

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.116475

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	2	/	2	0	1	0

Amount of Each Disbursement this Period

5000.00

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

11000.00

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

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

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

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **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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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

ANDREWS FOR CONGRESS

Mailing Address 523 RICHEY AVENUE

City  
COLLINGSWOOD

State  
NJ

Zip Code  
08108

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
ROBERT E ANDREWS

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 01

Transaction ID: SB23.116250

Date of Disbursement

/   /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

BECERRA FOR CONGRESS

Mailing Address PO BOX 261060

City  
LOS ANGELES

State  
CA

Zip Code  
90026

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
XAVIER BECERRA

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 31

Transaction ID: SB23.116460

Date of Disbursement

/   /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

BENNET FOR COLORADO

Mailing Address PO BOX 3078

City  
DENVER

State  
CO

Zip Code  
80201

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
MICHAEL F BENNET

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 00

Transaction ID: SB23.116463

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**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 60 / 91

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
**BETTY MCCOLLUM FOR CONGRESS**

Mailing Address PO BOX 14131

City ST PAUL State MN Zip Code 55114-0131

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
BETTY MCCOLLUM

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 04

**Transaction ID:** SB23.116490

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
**BILL FOSTER FOR CONGRESS**

Mailing Address PO BOX 703

City GENEVA State IL Zip Code 60134

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
G. WILLIAM (BIL FOSTER)

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 14

**Transaction ID:** SB23.116238

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
**BISHOP FOR CONGRESS**

Mailing Address 6 E STREET S.E.

City WAHSINGTON State DC Zip Code 20003

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
TIMOTHY BISHOP

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 01

**Transaction ID:** SB23.116501

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**7500.00**

**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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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

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

## **A.** Full Name (Last, First, Middle Initial) BOB ETHERIDGE FOR CONGRESS

Mailing Address PO BOX 28001

City RALEIGH State NC Zip Code 27611

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
BOB ETHERIDGE

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 02

Transaction ID: SB23.116494

Date of Disbursement

/   /

Amount of Each Disbursement this Period

## **B.** Full Name (Last, First, Middle Initial) BOSWELL FOR CONGRESS

Mailing Address PO BOX 823

City INDIANOLA State IA Zip Code 50125

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
LEONARD L. BOSWELL

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 03

Transaction ID: SB23.116471

Date of Disbursement

/   /

Amount of Each Disbursement this Period

## **C.** Full Name (Last, First, Middle Initial) BOUCHER FOR CONGRESS

Mailing Address PO BOX 2000

City ABINGDON State VA Zip Code 24212

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
FREDERICK C BOUCHER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 09

Transaction ID: SB23.116509

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**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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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

BRAD MILLER FOR CONGRESS CAMPAIGN

Mailing Address 3803 B COMPUTER DRIVE  
SUITE 110

City RALEIGH State NC Zip Code 27609

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
RALPH BRADLEY MILLER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 13

Transaction ID: SB23.116492

Date of Disbursement

/   /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

BRAD MILLER FOR CONGRESS CAMPAIGN

Mailing Address 3803 B COMPUTER DRIVE  
SUITE 110

City RALEIGH State NC Zip Code 27609

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
RALPH BRADLEY MILLER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 13

Transaction ID: SB23.116493

Date of Disbursement

/   /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

BRUCE BRALEY FOR CONGRESS

Mailing Address 3151 BROCKWAY RD.

City WATERLOO State IA Zip Code 50701

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
BRUCE L BRALEY

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 01

Transaction ID: SB23.116474

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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  
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

BUTTERFIELD FOR CONGRESS COMMITTEE

Mailing Address 800 W. HINES STREET

City State Zip Code  
 WILSON NC 27893

Purpose of Disbursement  
 CONTRIBUTION

Candidate Name  
 G K BUTTERFIELD

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 01

Transaction ID: SB23.116495

Date of Disbursement

/   /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

CARNEY FOR CONGRESS

Mailing Address PO BOX A

City State Zip Code  
 CLARKS SUMMIT PA 18411

Purpose of Disbursement  
 CONTRIBUTION

Candidate Name  
 CHRISTOPHER CARNEY

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 10

Transaction ID: SB23.116257

Date of Disbursement

/   /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

CITIZENS FOR ARLEN SPECTER

Mailing Address 300 I STREET NW SUITE 100B

City State Zip Code  
 WASHINGTON DC 20002

Purpose of Disbursement  
 CONTRIBUTION

Candidate Name  
 ARLEN SPECTER

Category/  
 Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 00

Transaction ID: SB23.116507

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

CITIZENS FOR BOBBY RUSH

Mailing Address 514 EAST 95TH STREET

City  
CHICAGO

State  
IL

Zip Code  
60619

Purpose of Disbursement

CONTRIBUTION

Candidate Name

BOBBY LEE RUSH

Category/  
Type

Office Sought:

☒

House

☐

Senate

☐

President

State: IL

District: 01

Disbursement For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

**Transaction ID:** SB23.116232

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4000.00

**B.**

Full Name (Last, First, Middle Initial)

CITIZENS FOR HARKIN

Mailing Address 426 C STREET, NE

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement

CONTRIBUTION

Candidate Name

THOMAS RICHARD HARKIN

Category/  
Type

Office Sought:

☐

House

☒

Senate

☐

President

State: IA

District: 00

Disbursement For:

2014

☒

Primary

☐

General

☐

Other (specify) ▼

**Transaction ID:** SB23.116472

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

COMMITTEE TO ELECT LINDA SANCHEZ

Mailing Address P.O. BOX 1865

City  
HAWAIIAN GARDENS

State  
CA

Zip Code  
90716

Purpose of Disbursement

CONTRIBUTION

Candidate Name

LINDA SANCHEZ

Category/  
Type

Office Sought:

☒

House

☐

Senate

☐

President

State: CA

District: 39

Disbursement For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

**Transaction ID:** SB23.116458

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

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

6500.00

**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:  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

COMMITTEE TO ELECT LINDA SANCHEZ

Mailing Address P.O. BOX 1865

City  
HAWAIIAN GARDENS

State  
CA

Zip Code  
90716

Purpose of Disbursement  
UNCASHED CONTRIBUTION CHECK

Candidate Name  
LINDA SANCHEZ

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 39

**Transaction ID:** SB23.116541

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-1000.00

**B.**

Full Name (Last, First, Middle Initial)

CONGRESSIONAL HISPANIC CAUCUS/BOLD PAC

Mailing Address 1831 BAY STREET, SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB23.116467

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE

Mailing Address 8665 WILSHIRE BLVD, SUITE 220

City  
BEVERLY HILLS

State  
CA

Zip Code  
90211

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
HENRY A. WAXMAN

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 30

**Transaction ID:** SB23.116459

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**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 PageFOR 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)

**A.**

Full Name (Last, First, Middle Initial)

CONYERS FOR CONGRESS

**Transaction ID:** SB23.116245

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	1		2	0	1	0

Mailing Address 1833 EAST JEFFERSON AVENUE

City State Zip Code  
DETROIT MI 48207

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
JOHN JR. CONYERSCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 14

1000.00

**B.**

Full Name (Last, First, Middle Initial)

COSTELLO FOR CONGRESS COMMITTEE

**Transaction ID:** SB23.116235

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	1	0

Mailing Address P.O. BOX 8250

City State Zip Code  
BELLEVILLE IL 62222

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
JERRY F COSTELLOCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 12

1000.00

**C.**

Full Name (Last, First, Middle Initial)

COURTNEY FOR CONGRESS

**Transaction ID:** SB23.116464

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	2		2	0	1	0

Mailing Address PO BOX 1372

City State Zip Code  
VERNON CT 06066

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
JOSEPH D COURTNEYCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 02

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 PageFOR 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)

**A.** Full Name (Last, First, Middle Initial)  
CUMMINGS FOR CONGRESS

Mailing Address 421 NEW JERSEY AVENUE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
ELIJAH E CUMMINGSCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 07

Transaction ID: SB23.116241

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	1	/	2	0	1	0

Amount of Each Disbursement this Period

1500.00

**B.** Full Name (Last, First, Middle Initial)  
DAN SEALS FOR CONGRESS

Mailing Address PO BOX 784

City GLENVIEW State IL Zip Code 60025

Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
DANIEL J SEALSCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 10

Transaction ID: SB23.116477

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	1	0

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
DEBBIE HALVORSON FOR CONGRESS

Mailing Address 1395-C MAIN STREET

City CRETE State IL Zip Code 60417

Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
DEBORAH 'DEBBIE' HALVORSONCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 11

Transaction ID: SB23.116479

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	1	0

Amount of Each Disbursement this Period

2500.00

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 PageFOR 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)

**A.**

Full Name (Last, First, Middle Initial)

DOGETT FOR US CONGRESS COMMITTEE

Mailing Address 138 D STREET, SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
LLOYD A MR. DOGETTCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 25

Transaction ID: SB23.116508

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	0

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

DONNA EDWARDS FOR CONGRESS

Mailing Address P.O. Box 441153

City  
FORT WASHINGTONState  
MDZip Code  
20749Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
DONNA EDWARDSCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 04

Transaction ID: SB23.116242

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	6		2	0	1	0

Amount of Each Disbursement this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

DOYLE FOR CONGRESS COMMITTEE

Mailing Address PO BOX 17426

City  
PITTSBURGHState  
PAZip Code  
15235Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
MIKE DOYLECategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 14

Transaction ID: SB23.116506

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	1	0

Amount of Each Disbursement this Period

1000.00

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 PageFOR 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)

**A.** Full Name (Last, First, Middle Initial)  
DOYLE FOR CONGRESS COMMITTEE

Mailing Address PO BOX 17426

City  
PITTSBURGHState  
PAZip Code  
15235Purpose of Disbursement  
UNCASHED CONTRIBUTION CHECKCandidate Name  
MIKE DOYLECategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 14

Transaction ID: SB23.116539

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	0

Amount of Each Disbursement this Period

-1000.00

**B.** Full Name (Last, First, Middle Initial)  
EARL BLUMENAUER FOR CONGRESS

Mailing Address P.O. BOX 1396

City  
PORTLANDState  
ORZip Code  
97207Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
EARL BLUMENAUERCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District: 03

Transaction ID: SB23.116504

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	0	/	2	0	1	0

Amount of Each Disbursement this Period

2000.00

**C.** Full Name (Last, First, Middle Initial)  
FEINGOLD SENATE COMMITTEE

Mailing Address P.O. BOX 620062

City  
MIDDLETONState  
WIZip Code  
53562Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
RUSSELL D FEINGOLDCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WI District: 00

Transaction ID: SB23.116512

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	9	/	2	0	1	0

Amount of Each Disbursement this Period

5000.00

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 PageFOR 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)

**A.** Full Name (Last, First, Middle Initial)  
FRED JOHNSON FOR CONGRESS

Mailing Address PO BOX 2474

City HOLLAND State MI Zip Code 49422

Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
FRED JOHNSON FOR CONGRESSOffice Sought: ☒ House  
☐ Senate  
☐ President

State: MI District: 02

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.116244

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	1	0

Amount of Each Disbursement this Period

2000.00

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS OF CHRIS DODD

Mailing Address P O BOX 331133

City WEST HARTFORD State CT Zip Code 06133-1133

Purpose of Disbursement  
Redesignate: CONTRIBUTIONCandidate Name  
CHRISTOPHER J DODDOffice Sought: ☐ House  
☒ Senate  
☐ President

State: CT District: 00

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.116529

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	7		2	0	0	9

Amount of Each Disbursement this Period

-1000.00

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
FRIENDS OF CHRIS DODD

Mailing Address P O BOX 331133

City WEST HARTFORD State CT Zip Code 06133-1133

Purpose of Disbursement  
Redesignate: ContributionCandidate Name  
CHRISTOPHER J DODDOffice Sought: ☐ House  
☒ Senate  
☐ President

State: CT District: 00

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.116530

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	7		2	0	0	9

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

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

2000.00

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

B. Form/Schedule : **SB23**

Redesignated to the 2008 presidential primary election.

Transaction ID : **SB23.116529**

# **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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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

FRIENDS OF GEORGE MILLER

Mailing Address 300 NORTH LEE ST SUITE 500

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
GEORGE MILLER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 07

Transaction ID: SB23.116461

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

FRIENDS OF JIM MCDERMOTT

Mailing Address 6282 OCCOQUAN FOREST DRIVE

City MANASSAS State VA Zip Code 20112

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
JAMES MCDERMOTT

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 07

Transaction ID: SB23.116511

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

FRIENDS OF JIM OBERSTAR

Mailing Address PO BOX 2884

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
JAMES L HON. OBERSTAR

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 08

Transaction ID: SB23.116489

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

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

8000.00

**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 PageFOR 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)

**A.**

Full Name (Last, First, Middle Initial)

FRIENDS OF PHIL HARE

Mailing Address PO BOX 4183

City  
ROCK ISLANDState  
ILZip Code  
61204-4183Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
PHILIP G HARECategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 17

Transaction ID: SB23.116476

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	0	/	2	0	1	0

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

FRIENDS OF PHIL HARE

Mailing Address PO BOX 4183

City  
ROCK ISLANDState  
ILZip Code  
61204-4183Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
PHILIP G HARECategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 17

Transaction ID: SB23.116481

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	9	/	2	0	1	0

Amount of Each Disbursement this Period

4000.00

**C.**

Full Name (Last, First, Middle Initial)

FRIENDS OF ROSA DELAURO

Mailing Address 729 15TH STREET, NW - 3RD FLR

City  
WASHINGTONState  
DCZip Code  
20005Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
ROSA DELAUROCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 03

Transaction ID: SB23.116226

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	1	0

Amount of Each Disbursement this Period

1000.00

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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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>FRIENDS OF ROSA DELAURO</b>	<b>Transaction ID:</b> SB23.116466 <b>Date of Disbursement</b>
<b>Mailing Address</b> 729 15TH STREET, NW - 3RD FLR	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 1 0</div> </div>
<b>City</b> WASHINGTON <b>State</b> DC <b>Zip Code</b> 20005	<b>Amount of Each Disbursement this Period</b>
<b>Purpose of Disbursement</b> CONTRIBUTION	<div> <div></div> <div>1000.00</div> </div>
<b>Candidate Name</b> ROSA DELAURO	<div> <div></div> <div>Category/ Type</div> </div>
<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> CT <b>District:</b> 03	<b>Disbursement For:</b> 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) <b>FRIENDS OF SCOTT HARPER</b>	<b>Transaction ID:</b> SB23.116231 <b>Date of Disbursement</b>
<b>Mailing Address</b> PO BOX 147	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 1 / 2 0 1 0</div> </div>
<b>City</b> NAPERVILLE <b>State</b> IL <b>Zip Code</b> 60566	<b>Amount of Each Disbursement this Period</b>
<b>Purpose of Disbursement</b> CONTRIBUTION	<div> <div></div> <div>5000.00</div> </div>
<b>Candidate Name</b> SCOTT HARPER	<div> <div></div> <div>Category/ Type</div> </div>
<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> IL <b>District:</b> 13	<b>Disbursement For:</b> 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) <b>FRIENDS OF SCOTT HARPER</b>	<b>Transaction ID:</b> SB23.116478 <b>Date of Disbursement</b>
<b>Mailing Address</b> PO BOX 147	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 7 / 2 0 1 0</div> </div>
<b>City</b> NAPERVILLE <b>State</b> IL <b>Zip Code</b> 60566	<b>Amount of Each Disbursement this Period</b>
<b>Purpose of Disbursement</b> CONTRIBUTION	<div> <div></div> <div>5000.00</div> </div>
<b>Candidate Name</b> SCOTT HARPER	<div> <div></div> <div>Category/ Type</div> </div>
<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> IL <b>District:</b> 13	<b>Disbursement For:</b> 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**11000.00**

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

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

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

FEC Schedule B ( Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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)

**A.** Full Name (Last, First, Middle Initial)  
HOYER FOR CONGRESS COMMITTEE

Mailing Address PO BOX 2884

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
STENY HAMILTON HOYERCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD District: 05

Transaction ID: SB23.116240

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	1	0

Amount of Each Disbursement this Period

1500.00

**B.** Full Name (Last, First, Middle Initial)  
JESSE JACKSON, JR FOR CONGRESS

Mailing Address 421 NEW JERSEY AVENUE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
JESSE L JR JACKSONCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 02

Transaction ID: SB23.116236

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	1	0

Amount of Each Disbursement this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
JIM HIMES FOR CONGRESSMailing Address BOX 456  
65 HIGH RIDGE ROAD

City STAMFORD State CT Zip Code 06905

Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
JIM HIMESCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 04

Transaction ID: SB23.116225

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	1		2	0	1	0

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  
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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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 LEWIS FOR CONGRESS COMMITTEE

Mailing Address 4212 37TH ST., NW

City WASHINGTON State DC Zip Code 20008

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
JOHN MR. LEWIS

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 05

Transaction ID: SB23.116470

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
JOHN SPRATT FOR CONGRESS

Mailing Address P.O. BOX 2884

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
JOHN M JR SPRATT

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 05

Transaction ID: SB23.116259

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
JOHN SPRATT FOR CONGRESS

Mailing Address P.O. BOX 2884

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
JOHN M JR SPRATT

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: SC District: 05

Transaction ID: SB23.116260

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**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  
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NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>KAGEN 4 CONGRESS</b>	<b>Transaction ID:</b> SB23.116263 <b>Date of Disbursement</b>
Mailing Address 100 WEST COLLEGE AVE. SUITE 50-D	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 1 / 2 0 1 0</div> </div>
City APPLETON State WI Zip Code 54911	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>1000.00</div>
Candidate Name STEVEN L KAGEN	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) <b>LANGEVIN FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.116258 <b>Date of Disbursement</b>
Mailing Address 301 4TH ST NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 1 / 2 0 1 0</div> </div>
City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>500.00</div>
Candidate Name JAMES R LANGEVIN	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) <b>LARSON FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.116465 <b>Date of Disbursement</b>
Mailing Address 6282 OCCOQUAN FOREST DRIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 0 / 2 0 1 0</div> </div>
City MANASSAS State VA Zip Code 20112	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>1000.00</div>
Candidate Name JOHN B LARSON	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**2500.00**

**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 PageFOR LINE NUMBER:  
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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)

**A.**

Full Name (Last, First, Middle Initial)

LOEBSACK FOR CONGRESS

Mailing Address 385 EAST COLLEGE ST.

City  
IOWA CITYState  
IAZip Code  
52314Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
DAVID WAYNE LOEBSACKCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 02

Transaction ID: SB23.116473

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	9	/	2	0	1	0

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

LONE STAR FUND

Mailing Address P O BOX 75214

City  
WASHINGTONState  
DCZip Code  
20013-5214Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.116230

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	6	/	2	0	1	0

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

LOUISE SLAUGHTER REELECTION COMMITTEE

Mailing Address P.O. BOX 2884

City  
WASHINGTONState  
DCZip Code  
20013Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
LOUISE MCINTOSH SLAUGHTERCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 28

Transaction ID: SB23.116252

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	1	/	2	0	1	0

Amount of Each Disbursement this Period

1000.00

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 PageFOR LINE NUMBER:  
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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)

**A.**

Full Name (Last, First, Middle Initial)

MALONEY FOR CONGRESS

Mailing Address 230 PARK AVE 34TH FLOOR

City NEW YORK State NY Zip Code 10169

Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
CAROLYN B MALONEYCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 14

Transaction ID: SB23.116253

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	4		2	0	1	0

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

**B.**

Full Name (Last, First, Middle Initial)

MEL WATT FOR CONGRESS

Mailing Address PO BOX 36831

City CHARLOTTE State NC Zip Code 28236

Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
MELVIN L WATTCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 12

Transaction ID: SB23.116247

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	1	0

Amount of Each Disbursement this Period

2500.00									
---------	--	--	--	--	--	--	--	--	--

**C.**

Full Name (Last, First, Middle Initial)

MONGIARDO FOR U.S. SENATE

Mailing Address P.O. BOX 34125

City LOUISVILLE State KY Zip Code 40232

Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
DANIEL MONGIARDOCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District:

Transaction ID: SB23.116487

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	0

Amount of Each Disbursement this Period

5000.00									
---------	--	--	--	--	--	--	--	--	--

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  
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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MOORE FOR CONGRESS

Mailing Address PO BOX 16645

City State Zip Code  
MILWAUKEE WI 53216

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
GWENDOLYNNE MOORE

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 04

Transaction ID: SB23.116264

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3000.00

**B.**

Full Name (Last, First, Middle Initial)

NADLER FOR CONGRESS

Mailing Address 18 EAST 16TH STREET, SUITE 401

City State Zip Code  
NEW YORK NY 10003

Purpose of Disbursement  
contribution

Candidate Name  
JERROLD L MR. NADLER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 08

Transaction ID: SB23.116251

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

NADLER FOR CONGRESS

Mailing Address 18 EAST 16TH STREET, SUITE 401

City State Zip Code  
NEW YORK NY 10003

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
JERROLD L MR. NADLER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 08

Transaction ID: SB23.116499

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

PASCRELL FOR CONGRESS

Mailing Address 63 QUARTZ LANE

City  
PATERSON

State  
NJ

Zip Code  
07501

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
WILLIAM J HON. JR. PASCRELL

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 08

Transaction ID: SB23.116248

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

PASTOR FOR ARIZONA COMMITTEE

Mailing Address PO BOX 6554

City  
PHOENIX

State  
AZ

Zip Code  
85005-6554

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
EDWARD L PASTOR

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District: 04

Transaction ID: SB23.116457

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

PATRICK MURPHY FOR CONGRESS

Mailing Address PO BOX 868

City  
LEVITTOWN

State  
PA

Zip Code  
19058-0868

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
PATRICK J MURPHY

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 08

Transaction ID: SB23.116254

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

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

## **A.** Full Name (Last, First, Middle Initial) **PATRICK MURPHY FOR CONGRESS**

Mailing Address PO BOX 868

City LEVITTOWN State PA Zip Code 19058-0868

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
PATRICK J MURPHY

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 08

Transaction ID: SB23.116505

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

## **B.** Full Name (Last, First, Middle Initial) **PAUL TONKO FOR CONGRESS**

Mailing Address 706 MADISON AVE

City ALBANY State NY Zip Code 12208

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
PAUL DAVID TONKO

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 21

Transaction ID: SB23.116502

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

## **C.** Full Name (Last, First, Middle Initial) **PENNSYLVANIANS FOR KANJORSKI**

Mailing Address PO BOX 2884

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
PAUL E KANJORSKI

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 11

Transaction ID: SB23.116256

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**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)  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
 PERRIELLO FOR CONGRESS

Mailing Address PO BOX 306

City IVY State VA Zip Code 22945

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
THOMAS STUART PRICE PERRIELLO

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 05

**Transaction ID:** SB23.116261

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

**B.** Full Name (Last, First, Middle Initial)  
 PERRIELLO FOR CONGRESS

Mailing Address PO BOX 306

City IVY State VA Zip Code 22945

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
THOMAS STUART PRICE PERRIELLO

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 05

**Transaction ID:** SB23.116510

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

**C.** Full Name (Last, First, Middle Initial)  
 PETERSON FOR CONGRESS

Mailing Address PO BOX 265

City DETROIT LAKES State MN Zip Code 56502

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
COLLIN C PETERSON

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 07

**Transaction ID:** SB23.116246

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

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

5500.00

**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  
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NAME OF COMMITTEE (In Full)

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

## **A.** Full Name (Last, First, Middle Initial) **PETE STARK RE-ELECTION COMMITTEE**

Mailing Address PO BOX 75214

City WASHINGTON State DC Zip Code 20013-5214

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
PETE STARK

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 13

**Transaction ID:** SB23.116462

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3000.00

## **B.** Full Name (Last, First, Middle Initial) **RE-ELECT MCGOVERN COMMITTEE**

Mailing Address PO BOX 60405

City WORCESTER State MA Zip Code 01606-0405

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
JIM P MCGOVERN

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 03

**Transaction ID:** SB23.116488

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

## **C.** Full Name (Last, First, Middle Initial) **RUSH HOLT FOR CONGRESS**

Mailing Address P O BOX 782

City PENNINGTON State NJ Zip Code 08534

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
RUSH D HOLT

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 12

**Transaction ID:** SB23.116497

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**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 PageFOR 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)

**A.**

Full Name (Last, First, Middle Initial)

RUSS CARNAHAN FOR CONGRESS COMMITTEE

Mailing Address 7370 MANCHESTER, SUITE 20

City State Zip Code  
ST. LOUIS MO 63143Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
RUSS CARNAHANCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MO District: 03

Transaction ID: SB23.116491

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	1	0

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

SCHAKOWSKY FOR CONGRESS

Mailing Address PO BOX 5130

City State Zip Code  
EVANSTON IL 60204Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
JANICE D SCHAKOWSKYCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 09

Transaction ID: SB23.116480

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	1	0

Amount of Each Disbursement this Period

3000.00

**C.**

Full Name (Last, First, Middle Initial)

SCHWARTZ FOR CONGRESS

Mailing Address PO BOX 45706

City State Zip Code  
PHILADELPHIA PA 19149Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
ALLYSON Y SCHWARTZCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 13

Transaction ID: SB23.116255

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	1	0

Amount of Each Disbursement this Period

1000.00

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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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

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

## **A.** Full Name (Last, First, Middle Initial) **SHELLEY BERKLEY FOR CONGRESS**

Mailing Address 7432 SILVER PALM COURT

City LAS VEGAS State NV Zip Code 89117

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
SHELLEY BERKLEY

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NV District: 01

Transaction ID: SB23.116498

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3000.00

## **B.** Full Name (Last, First, Middle Initial) **STEVE ISRAEL FOR CONGRESS**

Mailing Address 1966 DEER PARK AVE

City DEER PARK State NY Zip Code 11729

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
STEVE J ISRAEL

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 02

Transaction ID: SB23.116503

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

## **C.** Full Name (Last, First, Middle Initial) **STEVE ROTHMAN FOR CONGRESS INC.**

Mailing Address 38 IVY STREET, S.E.

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
STEVEN R ROTHMAN

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 09

Transaction ID: SB23.116496

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**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 PageFOR 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)

**A. Full Name (Last, First, Middle Initial)  
TAMMY BALDWIN FOR CONGRESS**

Mailing Address P O BOX 696

City MADISON State WI Zip Code 53701

Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
TAMMY BALDWINCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 02

Transaction ID: SB23.116266

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	4		2	0	1	0

Amount of Each Disbursement this Period

1000.00

**B. Full Name (Last, First, Middle Initial)  
TED DEUTCH FOR CONGRESS**Mailing Address 20423 STATE ROAD 7  
SUITE F6-383

City BOCA RATON State FL Zip Code 33498

Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
THEODORE ELIOT DEUTCHCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: FL District: 19

Special-General

Transaction ID: SB23.116517

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	0

Amount of Each Disbursement this Period

5000.00

**C. Full Name (Last, First, Middle Initial)  
TOMPAC**

Mailing Address 426 C STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.116228

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	1		2	0	1	0

Amount of Each Disbursement this Period

5000.00

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

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) VAN HAAFTEN, WILLIAM TRENT	<b>Transaction ID:</b> SB23.116485 <b>Date of Disbursement</b>
Mailing Address PO BOX 357	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 1 0</div> </div>
City EVANSVILLE State IN Zip Code 47703	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement CONTRIBUTION	<div>5000.00</div>
Candidate Name VAN HAAFTEN, WILLIAM TRENT	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) VAN HAAFTEN, WILLIAM TRENT	<b>Transaction ID:</b> SB23.116486 <b>Date of Disbursement</b>
Mailing Address PO BOX 357	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 1 0</div> </div>
City EVANSVILLE State IN Zip Code 47703	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement CONTRIBUTION	<div>5000.00</div>
Candidate Name VAN HAAFTEN, WILLIAM TRENT	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) VAN HOLLEN FOR CONGRESS	<b>Transaction ID:</b> SB23.116243 <b>Date of Disbursement</b>
Mailing Address 3514 FARRAGUT AVENUE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 4 / 2 0 1 0</div> </div>
City KENSINGTON State MD Zip Code 20895	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement CONTRIBUTION	<div>1000.00</div>
Candidate Name CHRIS VAN HOLLEN	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**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)

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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)

A.

Full Name (Last, First, Middle Initial)

YARMUTH FOR CONGRESS

Mailing Address 1819 Brownsboro Road  
Suite 100

City State Zip Code  
Louisville KY 40206

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
JOHN A MR YARMUTH

Office Sought: ☒ House  
☐ Senate  
☐ President

State: KY District: 03

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: SB23.116239

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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)

**A.**

Full Name (Last, First, Middle Initial)

NJ UAW PAC ACCOUNT

Mailing Address 56 VINEYARD ROAD

City  
EDISON

State  
NJ

Zip Code  
08817

Purpose of Disbursement  
REPLENISHMENT-NJ UAW PAC ACCT.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.116515

Date of Disbursement

/   /

Amount of Each Disbursement this Period

20000.00

**B.**

Full Name (Last, First, Middle Initial)

UAW REGION 5 PAC

Mailing Address 721 DUNN ROAD

City  
HAZELWOOD

State  
MO

Zip Code  
63042

Purpose of Disbursement  
ADMINISTRATIVE/GOTV

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.116516

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

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

22500.00

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

22500.00